

04-815-CD  
STACEY L. GRAY, et al. vs. HARRY W. PEPPERMAN

STACEY L. GRAY  
as parent and natural guardian of  
KENNETH R. SCHENCK, III, a minor child  
Plaintiff

vs.

HARRY W. PEPPERMAN

Defendant

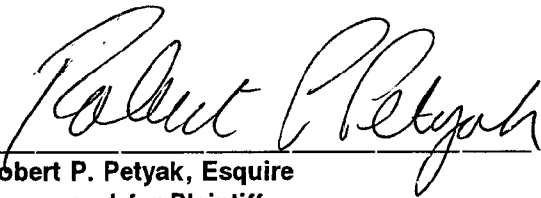
: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA

: NO. 2004 - 815-CD

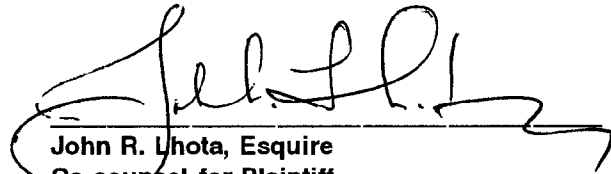
PRAECIPE FOR WRIT OF SUMMONS

Please issue a Writ of Summons in Civil action, for service as per the enclosed Sheriff's

Instructions.



Robert P. Petyak, Esquire  
Co-counsel for Plaintiff  
215 PNC Bank Building  
Ebensburg, PA 15931  
(814) 472-5685



John R. Lhota, Esquire  
Co-counsel for Plaintiff  
110 North Second Street  
Clearfield, PA 16830  
(814) 765-9611

**FILED**

JUN 08 2004

William A. Shaw  
Prothonotary

**IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY PENNSYLVANIA  
CIVIL ACTION**

**SUMMONS**

**Stacey Gray  
as parent and natural guardian of  
Kenneth R. Schenck, III, a minor child**

**Vs.**

**NO.: 2004-00815-CD**

**Harry Pepperman**

**TO: HARRY PEPPERMAN**

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has/have commenced a Civil Action against you.

Date: 06/08/2004

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William A. Shaw  
Prothonotary

Issuing Attorney:  
Robert P. Petyak, Esq.  
Co-counsel for Plaintiff  
215 PNC Bank Building  
Ebensburg, PA 15931

STACEY L. GRAY  
as parent and natural guardian of  
KENNETH R. SCHENCK, III, a minor child  
Plaintiff

vs.

HARRY W. PEPPERMAN

Defendant

\* IN THE COURT OF COMMON PLEAS  
\* OF CLEARFIELD COUNTY, PENNSYLVANIA  
\*  
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\* NO. 2004 - 815-CD  
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\* PETITION/MOTION TO COMPROMISE  
\* MINOR'S CLAIM  
\*  
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\*  
\*  
\*

\* Co-counsel of Record for Plaintiff:  
\*  
\*

\* Robert P. Petyak, Esquire  
\* 215 PNC Bank Building  
\* Ebensburg, PA 15931  
\* Telephone: (814) 472-5685  
\*  
\*

\* John R. Lhota, Esquire  
\* 110 North Second Street  
\* Clearfield, PA 16830  
\* (814) 765-1611  
\*

**FILED**

JUN 08 2004

William A. Shaw  
Prothonotary

STACEY L. GRAY  
as parent and natural guardian of  
KENNETH R. SCHENCK, III, a minor child  
Plaintiff

vs.

HARRY W. PEPPERMAN  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA  
:  
:  
:  
:

: NO. 2004 - 815-02  
:  
:  
:

FILED

JUN 08 2004

William A. Shaw  
Prothonotary/Clerk of Courts

ORDER

AND NOW, this 8 day of June, 2004, upon consideration of the foregoing Petition and after hearing, it is Ordered that the settlement of this action for the gross sum of Eight Thousand (\$8,000.00) Dollars, plus costs, be and it is hereby approved, counsel fees and expenses are allowed, and distribution directed as follows:

TO:	To be paid to Petitioner, Stacey L. Gray, parent and natural guardian of minor- Plaintiff, Kenneth R. Schenck, III, to be invested in an insured interest bearing certificate of deposit, to be marked, "not to be redeemed except for renewal in its entirety, nor to be withdrawn, assigned, negotiated or otherwise alienated before February 3, 2006 (date of minor's majority) except on Order of a Court of competent jurisdiction	\$5,114.64
TO:	Robert P. Petyak, Esquire co-counsel fee	1,333.33
TO:	John R. Lhota, Esquire co-counsel fee	1,333.33
TO:	Robert P. Petyak, Esquire costs advanced	109.35
TO:	John R. Lhota, Esquire costs advanced	<u>109.35</u>
	<b>Total</b>	<b>\$8,000.00</b>

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praecipe for Writ of Summons, this Petition, Sheriff's service costs, Discontinuance filing fee, etc., in the estimated amount of

\$262.00 are to be reimbursed to Robert P. Petyak, Esquire, by the third party insurance carrier, Farmers  
New Century Insurance Company.

