

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***

MANSOUR CHIROPRACTIC

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:

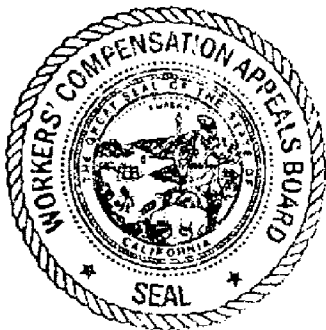
**ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS
OF TIME PERIOD WHEN SERVICES WERE RENDERED.**

(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 #: 1957160

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 FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

That MANSOUR CHIROPRACTIC has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason:

To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

[] Declaration for Injuries on or After January 1, 1990 and before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependant(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check Box if applicable and part of declaration below, See instructions on front of subpoena.)

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 01/25/2023 at Temecula, California

Signature: [Handwritten Signature] Address: ONTELLUS, 27450 Ynez Road, #300 Telephone: (951) 694-5770

ONTELLUS FOR: STATE FUND - RIVERSIDE - STATE CONTRACTS
THE INSURANCE CARRIER: DIANA MUNOZ
/S/ PO BOX 65005 ATTN: CLAIMS PROCESSING
FRESNO, CA 93650-5005
(888) 782-8338

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: Los Angeles

I, the undersigned, state that I served the forgoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served: [Handwritten Name] Date: January, 26 2023 Place: 14740 PIPELINE AVE #A ATTN: MEDICAL RECORDS, CHINO HILLS, CA 91709

I declare under penalty of perjury that the forgoing is true and correct.

Executed on _____ at CHINO HILLS, California

Signature: [Handwritten Signature]

ADEL HANNA, MANSOUR CHIROPRACTIC



Order Ref #: 1957160

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: MANSOUR CHIROPRACTIC

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 2-13-23 at, (city/state) Chino Hills Ca

Signature [Signature] Print Name SUZIE MANSOUR

Phone Number _____

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680
www.ontellus.com lab@ontellus.com
Phone (800) 660-1107 FAX (951) 595-4875
Phone (951) 694-5770

Ref#: 1957160

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: MANSOUR CHIROPRACTIC

ORDER REF #: 1957160

CERTIFICATE OF PROFESSIONAL PHOTOCOPIER

I, the undersigned, declare that ONTELLUS is the attorney's or party without attorney's representative and that true copies were made of all the original records delivered to me by the Custodian of Records of the above indicated location.

I am an employee of ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, California 92591-4680; a Registered Professional Photocopier in Riverside County, Registration No.: PC19

Pursuant to Business and Professions Section 22462, I will maintain the integrity and confidentiality of information obtained under applicable codes and distribute the records copied by ONTELLUS to the authorized persons or entities.

The enclosed records have been verified for correctness as pertaining to the request/ patient/ student/ employee based on the following:

<input checked="" type="checkbox"/> Date of Birth	<input type="checkbox"/> Conversation with _____ of your office
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> No verifiable data available from client
<input type="checkbox"/> Middle Name/Initial	<input type="checkbox"/> No verifiable data in file
<input type="checkbox"/> Date of Treatment and/or Accident	<input type="checkbox"/> Other: <u>None</u>

These records consist of : (Check One)

Any and All Records available
 Only Those Records Consistent with Specified Omissions

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on 2-13-23 at, (city/state) Temecula, CA

SIGNATURE [Signature] PRINTED NAME J Van Derbeli

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO, CA 93650-5005 (888) 782-8338 ATTORNEY FOR (<i>Name</i>): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	FOR COURT USE ONLY CASE NUMBER: ADJ15547702
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): ADEL HANNA VIA HIS/HER ATTORNEY OF RECORD

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*):02/09/2023

The records are described in the subpoena directed to (*specify name and address of person or entity from whom records are sought*): **MANSOUR CHIROPRACTIC 14740 PIPELINE AVE #A ATTN: MEDICAL RECORDS CHINO HILLS, CA 91709**

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/25/2023

DIANA MUNOZ

/S/ DIANA MUNOZ

(TYPE OR PRINT NAME)

(SIGNATURE OF

REQUESTING PARTY

ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. I object to the production of all of my records specified in the subpoena.
2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

PLAINTIFF/PETITIONER: ADEL HANNA
 DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN

CASE NUMBER:
ADJ15547702

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail Order #: 1957160

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
 2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served : WORKERS DEFENDERS ANAHEIM /Opposing Counsel	(3) Date of mailing: 01/25/2023
(2) Address: NATALIA FOLEY (295923) State Bar 8018 E SANTA ANA CANYON RD STE 100-215 ANAHEIM, CA 92808	(4) Place of mailing (city and state): Temecula, CA
- (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (specify): ONTELLUS, 27450 Ynez Rd, Temecula CA 92591
 - d. My phone number is (specify): (800) 660-1107
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 01/25/2023

Jeannie Gosiengfiao

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
 2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 3. My residence or *business* address is (specify):
 4. My phone number is (specify):
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 01/25/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 10/13/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset.

