



Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

ADEL HANNA
DOB: 3/29/1946
SSN: XXX-XX-XXXX

AKA:
DOB:
SSN:

VS.

CALIFORNIA INSTITUTION FOR MEN , STATE FUND - RIVERSIDE - STATE
CONTRACTS

Case No: ADJ15547702

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the
above Case No. or attaching copy of the subpoena.)

NO PERSONAL APPEARANCE NECESSARY

Please refer to the In Bold summary description
found below to identify the documents requested by
this Subpoena

*The People of the State of California Sends Greetings to: **Custodian Of Records***

PRO BODY PHYSICAL THERAPY

WE COMMAND YOU to appear before A NOTARY PUBLIC

At ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, CA 92591-4680

On the 09th day of February, 2023, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and
produce the following described documents:

**ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS
OF TIME PERIOD WHEN SERVICES WERE RENDERED.**

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and amages
sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 01/25/2023



**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

Workers Compensation Judge

**Records copied and submitted to the designated
court by ONTELLUS will be deemed as full
compliance with this Subpoena.**

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1,
1990 AND BEFORE, JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration
under penalty of perjury that the Employee's Claim for Workers'
Compensation Benefits (Form DWC-1) has been filed pursuant to Labor
Code Section 5401 must be executed properly.

SEE REVERSE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

CC: NATALIA FOLEY ESQ
295923

Order Ref #: 1957163

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated
above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from
this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: PRO BODY PHYSICAL THERAPY

ORDER REF #:



THIS FORM MUST BE SIGNED
& RETURNED WHETHER OR
NOT YOU HAVE RECORDS.

THANK YOU!

I, the undersigned, being the duly authorized Custodian of Records, or other qualified witness, and having authorization to certify the records declare:

CERTIFICATE OF RECORDS COPIED: All records requested by the attached Subpoena Duces Tecum / Authorization / Notice of Deposition were produced and delivered to ONTELLUS for duplication and conform to the Health Insurance Portability and Accountability Act. No records or documents have been withheld or removed from this file. If items have been omitted, please explain:

CERTIFICATE OF NO RECORDS: A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found. *(Please check appropriate box(es) below)*

Medical Records Billing X-Rays / Films Employment Other

Requested documents have been:

Lost / Misplaced Never Existed Destroyed after _____ years

Other Comments _____

I certify under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on 3/6/2023 at, (city/state) Citrus, CA

Signature [Signature] Print Name ERIC McCABE

Phone Number 909-902-5049

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680
www.ontellus.com lab@ontellus.com
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Phone (951) 694-5770

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 09/01/2015
Injury/Onset/Change of Status Date: 05/19/2015 Insidious
Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg
Visit No.: 4
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 08/19/2015
Treatment Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg

Subjective

Treatment Side: Right

Current Complaints / Gains: Patient continues to complain of pain over his right shoulder with elevation. Patient complains of significant crepitus with lifting and reaching for. Right knee continues to be intermittently aggravated with bending and rotation.

Prior Level of Function:

Changing & Maintaining Body Position:

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending; Right shoulder aggravations are with lifting, reaching, pushing/pulling activity.

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

Patient with pain and crepitus with Rachel to elevation. Hypomobile right AC joint in AP/inferior glide. Right shoulder flexion, 4/5 with pain. Abduction/supraspinatus: 4-/5 with pain. Tender to palpation over his right anterior medial knee/joint line.

Assessment

Assessment/Diagnosis: Patient with continued pain and limitations in functional activity over his right shoulder secondary to decreased rotator cuff strength and pain with resistance

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Demonstrates gait abnormalities limiting functional ability.
- Limited accessory joint mobility
- Swelling present.
- Decreased scapular stability

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 09/01/2015

Plan

Instructions: Progressing Patient Next Visit



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**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 08/25/2015
Injury/Onset/Change of Status Date: 05/19/2015 Insidious
Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg
Visit No.: 3
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 08/19/2015
Treatment Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg

Subjective

Treatment Side: Right
Current Complaints / Gains: Patient with continued difficulty with shoulder elevation and lifting of items with weight secondary to pain. Continued medial knee pain with mediolateral movement/rotation movements.

Prior Level of Function:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending; Right shoulder aggravations are with lifting, reaching, pushing/pulling activity.

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

Shoulder flexion/abduction 140° with scapular winging and pain. Hypermobility and right shoulder quadrate with AP mobilizations. Shoulder flexion/abduction: 4/5 with Pain.

Assessment

Assessment/Diagnosis: Patient needs improved rotator cuff strength for glenohumeral mechanics and stability of shoulder. Progressive scapular stabilization as well.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Demonstrates gait abnormalities limiting functional ability.
- Limited accessory joint mobility
- Swelling present.
- Decreased scapular stability

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/25/2015

Plan

Instructions: Progressing Patient Next Visit



Pro-Body Physical Therapy
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**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 08/21/2015
Injury/Onset/Change of Status Date: 05/19/2015 Insidious
Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg
Visit No.: 2
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 08/19/2015
Treatment Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg

Subjective

Treatment Side: Right

Current Complaints / Gains: Patient noted persistent entering medial knee pain, but is improving his walking and standing tolerance. Patient with continued difficulty with shoulder elevation secondary to pain and crepitus.

Prior Level of Function:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending; Right shoulder aggravations are with lifting, reaching, pushing/pulling activity.

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

Pain with right shoulder AC joint mobilization, decreased inferior and AP glenohumeral accessory mobility. Tender to palpation over his anterior medial knee. KF: 125° after therapy with anterior medial joint pain.

Assessment

Assessment/Diagnosis: Focus on progressive shoulder glenohumeral mechanics, improved accessory mobility, and rotator cuff strength. Continue with progressive lower extremity strengthening and dynamic stability exercises.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Demonstrates gait abnormalities limiting functional ability.
- Limited accessory joint mobility
- Swelling present.
- Decreased scapular stability

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/21/2015

Plan

Instructions: Progressing Patient Next Visit



Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
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**Physical Therapy
Initial
Examination**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Initial Examination: 08/19/2015
Injury/Onset/Change of Status Date: 05/19/2015 Insidious
Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg
Treatment Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg

Visit No.: 1

Subjective

Treatment Side: Right

History of Present Condition/Mechanism of Injury: Patient reports insidious onset of right shoulder and right knee pain over the past several months. Patient complains of difficulty with lifting, reaching and performing ADLs with his right shoulder secondary to pain and crepitus. Right knee with anterior medial joint line pain limiting standing and walking. Patient saw Dr. Chong and referred for physical therapy. X-rays are pending.