BY THE COURT:

A handwritten signature in black ink, appearing to read "Fred Grimmer", is written over a horizontal line. The signature is stylized with a large, looping initial "F" and a long, horizontal stroke at the end.

STACEY L. GRAY	:	IN THE COURT OF COMMON PLEAS
as parent and natural guardian of	:	OF CLEARFIELD COUNTY, PENNSYLVANIA
KENNETH R. SCHENCK, III, a minor child	:	
Plaintiff	:	
	:	
vs.	:	NO. 2004 -
	:	
HARRY W. PEPPERMAN	:	
Defendant	:	

**PETITION/MOTION TO COMPROMISE MINOR'S CLAIM**

**AND NOW**, comes Stacey L. Gray, by her co-counsel, Robert P. Petyak, Esquire, and John R. Lhota, Esquire, and respectfully represent as follows:

1. That Stacey L. Gray is the parent and natural guardian of Kenneth R. Schenck, III, a minor, who was injured on June 27, 2002, when the vehicle in which Kenneth R. Schenck, III was a passenger was struck head on by a vehicle operated by Defendant, Harry W. Pepperman, who was driving the vehicle with the express and/or implied permission of his wife, Geraldine Pepperman, the insured owner of said vehicle. The collision occurred on Walmart Super Center Drive in Lawrence Township, Clearfield County, Pennsylvania.

2. That the injuries sustained by said minor were: Face abrasions from air bag and swelling around eye areas, cervical, thoracic and lumbosacral spine strain and pain. The minor child was treated at , Clearfield EMS, Clearfield Hospital, Clinton Medical Associates, Lock Haven Hospital (x-rays), Dr. Gary Casteel, and Roy M. Love, D.C. Copies of the child's treatment records are attached hereto and collectively marked as Exhibit "A". The minor child has required no further treatment.

3. That the medical and hospital charges associated with the injuries sustained by Kenneth R. Schenck, III in the June 27, 2002 collision totalled \$3,843.25. Kenneth R. Schenck, III's first party insurance carrier, State Farm Insurance, paid all said medical bills at adjusted rates. No subrogation claim exists with the first party carrier.

4. The third party insurance carrier, Farmers New Century Insurance Company, has offered \$8,000.00 to settle Kenneth R. Schenck, III's third party claim. In addition, said third party carrier,

Farmers New Century Insurance Company, has agreed to reimburse co-counsel herein for the following filing fees, service costs, etc.:

Filing fee for Praeipie for Writ of Summons	\$ 85.00
Filing fee for this Petition/Motion	85.00
Clearfield County Sheriff's service fee	75.00
	10.00
Praeipie to Discontinue case filing fee	<u>7.00</u>
<b>Total</b>	<b>\$262.00</b>

A copy of the May 25 2004 correspondence received from Tammy DeCecco of Farmers New Century Insurance Company wherein the \$8,000.00 settlement offer is extended and costs reimbursement is set forth is attached hereto and marked as Exhibit "B".

5. That co-counsel were retained on a contingent fee basis by your Petitioner and they have incurred the following expenses:

Gary M. Casteel, D.C. (copies of records)	\$ 40.00
Clinton Medical Associates (copies of records)	50.00
J.A. Still Corp. (Lockhaven Hospital x-ray reports)	18.55
Nittany Valley Chiropractic Center (copies of records)	30.00
Clearfield EMS (trip sheet copy)	20.00
Copy costs: 10/31/03 transmittal letters and copies of medical records and first party file forwarded to third party adjuster (212 pages x 25¢ per page)	53.00
Postmaster, Ebensburg (postage for mailing letter and records to third party)	<u>7.15</u>
<b>TOTAL COSTS</b>	<b>\$ 218.70</b>

and that counsel has made no other charge for investigative costs.