Had the patient go on therapy first to see if that helps more.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 10/13/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit. Insidious onset.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 10/13/2014 06:55 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 10/08/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset.

Had the patient go on therapy first to see if that helps more.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

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Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Electronically Signed



Albert D. Mansour, DC 10/08/2014 04:16 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 10/06/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset.

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Objective:

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Electronically Signed



Albert D. Mansour, DC 10/06/2014 12:47 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 10/01/2014

Provider: Albert D. Mansour, DC

Subjective:

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Electronically Signed



Albert D. Mansour, DC 10/01/2014 06:39 PM

Chart Notes

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14740 Pipeline Ave. Suite A
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Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 09/29/2014

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 Phone: 909-393-4545
 Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 09/19/2014

Provider: Albert D. Mansour, DC

Subjective:

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Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 09/19/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

If Adel continues to follow through in this way his progress should be good.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electronically Signed



Jon Christensen, DC 09/19/2014 12:38 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 09/15/2014

Provider: Albert D. Mansour, DC

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Jon Christensen, DC 09/15/2014 03:34 PM

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Date 08/18/2014

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Jon Christensen, DC 08/18/2014 03:29 PM

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Jon Christensen, DC 08/15/2014 03:23 PM

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There are three stages of care before a body recovers completely. The first stage of care is called the symptomatic relief stage. The second stage is the repair and regenerative stage. The third stage is the strengthening and remodeling stage. Due to the differences of the best

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Date 08/13/2014

Provider: Jon Christensen, DC

*** continued from previous page ***

course of treatment in the various stages, it is important to focus on the stage that Adel is in now, and he is in the strengthening and remodeling stage.

The strengthening and remodeling stage of healing can last from 6 weeks post injury up to 12 months if re-injury does not occur. The patient can begin active/resistive exercises such as floor/spinal stabilization exercises, gym ball and the addition of tubing and/or weights focusing on perfect form within pain free range of motion. Cardiovascular training can continue. Davis' Law states that tissue will remodel according to demands placed on them (Specific adaptation to imposed demands). During the corrective stage of care we recommend seeing him 3 visits per week until moving into a maintenance and wellness program.

Treatment and Exercise Goals:

Restoring balance

Building strength and endurance through full range of motion

Remodel and realign tissue

Exercises will focus on imitating activities of daily living and the demands of employment.

Enhance coordination

Increase kinesthetic sense

Enhance proprioception

Decrease nociception

Balance proprioceptive input from musculature to the spine through the use of repeated, active movements under a variety of mechanical conditions in order to pattern the motor system and create long lasting neuroplasticity

To prevent re-injury

To return to pre-clinical status

To discharge from care and place on maintenance.

Adel was given the following exercises on 8/13/2014 as instructed below.

Instructions:

Adel should lie face down on the floor for 5 minutes. If this hurts too much, she should place a pillow under his abdomen. This position should relieve his leg pain. When he can lie face down for 5 minutes without needing a pillow, he can continue to the next stage. Adel should lie on his abdomen and prop himself up on his elbows for 5 minutes. Then he should lie flat again for 1 minute. Next, he should press down on his hands and extend his elbows while keeping his pelvis on the floor and hold the top position for one second and then return to the floor. This exercise is typically repeated for 4 sets of 10 repetitions with 2 minutes of rest between each set.

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*** continued from previous page ***

Adel has been instructed to perform the exercise daily.

Instructions:

Adel should lift his head and hollow his back as much as possible while kneeling on all fours. He should keep his elbows straight throughout, tuck his head between his arms and arch his back as high as possible. Next, keeping his head up, Adel should raise his right arm forwards as he raises his left leg backwards as high as possible and hold the position for 5 seconds while exhaling. Then he should slowly return to all fours while inhaling and change to raising his left arm and right leg.

Adel has been instructed to perform the exercise daily.

Electronically Signed



Jon Christensen, DC 08/13/2014 11:59 AM

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Yeoman's Test:

Yeoman's Test was positive bilateral. This test is done with the patient in a prone position. The examiner exerts downward pressure over the suspected sacroiliac joint, while maximally flexing the ipsilateral knee. Then the thigh is hyperextended while holding down the pelvis. Deep pain in both sacroiliac joints from the above action indicates a strain of the anterior sacroiliac ligaments. An increase in pain was noted in the lumbar, left sacroiliac and right sacroiliac region that was rated as a Grade 1: Mild pain behavior noticed and when asked.

Other lumbar orthopedic tests performed were; Ely's heel to buttock test, Kemp's test and SLR all were negative.

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

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The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 08/06/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt worse since the last visit.