Primary Concern/Chief Complaint: Patient with right knee pain limiting standing, walking, and bending activities. Patient also with right shoulder pain that limits right upper extremity functional activities.

Prior Level of Function:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Pain Location: Right anterior lateral shoulder

Pain Scale: Worst: Best: Current: 6

Pain Description: Sharp

Pain Location: Right anterior medial knee

Pain Scale: Worst: Best: Current: 6

Pain Description: Sharp

Aggravating Factors: Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending; Right shoulder aggravations are with lifting, reaching, pushing/pulling activity.

General Health: Good

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (HTN meds, aspirin.)

Patient Goals: Patient goals are to minimize pain over his right shoulder, improve functional reaching, and perform all extremity ADLs without limitation. Patient also looks to resolve right knee pain for improve standing, walking, and performing stairs.

Objective

Inspection

Inspection

Patient with mild limping over his right lower extremity. Patient with guarded right shoulder mobility with decreased shoulder elevation. With mild scapular winging with right shoulder elevation.

Observation

Posture

Forward Head, Rounded Shoulders

Edema

Edema Description

Mild right anterior knee swelling.

Range of Motion

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Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/19/2015

Shoulder AROM

	Right	Left
Flexion	140 °	150 °
Abduction	140 °	140 °
Functional Internal Rotation Reach	T10	T10

Shoulder PROM

	Right	Left
Flexion	160 ° Endfeel: Painful	170 °
Abduction	150 °	150 °
ER in 90 Degrees Abduction	90 °	90 °
IR in 90 Degrees Abduction	60 °	60 °

Elbow AROM

	Right	Left
Extension	WNL	WNL
Flexion	WNL	WNL
Supination	WNL	WNL
Pronation	WNL	WNL

Knee AROM

	Right	Left
Flexion	120 °	130 °
Extension	0 °	0 °

Strength

Gross Muscle Tests Upper

Shoulder

	Right	Left
Shoulder Flexion	4/5	4+/5
Shoulder Abduction	4/5	4+/5
Shoulder Internal Rotation	4+/5	4+/5
Shoulder External Rotation	4/5	4+/5

Elbow

	Right	Left
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5

Gross Muscle Tests Lower

Knee

	Right	Left
Knee Flexion	4/5	5/5
Knee Extension	4/5	5/5

Neuro-Vascular

Complaints of any radicular symptoms in either extremity

Complaints of any radicular symptoms in either extremity No

Special Tests

Passive Joint Mobility Shoulder

Right

12 of 63

Left

03/13/2023

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Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/19/2015

Inferior Capsule Moderate Restriction Slight Restriction

AC Joint **Right** Hypomobile, Painful **Left** Hypomobile

Impingement
Hawkins/Kennedy **Right** Positive **Left** Negative
Neers **Right** Positive **Left** Negative

Rotator Cuff
Empty Can **Right** Negative **Left** Negative

Ligament Integrity Knee
Valgus Stress at 0 Knee Flex **Right** Negative **Left** Negative
Varus Stress at 0 Knee Flex **Right** Negative **Left** Negative
Anterior Drawer **Right** Negative **Left** Negative

Patellofemoral
Patellar Compression **Right** Crepitus, Painful **Left**
Patellar Passive Mobility **Right** Hypomobile **Left** Hypomobile
Medial **Right** Hypomobile **Left** Hypomobile
Superior **Right** Hypomobile **Left** Hypomobile

Palpation

Comments Patient is tender to palpation over his right shoulder, AC joint, and subacromial space. Patient with pain to palpation at his right biceps tendon. Patient also is painful over his right anterior medial knee medial joint line.

Assessment

Assessment/Diagnosis: Patient presents with right shoulder and right knee pain limiting functional activities.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Demonstrates gait abnormalities limiting functional ability.
- Limited accessory joint mobility
- Swelling present.
- Decreased scapular stability

Long Term Goals:

- 1: (6 Weeks) | Resolve pain with all ADLs.
- 2: (6 Weeks) | Demonstrate normal strength.
- 3: (6 Weeks) | Demonstrate normal AROM.
- 4: (6 Weeks) | Independent in all ADLs.
- 5: (6 Weeks) | Independent ambulation for community independence.
- 6: (6 Weeks) | Minimize pain and crepitus over his right shoulder.
- 7: (6 Weeks) | Independent and lifting, reaching, and performing right upper extremity ADLs.

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Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/19/2015

Plan

Frequency: 2 times a week

Duration: 6 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy

Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis



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**Daily Note /
 Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 08/19/2015
Injury/Onset/Change of Status Date: 05/19/2015 Insidious
Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg
Visit No.: 1
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 08/19/2015
Treatment Diagnosis: ICD9: 840.9: Sprains and strains of unspecified site of shoulder and upper arm, 844.9: Sprains and strains of unspecified site of knee and leg

Subjective

Treatment Side: Right

Current Complaints / Gains: Patient with right knee pain limiting standing, walking, and bending activities. Patient also with right shoulder pain that limits right upper extremity functional activities.

Prior Level of Function:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Standing, Squatting

Mobility: Walking & Moving Around: Walking

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Pain Location: Right anterior lateral shoulder

Pain Scale: Worst: Best: Current: 6

Pain Description: Sharp

Pain Location: Right anterior medial knee

Pain Scale: Worst: Best: Current: 6

Pain Description: Sharp

Aggravating Factors: Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending; Right shoulder aggravations are with lifting, reaching, pushing/pulling activity.

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2
CPT® Code	Untimed Codes	Units
GP:97001	PT Evaluation	1

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Objective Findings

See initial evaluation

Assessment

Assessment/Diagnosis: Patient presents with right shoulder and right knee pain limiting functional activities.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Demonstrates gait abnormalities limiting functional ability.
- Limited accessory joint mobility
- Swelling present.