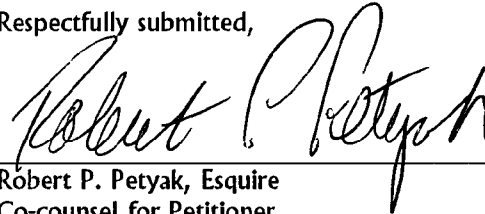


6. That co-counsel and your Petitioner recommend the approval of a settlement for pain and suffering in the gross amount of Eight Thousand (\$8,000.00) Dollars, negotiated with the insurance carrier for the Defendant.

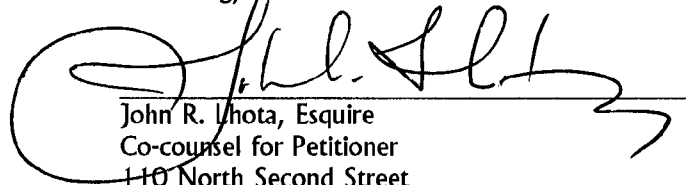
7. That your Petitioner approves the proposed settlement because she considers it fair and reasonable, and that it adequately compensates Kenneth R. Schenck, III for the pain and suffering associated with the injuries he sustained and the expenses incurred, and Petitioner does further approve the proposed distribution contained in the form of Order attached hereto.

**WHEREFORE,** Petitioner prays that an Order be entered approving the compromise, allowing counsel fees and ordering distribution.

Respectfully submitted,




Robert P. Petyak, Esquire  
Co-counsel for Petitioner  
215 PNC Bank Building  
Ebensburg, PA 15931



John R. Lhota, Esquire  
Co-counsel for Petitioner  
110 North Second Street  
Clearfield, PA 16830

V E R I F I C A T I O N

I, Stacey L. Gray, as parent and natural guardian of Kenneth R. Schenck, III, hereby state that the facts set forth in the foregoing Petition/Motion to Compromise Minor's Claim are true and correct to the best of my information, knowledge and belief. I understand that intentional false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications made to authorities.

  
\_\_\_\_\_  
Stacey L. Gray, parent and natural  
guardian of Kenneth R. Schenck, III

DATED: May 26, 2004

8

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**ROBERT P. PETTAK**  
**ATTORNEY & COUNSELLOR AT LAW**  
216 P. N. C. BANK BUILDING  
EPHRATA, PENNSYLVANIA 16901

**KENNETH R. SCHENCK, III**  
**MEDICAL RECORDS**



CLEARFIELD EMS

0211478  
(Service Inc. #)

SERVICE NAME: Clearfield EMS Inc (17002) UNIT ID: 51 INCIDENT #: 0211478  
INCIDENT LOCATION: 100 Supercenter Dr, Lawrence Township, PA 16830 -- an other traffic  
(MCD Code-451793500)  
DISPATCHED AT: 13:58 June 27, 2002 OUTCOME: Transported to Clearfield Hospital (02913)  
NATURE OF DISPATCH: BLS Emergency

**PATIENT INFO** USERDEF3:

CHIEF COMPLAINT: Abrasion

PATIENT LAST NAME:	FIRST:	M.I.:	PHONE:	AGE:	DATE OF BIRTH	SEX:
Schenck, III	Kenneth		(814)768-7471	14	02/02/1988	M
STREET ADDRESS:			SOCIAL SECURITY #:			
200 N 3rd			RESIDENT OF CITY/MUNIP:			
CITY:			SIGNATURE TO BILL DIRECT:			
Clearfield	STATE:	ZIP CODE:	No			
	PA	16830	RELEASE INFO OBTAINED:			
PRIVATE PHYSICIAN:			No			
NEXT OF KIN:			MILEAGE			
BILL TO (COMPANY OR NAME):			MEDICARE #:			
PHONE:			OUT: 868			
( ) -			MEDICAID #:			
ADDRESS			SCENE: 870			
CITY:			INSUR #1:			
STATE:			MA OP			
ZIP CODE:			DEST: 872			
			Group #:			
			Policy # 5001051209			
			IN: 873			
			INSUR #2:			
			BILLED: 2			
			TOTAL: 5			
			Group #:			
			Policy #:			

**NARRATIVE:**

Clearfield EMS, Inc. Medic 151 was dispatched by Clearfield County 911 Center at 13:58 on Jun 27, 2002 to Lawrence Township, PA 16830 and arrived at scene (an other traffic) at 14:03 in response to a vehicular accident. Response mode to scene was 'Emergency'. The Incident Number was 0211478

Patient was a 14-year old male with a chief complaint of abrasion. Patient condition on scene was minor. The following illness was suspected. Pain. Injuries were sustained as follows: blunt to the face and soft, open wound to the face