Pt. had an increase in pain after sitting at a computer for a long time.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 08/06/2014 03:49 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 08/04/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 08/04/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 08/04/2014 03:50 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/31/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/31/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 07/31/2014 12:16 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
 14740 Pipeline Ave. Suite A
 Chino Hills, CA 91709-1293
 Phone: 909-393-4545
 Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/30/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/30/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Pt. states that he feels increased ROM.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 07/30/2014 05:26 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
 14740 Pipeline Ave. Suite A
 Chino Hills, CA 91709-1293
 Phone: 909-393-4545
 Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/28/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/28/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 07/28/2014 03:41 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/24/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Electronically Signed



Albert D. Mansour, DC 07/24/2014 03:09 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/23/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt worse since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/23/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

The following is a list of diagnostic impressions for Mr. Hanna's current condition:(724.4) Neuritis/Radiculitis Thoracic/Lumbo 724.4, (847.2) Lumbar sprain or strain 847.2.

If Adel continues to follow through in this way his progress should be good.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 07/23/2014 03:19 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/21/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt worse since the last visit. Insidious onset,

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Electronically Signed



Albert D. Mansour, DC 07/21/2014 02:17 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/18/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit. Insidious onset, advised to stay away from recliner.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

The Pelvic tilt therapeutic exercise was given on 7/16/2014 with instructional photographs including specific repetitions and sets to Adel, so he can perform these exercises at home to facilitate healing.

Electronically Signed



Albert D. Mansour, DC 07/18/2014 03:20 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/16/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit. Insidious onset, advised to stay away from recliner.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

I performed a face to face consultation regarding the patients condition, treatment program, and have discussed activities of preclusion. In addition I have reviewed the patient's X-Rays and/or scans, other Diagnostics and discussed appropriate therapies. Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes. Adel was given the following exercises on 7/16/2014 as instructed below.

Instructions:

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Electronically Signed



Albert D. Mansour, DC 07/16/2014 04:08 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/14/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt worse since the last visit. Insidious onset, advised to stay away from recliner.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Albert D. Mansour, DC 07/14/2014 02:30 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/11/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Albert D. Mansour, DC 07/11/2014 04:54 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/09/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

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Adel Hanna

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14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/07/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

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Electronically Signed



Albert D. Mansour, DC 07/07/2014 03:15 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/03/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

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Electronically Signed



Albert D. Mansour, DC 07/03/2014 03:11 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 07/02/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

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Electronically Signed



Albert D. Mansour, DC 07/02/2014 05:43 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/30/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

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Plan:

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Electronically Signed



Albert D. Mansour, DC 06/30/2014 03:03 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/25/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

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Electronically Signed



Albert D. Mansour, DC 06/25/2014 02:14 PM

Chart Notes

Adel Hanna

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14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/23/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Albert D. Mansour, DC 06/23/2014 03:27 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/20/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

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Adel Hanna

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Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/20/2014

Provider: Jon Christensen, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt the same since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Prognosis:

Adel's prognosis is good at this time. Adel felt better after the treatment and has experienced an increase in passive joint motion and a decrease in his symptoms since treatment began.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated.

Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes.

Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

Electronically Signed



Jon Christensen, DC 06/20/2014 03:16 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/18/2014

Provider: Albert D. Mansour, DC

Subjective:

Today Adel stated that overall the right lumbar, lumbar, left lumbar, left sacroiliac and right sacroiliac complaint felt better since the last visit.

Objective:

Spinal Palpation:

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

Specific spinal adjustments will be performed in 1 to 2 regions to improve the function of the segments of the spine that were fixated. Electrical stimulation in the form of premodulated current will be applied to lumbosacral. The cycle time will be set at continuous. The beat frequency will be set at 80-150 Hz. This procedure will be performed for 10 minutes. Cryotherapy will be applied to reduce inflammation and pain in the involved areas. This ice will be placed in a towel over the affected area for 10 minutes.

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Albert D. Mansour, DC 06/18/2014 03:49 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
 14740 Pipeline Ave. Suite A
 Chino Hills, CA 91709-1293
 Phone: 909-393-4545
 Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/16/2014

Provider: Albert D. Mansour, DC

Subjective:

Adel Hanna presented to my office on 6/12/2014 for examination and treatment of her right lumbar, lumbar and left lumbar area.

Adel stated that the symptoms started one week ago, as a result of exercising. Since this began, the discomfort has been getting better.

At it's worst, Adel described the discomfort as dull and sharp. She reports that the pain is aggravated by exercising and driving, and alleviated temporarily by resting. However, she has been discouraged because the condition has not been resolved.

According to the patient, she has had an accident two years ago.

She also stated that the right lumbar, lumbar and left lumbar pain is preventing her from being active

In addition to the patient's primary complaint, she has pain, and is also suffering from .