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 08/19/2015

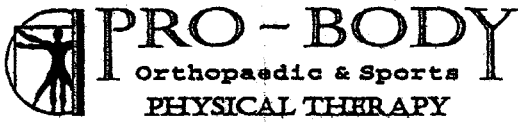
Long Term Goals:

- 1: (6 Weeks) | Resolve pain with all ADLs. |
- 2: (6 Weeks) | Demonstrate normal strength. |
- 3: (6 Weeks) | Demonstrate normal AROM. |
- 4: (6 Weeks) | Independent in all ADLs. |
- 5: (6 Weeks) | Independent ambulation for community independence. |
- 6: (6 Weeks) | Minimize pain and crepitus over his right shoulder. |
- 7: (6 Weeks) | Independent and lifting, reaching, and performing right upper extremity ADLs. |

Plan

Instructions: Progressing Patient Next Visit





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PRESCRIPTION FORM

Name Adel Hanna Date 8-13-15

Diagnosis R Shoulder pain, L knee pain

Precautions/Contraindications: _____

Frequency _____ Duration _____

Physician Cheng

EVALUATION & TREATMENT

- HEAT**
- Hydrocollator Packs
 - Ultrasound
 - Paraffin

- TRACTION**
- Cervical
 - Lumbar
 - Manual
 - Home Instructions

- MANUAL THERAPY**
- Myofascial Release
 - Joint Mobilization
 - PNF (proprioceptive neuromuscular facilitation)
 - Muscle Energy

- CRYOTHERAPY**
- Ice Massage
 - Cold Pack
 - Spray & Stretch

- HYDROTHERAPY**
- Whirlpool
 - Ultrasound in water

- ELECTROTHERAPY**
- Microcurrent with probes / with pads
 - Interferential current
 - Estim
 - Russian Estim
 - T.E.N.S. for Home Use
 - Iontophoresis
 - Phonophoresis

PHYSICIANS SIGNATURE _____

REHABILITATION

- Balance Rehab Program
- Foot & Ankle Rehab Program
- Back Program
- Knee Program
- McConnell Patellar Taping
- Neck Program
- Shoulder Program
- Elbow Program
- Gait/Crutch Training
- CVA Rehab Program
- ROM: Active/Assisted/Passive/Resistive
- Biofeedback
- Preoperative Programs
- Postoperative Programs
- Home Exercise Program

HAND THERAPY

- ROM: Active/Assisted/ Passive
- Strengthening
- Desensitization
- Edema Management
- Scar Modification
- Joint Protection
- Energy Conservation

SPECIAL INSTRUCTIONS



ADEL HANNA
 Identification Number
CPR226A67822

Group No: CB010A
 Plan Code: 040
 Coverage(s):
 Medical

PPO Ofc Visit Copay \$20
 RxBIN 004336
 RxPCN ADV
 RxGroup RX5707

See EOC for Benefit Specifics

Blue Cross PPO
 A Prudent Buyer Plan Product



anthem.com/ca/calpers

Member Services 1-877-737-7776
 24/7 NurseLine 1-800-700-9185
 Pre-Service Review 1-800-461-6780
 Coverage While Traveling 1-800-610-2563

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PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

All non-emergency hospital admissions must be pre-certified 3 full days in advance. Emergency admissions must be registered within 24 hours.

MEDICAL CLAIMS & INQUIRIES:
 PO BOX 60007 LOS ANGELES, CA 90060

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 CVS Caremark Help Desk* 1-800-364-6331
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Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.



Pharmacy Benefits Administrator*

Insurance Benefit Summary

*For informational purposes only and all coverage details should be verified by patient.

Patient Adel Hanna Date 8/19/2015

As a courtesy we have contacted your medical insurance company to obtain a summary of benefits and coverage*. According to the information provided to us by your insurance company:

- Deductible amount according to your insurance plan \$ 3000
(Note: Patient must meet/pay their deductible obligation before patient's insurance company will begin paying its agreed upon portion of incurred fees. ~~If patient has NOT met/paid their deductible obligation, patient is responsible for all negotiated fees incurred; these fees will be billed to patient by Pro-Body.~~)
- Percentage of fees paid by insurance after patient has met their deductible: 100 %
- Percentage of fees paid by patient after deductible is met: 0 %
(Note: Patient is responsible for their portion of the discounted/negotiated fees according to their plan after their deductible is met, i.e. insurance paid 60% of fees, patient is responsible for remaining 40%, a.k.a. Co-Insurance.)
- Co-Payment for Physical Therapy services due at each visit: \$ 0
(Co-payment is the amount the patient pays for medical visits at the time of each visit. In some cases your co-pay may vary i.e. if you see a primary care doctor, your co-pay may be \$25 each visit; if you see a specialist, your co-pay may be \$50 each visit.)
- Total number of therapy sessions you are allowed to attend per year: 24
(Note: This number may have been reduced due to other therapy visits you may have attended such as, Occupational Therapy, Chiropractic, Speech, etc. Patient will need to verify remaining number of sessions available).

I understand that co-pay and co-insurance obligations are a requirement of your insurance company and under the terms of the federal anti-kickback laws, Pro-Body Physical Therapy is legally prohibited from writing off deductibles and/or patient responsibility co-pays or co-insurance.

Initial to confirm your understanding
of this legal requirement: [Signature]

Information Disclaimer: In order to receive benefits, the patient must be covered at the time of service. The benefits information provided above is not all-inclusive, other terms and limitations may apply and it is the patient's responsibility to confirm the information. Please contact your insurance company directly with any questions and/or refer to your applicable benefit agreement to determine the appropriate payment amounts and any limitations or exclusions.

Copy of this document provided to patient on _____

PRIVATE INSURANCE INFORMATION SHEET

Referring Dr. Chongy

Dr. Telephone: _____

Patient Name: Adel Hanna

Telephone: 909-578-6061

Date of Birth: MARCH 29, 46

Email: _____

Notes: _____

Diagnosis/Area of Injury: Shoulder

Name of Insured: _____

Effective Date: Jan 1, 2001

Insured DOB: _____

Calendar year or Plan year?

Relationship to Patient: _____

Does deductible relate to P.T.?

Insurance Company: Blue Cross PPO

Individual or Family Deductible Amount:

\$3000 ✓

Insurance Telephone: 877-737-7776

Amount of deductible met to date:

\$500 ✓

Insured's ID #: CPR22UA47822

Co-pay amount:

~~\$20~~

Group #: _____

Percentage reimbursed after deductible is met:

100%

Claims Address: _____

Number of visits allowed per Year/Benefit period:

24

Is Pre-certification needed? yes

Number of visits used? none

Is Rx or chart notes required? If so when?