Medic 151 was dispatched for a MVA. Medic 151 arrived on scene to find a two vehicle accident. Both vehicles were small passenger cars and both had front end damage due to a head on collision. This pt was a 14 y/o male who was the restrained passenger of the vehicle that was hit. The pts airbag deployed and hit the pt in the face. The pt had minor abrasions to his face, mainly to the right side. The abrasions were not bleeding and this was the pts only complaint. The pt denied any chest pain, difficulty breathing, nausea vomiting or dizziness. The pt was transported in medic 154 due to the fact his mother was transported in the same unit. The pt was fully immobilized with C-COLLAR and LSB with straps and CIDS. The pts vital signs were assessed and were noted to be within normal limits for the situation. A pt assessment was performed with the following findings: Pt was CAO X 4 to person, place, time and events. Pts pupils were equal and reactive to light. Pts HEENT were all unremarkable. Pts trachea was midline with no JVD noted. Pts lungs were clear and equal in all fields. Pt had no marks to his abdominal area or chest area. Pts abdomen is soft and non-tender upon palpation with no masses noted. Pt had full range of motion in all extremities and was walking after the accident. Pt remained stable throughout transport with no changes and no further complaints. Pt was placed into E-1 and report was given to RN. Pt care was then released to the staff at CHED. This unit was placed avail and returned to station without further incident.

Vehicle was a Auto (5 passenger)  
MVA SEATING:

☒ -- Front of vehicle  
☐ -- Rear

85602964  
(State Form #)

0211478  
(Service Inc. #)

The patient was a passenger.  
A lap/shoulder belt was used as a safety device.  
The air bag was deployed  
Self extrication and walking after the accident were contributing factors.

-- Pre-existing medical problems --

**PAST MEDICAL HISTORY:**

The patient has a past medical history of ADHD

**MEDICATIONS:**

Current medications are tenex, allure, and concerta.

**ALLERGIES:**

There are no known allergies to medications.

**ONGOING EXAM:**

An ongoing exam was performed by attendant-A1 at 14:15. Patient's weight was 120 lbs. The patient was CAOx4. Pupils: Equal Midposition Reactive. Skin: Color: Normal. Temp: Normal, and Condition: Normal. Capillary Refill was normal. Patient's lungs were Equal Clear.  
The abdomen was soft and non-tender.

There was pulse, motor, and sensation in all limbs.

The neck, chest, abdomen, pelvis, extremities, posterior, and spinal region were unremarkable. The head had a abrasion.

Medical command was not required.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition prior to transport was stable.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913). This was the only patient transported on this trip.

Category of Ground Ambulance Service was BLS-Emergency

**LOG**

Time	Pul	Resp	BP	EKG
13:58				Dispatched.
13:59				Enroute.
14:03				Arrived at scene
14:04				---Medical Command---None Required
14:07				Arrived at patient
				Immobilization-C-Spine Stabilize, Treated By-A1,A2
				Immobilization-Cervical Collar, Treated By-A1,A2
				Immobilization-C-Spine Imm. Dev., Treated By-A1,A2
				Immobilization-Board - Long, Treated By-A1,A2
14:11	100	18	140/60	P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:15				Ongoing Exam, Treated By-A1,
14:23				Departed scene.
14:31	100	18	130/70	P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:34				Arrived at destination.
14:45				Available.
15:15				In quarters.

Trip was CLOSED on 06/28/2002 at 00:28:59. Any information below was added to this narrative later.

**Crew Signatures:**

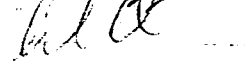
85602964  
(State Form #)

[Crew Chief] A#1: Electronically Signed

\*Pentz, Traci (E133167)

A#2: 

Knepp, Brian (E133163)

A#3: 

Abrams, Chad (P069148)

A#4: \_\_\_\_\_

Med Cmd: \_\_\_\_\_

0211478  
(Service Inc. #)

85602964  
(State Form #)



CLEARFIELD HOSPITAL

153774

**ROBERT P. PETYAK**  
Attorney and Counsellor at Law  
215 PNC Bank Building  
Ebensburg, Pennsylvania 15931  
(814) 472-5685  
(814) 886-4950  
Fax (814) 472-7891

July 14, 2003

Attention: Medical Records Librarian  
Clearfield Hospital  
P. O. Box 992  
Clearfield, PA 16830

Re: Our Client: Kenneth Schenck, III, a minor  
Date of Loss: June 27, 2002  
Date of Birth: February 3, 1988  
SS#: 200-68-0211

Dear Medical Records Librarian:

This office represents the aforementioned injured person, who received treatment at your facility immediately following the June 27, 2002 automobile collision in which he was involved and also underwent physical therapy at Clearfield Hospital I believe in August and September, 2001.