Adel is concerned that if she continues to do what she has been doing in the past, her problems are going to get worse.

Objective:**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; lumbar and lumbosacral.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

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Chino Hills, CA 91709-1293
Phone: 909-393-4545
Fax: 909-393-3899

Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/16/2014

Provider: Albert D. Mansour, DC

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Electronically Signed



Albert D. Mansour, DC 06/16/2014 06:18 PM

Chart Notes

Adel Hanna

Mansour Chiropractic Inc.
14740 Pipeline Ave. Suite A
Chino Hills, CA 91709-1293
Phone: 909-393-4545
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Patient: Hanna, Adel

Acct #: 8895

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Date 06/12/2014

Provider: Albert D. Mansour, DC

Subjective:

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At it's worst, Adel described the discomfort as dull and sharp. She reports that the pain is aggravated by exercising and driving, and alleviated temporarily by resting. However, she has been discouraged because the condition has not been resolved.

According to the patient, she has had an accident two years ago.

She also stated that the right lumbar, lumbar and left lumbar pain is preventing her from being active

In addition to the patient's primary complaint, she has pain, and is also suffering from .

Adel is concerned that if she continues to do what she has been doing in the past, her problems are going to get worse.

Objective:

A thermal scan was performed on the patient using Insight Technology. The Rolling Thermal Scanner assesses autonomic nervous system function by measuring and comparing skin temperature on both sides of the spine. The Rolling Thermal Scanner uses non-contact thermal sensors that utilize thermal imaging technology. It utilizes data published in the Journal of Neurosurgery for normative comparison and reporting. See Insight Thermal Scan Narrative for results.

A static EMG scan was performed using Insight Technology. The Insight Millennium sEMG Smart Sensor™ measures differences in muscle tension along the spine. The Insight Millennium sEMG Smart Sensor™ allows for accurate and precise data collection at all spinal regions. The data collected by the Smart Sensor enables an examiner to view spinal muscle tone and any abnormal muscular imbalance. See Insight Static EMG Interpretation Narrative for results.

Range of Motion was performed and measured using Insight Technology. The Insight™ Inclinometer is used to perform accurate spinal range-of-motion (ROM) measurements, which measures the motion in degrees. Protocol is compared with the AMA guidelines for evaluation. See Insight Millennium Range of Motion Narrative for results.

Chart Notes

Adel Hanna

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Phone: 909-393-4545
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Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

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Pol #: CB010A

Insured ID: CPR226A67822

Date 06/12/2014

Provider: Albert D. Mansour, DC

*** continued from previous page ***

A Pulse Wave Profile was taken on the patient using Insight Technology. The Millennium program utilizes the Insight Millennium Pulse Wave Profiler™ (PWP) Sensor to perform a heart rate variability assessment. The patient places their hand in the PWP and several signals are detected which allow for both the monitoring of the rhythmic variability of heart rate and autonomic arousal. See Insight Millennium Heart Rate Variability Interpretation Narrative for results.

Assessment:

Neuritis/Radiculitis TL 724.4. Lumbosacral Sprain/Strain 846.0.

Plan:

This is a unique Treatment Plan for Adel Hanna created on 6/12/2014. Because this condition involves soft tissue which includes fascia, ligaments and muscles, it is important to understand the complete healing process that one goes through. There are three stages of care before a body recovers completely. The first stage of care is called the symptomatic relief stage. The second stage is the repair and regenerative stage. The third stage is the strengthening and remodeling stage. Due to the differences of the best course of treatment in the various stages, it is important to focus on her current stage of healing, which is the symptomatic relief stage. This is associated with swelling, redness, warmth and pain.

Equally important as to how many visits are required in this stage of healing is the frequency of the visits, as each visit needs to build on the visit prior to it, to actually correct the underlying reason for the patient's condition. This is similar to the results of going to a gym 3-4 multiple times per week versus just once a year.

During this phase of care we recommend seeing Adel 3 times per week until the next phase of care. Adel will be given chiropractic adjustments and therapy as per that visits observations and findings.

At this time, the patient is advised to refrain from the following: activities that cause pain and aggravate the condition.

Goals:

- Decrease swelling and edema
- Decrease pain and discomfort
- Break up scar tissue and fibrous adhesions
- Decrease muscle spasms
- Increase active range of motion
- Increase passive range of motion
- Improve neurophysiological function
- Restore biomechanical integrity

Chart Notes

Adel Hanna

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Patient: Hanna, Adel

Acct #: 8895

DOB: 03/29/1946

Ins Co: Anthem Blue Cross

Pol #: CB010A

Insured ID: CPR226A67822

Date 06/12/2014

Provider: Albert D. Mansour, DC

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

Prevent re-injury

Electronically Signed



Albert D. Mansour, DC 06/12/2014 06:16 PM