Are visits combined with speech, OT, Chiro., Acupuncture? yes

Are additional visits allowed? yes

Timely Filing Date: _____

Number of manipulations allowed per visit: _____

Name: _____

Office Use:

Did patient sched. appt.? Yes No

Date Ins. called: _____

Date and time: Wed 8/19 @ 3

Reference#: _____

Was patient notified of benefits? Yes No Info is met

800 451 6780

1. Obtain all **bolded** information from patient.

2. Contact insurance company to verify all additional information

3. Call patient to explain what insurance company verified, but does not guarantee information is correct.

4. Recommend that patient call to verify information we have received is correct.

5. Schedule appointment for patient.

Welcome to Pro-Body PT

Patient Name: <i>Adel S. Hanna, M.D.</i>		Married Y N	Sex <input checked="" type="radio"/> M <input type="radio"/> F	DOB & Age: <i>69</i>	SS#: <i>548-67-8932</i>
Parent or Legal Guardian Name:			DOB:	SS#:	
Mailing Address: <i>P.O. Box 238</i>		City: <i>Chino Hills</i>		Zip: <i>91709</i>	
Telephone: ok to call/leave message Y N <i>(909) 578-6061</i>		Work: ok to call/leave message <input checked="" type="radio"/> Y <input type="radio"/> N <i>(909) 606-7144</i>		Cell: ok to call/leave message Y N	
Emergency Contact/Relationship:			Telephone:		
Patient's Occupation: <i>M-D</i>			Patient's Employer:		
Employer's Address & Telephone:					
Is your injury work related? Y <input checked="" type="radio"/> N		Is your injury related to an auto accident? Y <input checked="" type="radio"/> N		Claim Number:	
Date of Accident:		Date of Accident:			
Workers Comp. Carrier Name & Telephone:					
Primary Insurance and Telephone:					
Insurance ID#:			Group:		
Patient Relationship to Subscriber: Self Spouse Child					
Subscribers Name:			Subscribers DOB:		SS#:
Secondary Insurance and Telephone:					
Insurance ID#:			Group:		
Patient Relationship to Subscriber: Self Spouse Child					
Subscribers Name:			Subscribers DOB:		SS#:
<p>1. I, the undersigned, understand I am financially responsible for the therapy that I receive. I understand I am to pay all co-payments at the time of service. I realize that Pro-Body Orthopaedic & Sports Physical Therapy ("Pro-Body") will bill my insurance company for services rendered and that I am personally responsible for any and all payments not paid by my insurance provider. Patients not covered by insurance agree to pay for all services provided by Pro-Body. Initials _____</p> <p>2. I understand that Pro-Body will call to verify insurance coverage as a courtesy, it my responsibility to know what my benefits are (deductible, co-pay amount, visit limitations, etc.). If I have questions regarding benefits, I will contact my insurance company. I understand that Pro-Body does NOT play any role in how policies are written by my insurance company. I acknowledge it is my responsibility to inform Pro-Body of any changes to my insurance plan(s) or insurance carrier(s). Initials _____</p> <p>3. I, the undersigned, hereby acknowledge that I have received a copy of Pro-Body's Health Information Privacy and Practices Act (HIPPA) notice. I further acknowledge that a copy of the current HIPPA notice is readily available at the reception desk should I require additional copies. Initials _____</p>					
<p>I have read and agree with the above policies. I hereby authorize and assign my therapy insurance benefits to be paid directly to Pro-Body. I also authorize Pro-Body to release any necessary information to process claims for payment related to services rendered by Pro-Body. By signing below, I confirm and authenticate the authorization for assignment of benefits and consent to treatment by providers of Pro-Body. I hereby accept responsibility for payment for any service(s) provided to me regardless of my insurance status and accept responsibility for fees that exceed payment(s) made by my insurance. I agree to pay all co-payments, co-insurance and deductibles at the time service is rendered as required by my insurance contract and federal anti-kick back laws.</p>					
Patient or Legal Guardian Signature <i>Hanna M.D.</i>			Date <i>8/19/15</i>		

Health History

Patient Name: <i>Adel S. Hanna</i>	Referring Physician & Telephone: <i>Dr. Chang</i>
Your CURRENT overall health is: <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	Current injury/condition requiring physical therapy:
Did your injury/condition require surgery? <input checked="" type="radio"/> Y <input type="radio"/> N If YES date of surgery: <i>?</i> Other Surgeries/hospitalizations: Date: Type of Surgery:	Are you CURRENTLY under the care of any of the following? Medical Doctor Y N Other: Osteopath Y N Naturopath Y N Psychiatrist/ Psychologist Y N Chiropractor Y N Physical Therapist Y N (Within 30 days)
Other Injuries (dislocation/fracture/etc.) Date: Type of Injury:	

Do you have ANY surgical implants including plates, pins, screws, etc.? Y N
If YES explain:

Are you currently pregnant? Y N **Do you have a pacemaker?** Y N

Are you allergic to Latex? Y N **Do you have any allergies to medications, ointments, foods, etc.?** Y N
If YES, explain: *Reglan*

I am NOT currently taking ANY medication (prescribed or over the counter) at this time.

I am currently taking medications as listed below:

List all medications (prescribed and over the counter), current dosage and indicate for what condition(s) they are being taken:

Medication	Dosage	For What Condition	Comments
<i>Atenolol</i>	<i>50 mg</i>	<i>QD Headache</i>	
<i>Amlodipin</i>	<i>5 mg</i>	<i>QD/ HTN</i>	
<i>Aspirin</i>	<i>81 mg</i>		

Health History (continued)

Patient Name: _____

Please indicate whether you or member of your family has had any of the following conditions:

Condition	You	Family Member	Condition	You	Family Member
Cancer	Y N	Y N	Pneumonia/Emphysema	Y N	Y N
Heart Disease	Y N	Y N	Hepatitis	Y N	Y N
Arthritis	Y N	Y N	Asthma	Y N	Y N
High Blood Pressure	Y N	Y N	Jaundice	Y N	Y N
Diabetes	Y N	Y N	Hernia	Y N	Y N
Stroke	Y N	Y N	Tuberculosis	Y N	Y N
Gout	Y N	Y N	Thyroid	Y N	Y N
Epilepsy/Seizures	Y N	Y N	Congenital Disorder	Y N	Y N
Kidney/Bladder Problems	Y N	Y N	HIV/AIDS	Y N	Y N
Respiratory Disease	Y N	Y N	Chemical Dependency	Y N	Y N

Please list any other condition(s) you feel we should take into consideration:

I authorize Pro-Body Physical Therapy to use and disclose the health and medical information of the above patient for the purposes of Treatment, Payment, and Health Care operations as defined below:

Treatment includes activities performed by a physician, physical therapist, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This consent includes treatment provided by any physical therapist.