Please submit to me as soon as possible photostatic copies of ALL HOSPITAL AND PHYSICAL THERAPY RECORDS REGARDING THIS PATIENT. Authorizations signed by Stacy Gray, the mother of Kenneth Schenck, permitting the release of her sons Hospital and Physical Therapy records are enclosed. The cost of preparing the copies will be paid upon receipt.

Please also submit itemized statements covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours

  
Robert P. Petyak, Esquire

RPP/cnc  
Enclosures

RECEIVED

JUL 15 2003

17350  
PM  
JUL 15 2003

NAME AND ADDRESS		MAIDEN		REGISTRATION DATE/TIME		REGISTRATION NUMBER	
SCHENCK KENNETH		PAT. PH. NO. 814-768-7471		04/27/2009 14:48		45402111	
209 N BRD ST CLEARFIELD PA 16830		RES. CODE 022045 S.S. NO. 200-48-0211		AGE 14 BIRTHDATE 12/02/1992		F.C. RACE SEX MAR REG. B	
REGISTERING DOCTOR NAME		NO.		FAMILY DOCTOR NAME		NO.	
SERANTIS JAMES R		021488		GOSHAM JENNIFER		011832	
TIME SEEN: O/A		After X-ray		C.C.		RECORD DICTATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MODE ARR: EMS Auto		Additional Hx. from: FAMILY EMS NURSING HOME		PRIOR RECORD OF		ORDER TAKEN OFF	
HPI:						Card. PRT. EKG	
						Amylase PT, PTT	
						CBC DIF TR 1 2	
						Chem 7,12+CO <sub>2</sub> UA Mic	
						Hepatic Panel U C&S	
PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST		DIABETES 1 2 CVA/TIA CANCER				CK MB Cath UA	
PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCA CATARACTS						Troponin I Gc-Chl Probe	
MEDS: <input type="checkbox"/> None Allergy: <input type="checkbox"/> None Immunizations Current: Y N						Digoxin Blood C	
SOCIAL/OCCUP. Hx:		FAMILY Hx:				Theo 1 2	
ROS:						Dilantin Strep	
						HCG Qual Sputum	
						HCG Quan	
PHY. EX.:						Urine Tox	
						Abd. Ser/Kub Hand	
						Chest P. C. Wrist	
						Ribs 4 Arm	
						Face / Nose Elbow	
						Orbit/mand. Humerus	
						C. Sp. P. C. Shoulder	
						Clavicle Scapula	
						Th. sp.	
						LS sp.	
						Pelvis	
						SPECIAL Hip	
						CT Head Femur	
						CT Neck Knee	
						CT Chest Tib-Fib	
						CT Abd Ankle	
						CT Pelvis Heel	
						IVP Foot	
						V/Q	
						US Abdomen	
						US Arterial	
						US Cardiac	
						US Pelvic OB US Scrotu	
						US Retrop Renal US Venou	
Referred to:		Discussed with Dr.		at			
Instruction sheets: Temp Lacerations V & D URI Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury							
Conjunctivitis Kidney Stone Tick Bite Back Pain Cast Sprain/Fracture Ectopic Threatened AB							
<input type="checkbox"/> If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.						UH 454.0.1	
<input type="checkbox"/> Follow instruction sheet[s] given.						UH 454.0.1	
<input type="checkbox"/> New Medication list:						926	
<input type="checkbox"/> Follow up with <input type="checkbox"/> your Doctor <input type="checkbox"/> Other:						E 3:4.1	
<input type="checkbox"/> Special instructions:						2	
<input type="checkbox"/> OFF WORK / SCHOOL / GYM FOR		<input type="checkbox"/> WORK RESTRICTIONS GIVEN					

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS

NURSE SIGNATURE

TIME

PHYSICIAN ASSISTANT SIGNATURE

PATIENT SIGNATURE

☐ NON-EMERGENCY

PHYSICIAN SIGNATURE

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

## Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

**CHIEF COMPLAINT:**

MVC

Enc. Type: Initial

ACUITY: Level I

**Physicians caring for patient:**

James P. DeSantis, DO

**VITAL SIGNS**

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 6/27/2002 14:44	37.2	O	102	20	143	75	L			<u>5</u>

**TRIAGE****PCP/private physician: Jennifer L. Graham, DO**

Patient arrived by stretcher via EMS transport from an accident site accompanied by EMT/paramedic

**Chief complaint/quote:**MVA front seat seat belted air bag hit face abrasions and swelling noted around both eye areas states no pain other than face

Mental status: . The patient is oriented x 3

Head injuries:

Pupils: PERRL and is briskly reactive to light

Mental status: . The patient is oriented x 3.