Payment includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, precertification and preauthorization.

Health Care Operations includes the necessary administrative and business functions for our office.

I also authorize detailed information to be discussed with the following (optional):

Name: Dr. Chang Relationship: _____
 Name: _____ Relationship: _____

Pro-Body reserves the right to change our privacy practices in accordance with the law. A summary of changes will be posted in the lobby of our office indicating the effective date of the changes. We will offer a copy of the summarized changes upon your request.

Signature of Patient: [Signature] Date: 8/19/15 OR

Signature of Patient Representative/Legal Guardian: _____ Date: _____ Relationship: _____

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 11/20/2015
Injury/Onset/Change of Status Date: 11/09/2015
Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region
Visit No.: 3
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 11/09/2015
Treatment Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region

Subjective

Treatment Side: Right
Current Complaints / Gains: Continued pain and ms spasm.
Prior Level of Function:
Changing & Maintaining Body Position:
Carrying, Moving & Handling Objects:
Other:
Current Functional Limitations:
Changing & Maintaining Body Position:
Carrying, Moving & Handling Objects:
Home Health Care: No
Medical History: High Blood Pressure
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT [®] Code	Direct Timed Codes	Units
97110	Therapeutic Exercise See Flowsheet	2
97140	Manual Therapy	2

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Objective Findings Increased ms spasm over CS paraspinals and bilateral UT. Joint restrictions at C4-C7 with UPA and CPA mobility.

Assessment

Assessment/Diagnosis: Progress as tolerated.
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Pain with ADLs
- Decreased ROM
- Decreased core strength and spine stabilization.
- Limited accessory joint mobility
- Significant pain and muscular spasm

Plan

Instructions: Progressing Patient Next Visit

A handwritten signature in black ink that reads "Eric McCabe, DPT". The signature is written in a cursive, flowing style.

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**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 11/13/2015
Injury/Onset/Change of Status Date: 11/09/2015
Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region
Visit No.: 2
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 11/09/2015
Treatment Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region

Subjective

Current Complaints / Gains: Patient noted decreased pain and muscular spasm following physical therapy. Patient continues to have intermittent right upper extremity radicular symptoms.

Prior Level of Function:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use

Current Functional Limitations:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise See Flowsheet	2
97140	Manual Therapy	2

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Objective Findings

With significant muscular spasm over his bilateral upper trapezius and cervical paraspinals. Patient with joint restrictions at C2-C5, right greater than left.

Assessment

Assessment/Diagnosis: Patient needs improved myofascial mobility, improved accessory mobility, and postural strength to minimize radicular symptoms.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Plan

Instructions: Progressing Patient Next Visit

A handwritten signature in black ink that reads "Eric McCabe, DPT". The signature is written in a cursive, flowing style.



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www.ProBodyPT.com

PRESCRIPTION FORM

Name Hanna Adel Date 10.29.15

Diagnosis Cervical radiculopathy neck pain

Precautions/Contraindications: _____

Frequency _____ Duration _____

Physician _____

EVALUATION & TREATMENT

HEAT

- Hydrocollator Packs
- Ultrasound
- Paraffin

TRACTION

- Cervical
- Lumbar
- Manual
- Home Instructions

MANUAL THERAPY

- Myofascial Release
- Joint Mobilization
- PNF (proprioceptive neuromuscular facilitation)
- Muscle Energy

CRYOTHERAPY

- Ice Massage
- Cold Pack
- Spray & Stretch

HYDROTHERAPY

- Whirlpool
- Ultrasound in water

ELECTROTHERAPY

- Microcurrent with probes / with pads
- Interferential current
- Estim
- Russian Estim
- T.E.N.S. for Home Use
- Iontophoresis
- Phonophoresis

PHYSICIANS SIGNATURE _____

REHABILITATION

- Balance Rehab Program
- Foot & Ankle Rehab Program
- Back Program
- Knee Program
- McConnell Patellar Taping
- Neck Program
- Shoulder Program
- Elbow Program
- Gait/Crutch Training
- CVA Rehab Program
- ROM: Active/Assisted/Passive/Resistive
- Biofeedback
- Preoperative Programs
- Postoperative Programs
- Home Exercise Program

HAND THERAPY

- ROM: Active/Assisted/Passive
- Strengthening
- Desensitization
- Edema Management
- Scar Modification
- Joint Protection
- Energy Conservation

SPECIAL INSTRUCTIONS

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
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Phone: (909)902-5049
Fax: (909)902-5059

Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 11/09/2015

Right Rotation	Hypomobile
Left Rotation	Hypomobile
C6-7	
Backward Bending	Hypomobile
Right Rotation	Hypomobile
Left Rotation	Hypomobile

Palpation

Comments

Pain and ms spasm over CS paraspinals, UT, and into right scapular region.

Assessment

Assessment/Diagnosis: Pt with CS DDD with right radicular pain.

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased core strength and spine stabilization.
- Limited accessory joint mobility
- Significant pain and muscular spasm

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs.
- 2: (8 Weeks) | Demonstrate normal strength.
- 3: (8 Weeks) | AROM to WFL for independence in all ADLs.
- 4: (8 Weeks) | Independent in all ADLs.
- 5: (8 Weeks) | Improve accessory joint mobility.

Plan

Frequency: 2 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Neuromuscular Rehabilitation, Manual Therapy

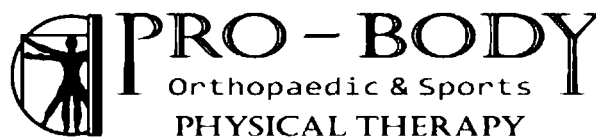
Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis



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**Daily Note /
 Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 11/09/2015
Injury/Onset/Change of Status Date: 11/09/2015
Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region
Visit No.: 1
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 11/09/2015
Treatment Diagnosis: ICD10: M50.12: Cervical disc disorder with radiculopathy, mid-cervical region

Subjective

Treatment Side: Right
Current Complaints / Gains: Pain and radicular symptoms to right UE.
Prior Level of Function:
 Changing & Maintaining Body Position:
 Carrying, Moving & Handling Objects:
 Other:
Current Functional Limitations:
 Changing & Maintaining Body Position:
 Carrying, Moving & Handling Objects:
Pain Location: C/S
Pain Scale: Worst: Best: Current: 7
Pain Description: Sharp
Home Health Care: No
Medical History: High Blood Pressure
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise See Flowsheet	2
97140	Manual Therapy	2
CPT® Code	Untimed Codes	Units
97001	PT Evaluation	1

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Objective Findings See evaluation.

Assessment

Assessment/Diagnosis: Pt with CS DDD with right radicular pain.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased core strength and spine stabilization.
- Limited accessory joint mobility
- Significant pain and muscular spasm

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | AROM to WFL for independence in all ADLs. |
- 4: (8 Weeks) | Independent in all ADLs. |
- 5: (8 Weeks) | Improve accessory joint mobility. |

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 11/09/2015

Plan

Instructions: Progressing Patient Next Visit



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**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 07/08/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 13
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. symptoms are improving with all ADLs and lifting activities.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

Right shoulder flexion: 160 deg with end range pain, but with decreased impingement. Shoulder abduction / flexion strength: 4/5. Hypomobile right AC joint and right GHJ in AP and quadrant position.

Assessment

Assessment/Diagnosis: Pt. with decreased irritability and severity of symptoms allowing for improved mobility and functional activities.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Pro-Body Physical Therapy
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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 07/08/2016

Plan

Instructions: Progressing Patient Next Visit



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Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 07/06/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 11
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports improving symptoms in shoulder.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to biceps, deltoids, upper trap. TTP and trigger points present. Joint mobs for flexion/abduction. Pain with passive shoulder flexion/abduction at end range. MMT shoulder flexors/abductors 4/5.

Assessment

Assessment/Diagnosis: Needs focus on stretching, AROM and strengthening to improve symptoms and ADL's.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 07/06/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA

License #AT11129

Initiated by MARISSA GONZALEZ, PTA on July 6, 2016 at 3:47 pm



Eric McCabe, DPT

PT05555 for State of CA

Pro-Body Physical Therapy
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Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/24/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 10
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Patient with decreased pain over his right anterior shoulder. Patient continues to complain of tenderness at his right AC joint and subacromial space, although improving.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

Active shoulder flexion: 160° with and range pain and subacromial impingement. Patient with hypo mobile AC joint in coddle glide. Patient with pain instructions and right shoulder quadrant. Performed and range stations, AC joint mobilization, and right shoulder strength/stability exercises.

Assessment

Assessment/Diagnosis: Patient needs improved AC joint and glenohumeral capsular mobility to minimize subacromial impingement with elevation.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/24/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/22/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 10
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports improving symptoms in shoulder. C/o soreness in biceps.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with end range flexion. Active shoulder flexion 160 degrees, abduction 150 degrees. Increase in resistance exercises, tolerated fair, mild muscle fatigue.

Assessment

Assessment/Diagnosis: Needs focus on stretching and strengthening to improve symptoms, ROM and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/22/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA

License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 22, 2016 at 4:20 pm



Eric McCabe, DPT

PT05555 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/17/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 9
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports improving symptoms in shoulder. Compliant with HEP.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with end range flexion. Passive flexion 160 degrees, with pain, abduction 140 degrees. Increase in resistance exercises, tolerated fair.

Assessment

Assessment/Diagnosis: Pt. is improving in ROM. Focus on stretching, AROM, strengthening to improve symptoms and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/17/2016

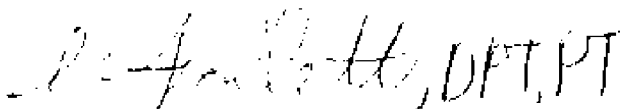
Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA
License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 17, 2016 at 2:05 pm



Christine Follett, DPT, PT
PT11070 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Date of Daily Note: 06/15/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 8
Insurance Name: ANTHEM BLUE CROSS

Subjective

Current Complaints / Gains: Pt. reports improving symptoms in shoulder from previous PT session.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with flexion over 130 degrees and abduction over 100 degrees. MMT shoulder flexors/abductors 4/5.

Assessment

Assessment/Diagnosis: Focus on stretching and strengthening to improve symptoms, ROM and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/15/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.

MARISSA GONZALEZ, PTA
License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 16, 2016 at 11:07 am

Christine Follett, DPT, PT
PT11070 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/13/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 7
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports increase in symptoms in shoulder due to activities over the weekend. Compliant with HEP.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with end range flexion. Passive abduction 120 degrees, with pain. MMT shoulder flexors/abductors 4/5.

Assessment

Assessment/Diagnosis: Focus on stretching and strengthening to improve symptoms and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/13/2016

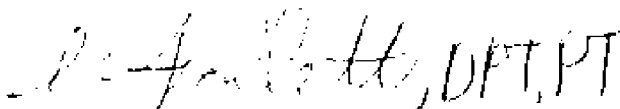
Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA
License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 13, 2016 at 4:39 pm



Christine Follett, DPT, PT
PT11070 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/10/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 6
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports increase in symptoms in shoulder. Compliant with HEP.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Pain Location: Right shoulder

Pain Scale: Worst: Best: Current: 7 *Previous Findings as of 05/23/2016 - Worst: Best: Current:6

Pain Description: Dull/Achy

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with flexion over 140 degrees and abduction over 100 degrees. Passive stretching to B upper traps, significant musculature tightness. MMT shoulder flexors/abductors 4/5, with pain.

Assessment

Assessment/Diagnosis: Needs focus on stretching and strengthening to improve symptoms and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/10/2016

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.

MARISSA GONZALEZ, PTA
License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 10, 2016 at 4:11 pm

Christine Follett, DPT, PT
PT11070 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/08/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 5
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports continued symptoms in shoulder. Reports admitted to hospital last week due to colon issue.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with flexion over 130 degrees and abduction over 100 degrees. Passive stretching to B upper traps, significant musculature tightness.

Assessment

Assessment/Diagnosis: Needs focus on stretching and strengthening to improve symptoms, ROM and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/08/2016

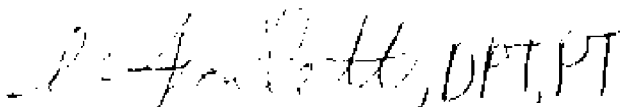
Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA
License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 8, 2016 at 4:04 pm



Christine Follett, DPT, PT
PT11070 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 06/01/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 4
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports increase in symptoms in shoulder due to activities over the weekend. Compliant with HEP.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with flexion over 140 degrees and abduction over 100 degrees. Passive stretching to B upper traps, significant musculature tightness. Foam Roll stretch to decrease muscle tightness.