Head injury associated s/sx: Associated signs and symptoms include nothing

LOC: Patient has/had no LOC

Eye movements:

Extremities:

Neurologic Exam:

**Medication allergies: No known allergies.****Allergies/food/environmental/animal: No known allergies.****Latex Allergy (-)****Current meds: Tenex****Concerta****Concerta****Notes:**

&lt;MCM 06-27-02 15:31&gt;concerta 54 mg sr qd 18 mg bid tenex 1 mg bid celexa 20 mg qd

Vaccinations are up to date

Weight:approx 136

Growth and Development: Appropriate for age.

BJS:Bonnie J.Sharpless, RN 06/27/02 14:39

LDS:Lowell D.Satterfield, RN 06/27/02 14:42

LSR:Lynette S.Richardson, RN 06/27/02 15:03

MCM:Michael C.Mitskavich, RN 06/27/2002 15:30

**PAST HISTORY****PAST MEDICAL, SURGICAL HISTORY**

No pertinent PMH

**Notes:**

&lt;LDS 06-27-02 14:43&gt;had right testicle removed

LDS:Lowell D.Satterfield, RN 06/27/02 14:42

**Clearfield Hospital - Clearfield , PA 16830****Patient:** SCHENCK III, KENNETH RAY**DOB:** 2/3/1988**Age/Gender:** 14 M

6/27/2002 14:39 MVC

**MR#:** 153774**Acct#:** 000001002909**ED Phys.:** James P. DeSantis, DO**NURSING SYSTEMS REVIEW****ASSESSMENT**

LDS:Lowell D.Satterfield, RN 06/27/02 14:49

**RESPIRATORY**

Respiratory exam

Respiratory status: Breath sounds are clear bilaterally

LDS:Lowell D.Satterfield, RN 06/27/02 14:59

**FLWSHEETS****MEDICATION ADMINISTRATION RECORD**

Tetanus &amp; Diphtheria vial 0.5 cc(s) ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 6/27/2002 16:34

Medication given as ordered.. Location: Right deltoid

LDS 6/27/2002 16:34

**GLASGOW**

LDS 06/27/2002 14:53 4-Spontaneously; 5-Oriented &amp; Converses; 6-Obeys = 15

**TRAUMA****EMS**

Unit rendering care: Clearfield Emergency Medical Service, Clearfield, PA 16830 765-4861

ABC's: The airway is open and patent

C-spine immobilization: C-spine immobilized on a long spine board, with a hard c-collar, and with a CID.

EMS procedures

IV access unable to obtain.

Cardiac monitoring/rhythm: (-)

LDS:Lowell D.Satterfield, RN 06/27/02 14:50

**Trauma Mech of Injury**

Mechanism of injury: Passenger: Collision with car, truck E812.1

LDS:Lowell D.Satterfield, RN 06/27/02 14:51

**Trauma Primary Survey**

No hx trauma to C-spine. No c/o pain on palpation of C-Spine. Pt has normal sensation and movement of all extremities without limitation or weakness. Alert &amp; Oriented. PERRL.

~~Airway open and clear. No dyspnea or dysphagia noted. C-spine immobilized with Philadelphia collar, sand bags and tape. On backboard. Breath sounds are clear bilaterally on auscultation. Bilateral, symmetrical chest movement with inspiration noted. <LDS:06/27/2002 14:57>~~

Airway open and clear. No dyspnea or dysphagia noted. C-spine immobilized with CID. On backboard. Breath sounds are clear bilaterally on auscultation. Bilateral, symmetrical chest movement with inspiration noted.

## Clearfield Hospital - Clearfield, PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

Radial pulse palpable, rhythm regular, rate and quality normal. Pulses of all extremities present and normal. Capillary refill brisk. No visible active bleeding noted. Pt alert and oriented to person, place, time and event. Skin is warm and dry.

**Airway**

C-spine immobilization: Hard C-Spine collar applied

**Breathing**

Respiratory effort: Respiratory effort is normal

Pupils: PERRL and is briskly reactive to light

Mental status: . The patient is oriented x 3.