Assessment

Assessment/Diagnosis: Needs focus on strengthening and stretching to improve symptoms and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 06/01/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA

License #AT11129

Initiated by MARISSA GONZALEZ, PTA on June 1, 2016 at 3:47 pm



Eric McCabe, DPT

PT05555 for State of CA

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 05/27/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 3
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. with decreased pain over his right shoulder since resuming therapy. Pain at end range elevation persists.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

TTP over the right subacromial space, posterior GHJ, and at his right AC joint. Performed joint mobilizations to his right shoulder in DP, inferior, and quadrant position.

Assessment

Assessment/Diagnosis: Focus on strength, capsular mobility, and GH mechanics.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 05/27/2016

Plan

Instructions: Progressing Patient Next Visit



Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 05/25/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 2
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. reports difficulty sleeping at night due to soreness. Continued symptoms in shoulder.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2

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Objective Findings

STM to Biceps, deltoids, upper trap, trigger points present. Passive stretching of shoulder, pain with flexion over 140 degrees and abduction over 100 degrees. Passive stretching to B upper traps, significant musculature tightness.

Assessment

Assessment/Diagnosis: Needs focus on strengthening and stretching to improve symptoms and ADL's.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 05/25/2016

Plan

Instructions: Progressing Patient Next Visit
Continue stretching and strengthening.



MARISSA GONZALEZ, PTA

License #AT11129

Initiated by MARISSA GONZALEZ, PTA on May 25, 2016 at 4:04 pm



Eric McCabe, DPT

PT05555 for State of CA

Pro-Body Physical Therapy
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Chino Hills, CA 91709-1294
Phone: (909)902-5049
Fax: (909)902-5059

**Daily Note /
Billing Sheet**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD

Date of Daily Note: 05/23/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Visit No.: 1
Insurance Name: ANTHEM BLUE CROSS

Date of Original Eval: 05/23/2016
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

Current Complaints / Gains: Pt. c/o sharp pain over his right shoulder with restrictions in shoulder elevation.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Pain Location: Right shoulder

Pain Scale: Worst: Best: Current: 6

Pain Description: Dull/Achy

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet	2
GP:97140	Manual Therapy	2
CPT® Code	Untimed Codes	Units
GP:97001	PT Evaluation	1

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Objective Findings

See Initial Evaluation.

Assessment

Assessment/Diagnosis: Pt. is s/p right SAD in December 2015.

Rehab Potential: Good

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs. |
- 2: (8 Weeks) | Demonstrate normal strength. |
- 3: (8 Weeks) | Demonstrate normal AROM. |
- 4: (8 Weeks) | Improve accessory joint mobility. |
- 5: (8 Weeks) | Independent in all ADLs. |

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Daily Note / Billing Sheet

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 05/23/2016

Plan

Instructions: Progressing Patient Next Visit



Insurance Benefit Summary

*For informational purposes only and all coverage details should be verified by patient.

Patient Adel Hanna Date 5/23/2016

As a courtesy we have contacted your medical insurance company to obtain a summary of benefits and coverage*. According to the information provided to us by your insurance company:

- Deductible amount according to your insurance plan \$ 500.00
(Note: Patient must meet/pay their deductible obligation before patient's insurance company will begin paying its agreed upon portion of incurred fees. If patient has NOT met/paid their deductible obligation, patient is responsible for all negotiated fees incurred; these fees will be billed to patient by Pro-Body.)
- Percentage of fees paid by insurance **after** patient has met their deductible: 80 %
- Percentage of fees paid by patient **after** deductible is met: 20 %
(Note: Patient is responsible for their portion of the discounted/negotiated fees according to their plan after their deductible is met, i.e. insurance paid 60% of fees, patient is responsible for remaining 40%, a.k.a. Co-Insurance.)
- Co-Payment for Physical Therapy services due at each visit: \$ 0
(Co-payment is the amount the patient pays for medical visits at the time of each visit. In some cases your co-pay may vary i.e. If you see a primary care doctor, your co-pay may be \$25 each visit; if you see a specialist, your co-pay may be \$50 each visit.)
- Total number of therapy sessions you are allowed to attend per year: 24
(Note: This number may have been reduced due to other therapy visits you may have attended such as, Occupational Therapy, Chiropractic, Speech, etc. Patient will need to verify remaining number of sessions available).

I understand that co-pay and co-insurance obligations are a requirement of your insurance company and under the terms of the federal anti-kickback laws, Pro-Body Physical Therapy is legally prohibited from writing off deductibles and/or patient responsibility co-pays or co-insurance.

Initial to confirm your understanding
of this legal requirement SAH

Information Disclaimer: In order to receive benefits, the patient must be covered at the time of service. The benefits information provided above is not all-inclusive, other terms and limitations may apply and it is the patient's responsibility to confirm the information. Please contact your insurance company directly with any questions and/or refer to your applicable benefit agreement to determine the appropriate payment amounts and any limitations or exclusions.

Copy of this document provided to patient on _____



ADEL HANNA
 Identification Number
CPR226A67822

Group No: CB010A
 Plan Code: 040
 Coverage(s):
 Medical

PPO Otc Visit Copay \$20
 RxBIN 004336
 RxPCN ADV
 RxGroup R015707

See EOC for Benefit Specifics

Blue Cross PPO
 A Preferred Provider Plan Product



anthem.com/calpers

Member Services 1-877-737-7778
 24/7 NurseLine 1-800-790-6165
 Pre-Services Review 1-800-421-6788
 Coverage While Traveling 1-800-510-2683

MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

All non-emergency hospital admissions must be pre-certified 3 full days in advance. Emergency admissions must be registered within 24 hours.

MEDICAL CLAIMS & INQUIRIES:
 PO BOX 80067 LOS ANGELES, CA 90080

This card is for identification only
 in the PERS Choice Health Plan.

www.cvs.com/calpers
 CVS Caremark Customer Care* 1-877-543-6284
 CVS Caremark Help Desk* 1-800-364-6331
 *Pharmacy Services independently provided by CVS Caremark, Inc., who contracts directly with the group.

Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent member of the Blue Cross Association.