**Adult trauma score**

Glasgow coma scale

LDS:Lowell D.Satterfield, RN 06/27/02 14:51

LDS:Lowell D.Satterfield, RN 06/27/02 14:57

LDS:Lowell D.Satterfield, RN 06/27/02 15:25

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.  
James P.DeSantis, DO 6/27/2002 16:06

**HISTORY OF PRESENT ILLNESS****HPI Text**

RESTRAINED PASSENGER IN mva C INJ to face from deployed airbag--no other head or neck inj. No other complaints

JPD:James P.DeSantis, DO 07/04/02 17:26

**REVIEW OF SYSTEMS****CONSTITUTIONAL**

Constitutional: No fever, unexplained weight change or malaise. No neck pain opr paresthesias

Eyes: No visual changes, eye pain or discharge. + facial swelling and abrasions

ENMT: No hearing changes, pain, discharge or infections.

Cardiac: No chest pain, SOB or edema.

Respiratory: No cough or respiratory distress.

GI: No nausea, vomiting, diarrhea or abdominal pain.

GU: No dysuria, frequency or burning.

MS: No myalgia, muscle weakness, joint pain or back pain.

Neuro: No headache or weakness. No LOC.

Skin: No skin rash.

JPD:James P.DeSantis, DO 07/04/02 17:27

**EXAM**

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress, GCS: 15

HEAD: Normocephalic; abrasions c contusions, sts to face--forehead, periorbits. CN 2-12 intact.

EYES: PERRL; EOM intact, clear

ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2; no murmurs, rubs, or gallops

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or

**Clearfield Hospital - Clearfield , PA 16830****Patient:** SCHENCK III, KENNETH RAY**DOB:** 2/3/1988**Age/Gender:** 14 M

6/27/2002 14:39 MVC

**MR#:** 153774**Acct#:** 000001002909**ED Phys.:** James P. DeSantis, DO

rales

ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate

JPD:James P.DeSantis, DO 07/04/02 17:29

**PROCEDURES****PROCEDURES - NURSING**

Ice bag: Applied to Face WRT 06/27/02 15:53

Dressings: using antibiotic ointment WRT 06/27/02 15:53

**ORDERS****MEDICATIONS**

Tetanus &amp; Diphtheria vial 0.5 cc(s) ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 6/27/2002 16:34

**DIAGNOSIS**

Abrasion - face

Contusion - face

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:22

**Notes:**

&lt;JPD 06-27-02 16:08&gt;Air bag caused facial contusion and abrasions

**DISPOSITION****Nursing**

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding.

LDS:Lowell D.Satterfield, RN 06/27/02 16:35

**Physician**

Rx

Disposition - Discharge from ED: The patient is discharged to home. Patient's condition is stable. The patient is to follow-up with their/the PCP

General discharge instructions given to patient in English.

AfterCare Instructions

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:22

**PRESCRIPTIONS**

MOTRINTake 600 mg(s) three times per day, take with food and PRN pain - Disp.: 15 James P. DeSantis, DO  
6/27/2002 16:23

**AFTERCARE INSTRUCTIONS****INTEGUMENTARY**

## Clearfield Hospital - Clearfield , PA 16830

**Patient:** SCHENCK III, KENNETH RAY

**DOB:** 2/3/1988

**Age/Gender:** 14 M

6/27/2002 14:39 MVC

**MR#:** 153774

**Acct#:** 000001002909

**ED Phys.:** James P. DeSantis, DO

---

Abrasion/laceration - English

Contusion/bruise - English

JPD:James P.DeSantis, DO 06/27/02 16:23

**Bed Assignments:**

EXAM1 <BJS 6/27/2002 14:39>

EXAM2 <WRT 6/27/2002 15:52>

**Chart electronically signed by:** James P.DeSantis, DO 7/4/2002 17:29

**Patient released 6/27/2002 16:35**

**Released by Lowell D. Satterfield, RN**



**Clearfield Hospital**  
**809 Turnpike Avenue, P.O. Box 992**  
**Clearfield, PA 16830**  
**8147655341**

Patient: SCHENCK, KENNETH RAY  
Date: 27-Jun-2002  
Physician: James P. DeSantis, DO

---

**General Emergency Department Discharge Instructions**

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by  
James P. DeSantis, DO

---

Your diagnosis is  
Primary Diagnosis: Abrasion - face  
Secondary Diagnosis: Contusion - face  
Tertiary Diagnosis:

---

What to do:

Follow the instructions on the additional sheets you were given:

- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.  
The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.
- Culture results take 48 hours. Your results will be given to the follow-up doctor. The Emergency Department will contact you if the results require a change in your treatment.