Pharmacy Benefits Administrator*

PRIVATE INSURANCE INFORMATION SHEET

Referring Dr. _____ Dr. Telephone: _____

Has pt. been here before: **Y or N** Telephone: _____

Patient Name: Abel Hanna

Date of Birth: 3/29/1946

Diagnosis/Area of Injury: _____

Name of Insured: _____

Insured DOB: _____

Relationship to Patient: _____

Insurance Company: **(PPO or Other)** _____

Insurance Telephone: **(Provider Services)** _____

Insured's ID #: CRR2267822

Group #: CBO10A

Claims Address: _____

Is Pre-certification needed? Yes

Is Rx or chart notes required? If so when? Yes

Notes: _____
Patient Call back with benefits needed: Y or N

Effective Date: Jan. 1, 2001
Calendar year or Plan year?

Does deductible relate to P.T.? \$500 \$96.81
Individual/Family Deductible /OOP: 3000

Amount of deductible met to date: \$96.81

Co-pay amount: 0

Percentage reimbursed after deductible is met: ~~80%~~ 80%

Number of visits allowed per Year/Benefit period: 24

Number of visits used? 0

Are visits combined with speech, OT, Chiro., Acupuncture? Yes

Are additional visits allowed? yes pre-auth BOMA

Office Use:

Name: _____

Did patient sched. appt.? Yes No

Date Ins. called: _____

Date and time: _____

Reference#: _____

Was patient notified of benefits? Yes No

Pro-Body Physical Therapy
3110 Chino Ave., Suite 130
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**Physical Therapy
Initial
Examination**



Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Referring Physician(s): CHONG, ALBERT MD
Visit No.: 1

Date of Initial Examination: 05/23/2016
Injury/Onset/Change of Status Date: 12/27/2015
Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder
Treatment Diagnosis: ICD10: Z47.89: Encounter for other orthopedic aftercare, M75.42: Impingement syndrome of left shoulder

Subjective

History of Present Condition/Mechanism of Injury: Pt. is s/p right SAD surgery in December of 2015. Pt. has not been seen following surgery. Pt. has been performing home exercises for management, but continues to have pain and shoulder restrictions. There were no complications following surgery. Pt. had follow up with Dr. Chong. Pt. referred for therapy to improve shoulder symptoms, strength, and mobility.

Primary Concern/Chief Complaint: Pt. c/o sharp pain over his right shoulder with restrictions in shoulder elevation.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Current Functional Limitations:

Self Care:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching

Pain Location: Right shoulder

Pain Scale: Worst: Best: Current: 6

Pain Description: Dull/Achy

Aggravating Factors: Shoulder ROM, lifting, reaching, pressure over right shoulder

General Health: Good

Home Health Care: No

Medical History: High Blood Pressure

Mental Status/Cognitive Function Appears Impaired? No

Patient Goals: Improve mobility, increase overhead reach / activity, and independent UE use.

Objective

Inspection

Inspection Pt. with good healing / closure of incision sites. Scapular winging present. Decreased shoulder ROM.

Observation

Posture Forward Head, Rounded Shoulders, Scapular Asymmetry

Range of Motion

Shoulder AROM

	Right	Left
Flexion	130 °	WNL
Abduction	130 °	WNL
Functional Internal Rotation Reach	L1	T10

Shoulder PROM

	Right	Left
Flexion	150 ° Endfeel: Painful	WNL
Abduction	130 ° Endfeel: Painful	WNL
ER in 90 Degrees Abduction	80 ° Endfeel: Painful	90 °

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Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 05/23/2016

Endfeel: Painful

Strength

Gross Muscle Tests Upper

Shoulder

	Right	Left
Shoulder Flexion	4/5	5/5
Shoulder Abduction	4/5	5/5
Shoulder Internal Rotation	4+/5	5/5
Shoulder External Rotation	4/5	5/5
Shoulder Scaption	4/5	5/5

Elbow

	Right	Left
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5

Special Tests

	Right	Left
AC Joint	Hypomobile, Painful	Normal

Impingement

	Right	Left
Hawkins/Kennedy	Positive	Negative
Neer Test	Positive	Negative

Rotator Cuff

	Right	Left
Empty Can	Negative	Negative
Subscapularis Lift Off	Negative	Negative

Palpation

Comments

Pt. with pain over his right subacromial space, anterior GH joint, and AC joint.
Muscular spasm over his right peri scapular musculature and upper trapezius.

Assessment

Assessment/Diagnosis: Pt. is s/p right SAD in December 2015.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Pain with ADLs
- Decreased ROM
- Decreased strength for functional ability
- Decreased scapular stability
- Limited accessory joint mobility

Long Term Goals:

- 1: (8 Weeks) | Resolve pain with all ADLs.
- 2: (8 Weeks) | Demonstrate normal strength.

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Physical Therapy Initial Examination

Patient Name: HANNA, ADEL
Date of Birth: 03/29/1946
Document Date: 05/23/2016

4: (8 Weeks) | Improve accessory joint mobility.
5: (8 Weeks) | Independent in all ADLs.

Plan

Frequency: 2-3 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Neuromuscular Rehabilitation, Manual Therapy

Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis





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www.ProBodyPT.com

PRESCRIPTION FORM

Name Hanna Adel Date 11-19-15

Diagnosis RLBP

Precautions/Contraindications: _____

Frequency _____ Duration _____

Physician _____

EVALUATION & TREATMENT

- HEAT**
- Hydrocollator Packs
 - Ultrasound
 - Paraffin

- TRACTION**
- Cervical
 - Lumbar
 - Manual
 - Home Instructions

- MANUAL THERAPY**
- Myofascial Release
 - Joint Mobilization
 - PNF (proprioceptive neuromuscular facilitation)
 - Muscle Energy

- CRYOTHERAPY**
- Ice Massage
 - Cold Pack
 - Spray & Stretch

- HYDROTHERAPY**
- Whirlpool
 - Ultrasound in water

- ELECTROTHERAPY**
- Microcurrent with probes / with pads
 - Interferential current
 - Estim
 - Russian Estim
 - T.E.N.S. for Home Use
 - Iontophoresis
 - Phonophoresis

REHABILITATION

- Balance Rehab Program
- Foot & Ankle Rehab Program
- Back Program
- Knee Program
- McConnell Patellar Taping
- Neck Program
- Shoulder Program
- Elbow Program
- Gait/Crutch Training
- CVA Rehab Program
- ROM: Active/Assisted/Passive/Resistive
- Biofeedback
- Preoperative Programs
- Postoperative Programs
- Home Exercise Program

HAND THERAPY

- ROM: Active/Assisted/ Passive
- Strengthening
- Desensitization
- Edema Management
- Scar Modification
- Joint Protection
- Energy Conservation

SPECIAL INSTRUCTIONS

PHYSICIANS SIGNATURE _____