Additional information or instructions:

**PRESCRIPTIONS GIVEN IN THE EMERGENCY DEPARTMENT:**

MOTRINTake 600 mg(s) three times per day, take with food and PRN pain - Disp.: 15

\*\*\*FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN AS DIRECTED\*\*\*

*\*\* If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.*

CLEARFIELD HOSPITAL EMERGENCY DEPARTMENT CONSENT

Date: 27-Jun-2002

I, SCHENCK, KENNETH RAY (or STACEY GRAY for SCHENCK, KENNETH RAY), request emergency care or medical treatment and care at Clearfield Hospital. I consent to all medical care and treatment including diagnostic procedures, surgical treatment, and blood transfusions, which may be deemed necessary in the judgment of .

Permission is hereby granted to release the information on this form to the family physician and the insurance company listed on the front of this record. Permission is also granted to obtain medical information from other facilities as necessary to provide continuing care to the above named patient in the Emergency Department of Clearfield Hospital.

<PtSig>

Patient Signature

Stacey Gray

Representative Signature

J. Richardson

Staff Signature

\_\_\_\_ Patient is unable to consent for him/herself under existing law and the signature above is that of the closest relative or legal guardian.  
 \_\_\_\_\_ Although the patient is not 18 she/he has made representation under which Pennsylvania Law entitles him/her to consent to medical, dental, or health services without the consent of his/her parents or legal guardian as follows:

I graduated from \_\_\_\_\_ High School in 19\_\_\_\_.  
 I am requesting treatment for conditions which are related to sexually transmitted disease/pregnancy/contraception. Yes No  
 I am or have been married. Yes No  
 I am or have been pregnant. Yes No

VERBAL OR PHONE AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

Date 06/27/02 Time \_\_\_\_\_ AM  
 \_\_\_\_\_ PM

Verbal Authorization

Phone Authorization to provide emergency medical and/or surgical treatment to  
SCHENCK, KENNETH RAY was \_\_\_\_\_ obtained \_\_\_\_\_ from \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Name)

\_\_\_\_\_  
 (Relationship)

<StaffSig>

Staff Signature

\_\_\_\_\_  
 (Witness)

M.R. #: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
(to be inserted by clerk when processing records)

**MEDICAL COMMAND LOG**  
(file in patient record)

Date: 6/27 Time: 1429 Caller ED: 154 ETA: \_\_\_\_\_

REASON FOR CALL: ☐ Chest Pain ☐ Dyspnea ☐ CVA ☐ Seizure ☐ Syncope ☐ LOC ☐ Low BP [CALL EKG]

1409 rent passenger

49504113 153774

F IH: \_\_\_\_\_ SCHENCK, KENNETH RAY  
02/23/ Meds: 200-68-0211

VITAL SIGNS: \_\_\_\_\_ DESANTIS JAMES P  
06/27/02 M EYE F

140/60-106-18

EXAM:

facial pain

TREATMENT:

O<sub>2</sub>: \_\_\_\_\_ IV: \_\_\_\_\_ Meds: \_\_\_\_\_

ORDERS:

B. Chapman  
(signature)

Clearfield E.M.S.  
Patient Information Form

2-3-88

Date: 6-27-02 Incident #: \_\_\_\_\_ Incident Location: Wal-Mart @ Drive

Patient name: Kenny Schenck III Age: 14 SS#: \_\_\_\_\_

Crew Names: Leutz, Knepp, Abrams Unit #: 154 Command Physician: DeSantis

Chief Complaint: facial pain abrasions Onset time: 1400

Brief HPI: pt restrained passenger in 2001 car

Past Medical History: ☐ None Known ☐ MI ☐ CHF ☐ HTN ☐ COPD  
☐ Diabetes ☐ Cancer ☐ CVA ☐ Other: ADMT

Medications: ☐ None Known ☒ brought with patient. tenex allure concealer

Allergies: ☒ None Known ☐ PCN ☐ ASA ☐ Sulfa ☐ Other: \_\_\_\_\_

Mental Status: Initial: ☒ Alert ☒ Oriented X 4 ☐ Confused ☐ Voice ☐ Painful ☐ Unresponsive  
Last: ☒ Alert ☒ Oriented X 4 ☐ Confused ☐ Voice ☐ Painful ☐ Unresponsive

Vital Signs: Pulse 106 100 \_\_\_\_\_  
Respirations 18 18 \_\_\_\_\_  
Blood Pressure 140/60 139/70 \_\_\_\_\_  
Pulse ox \_\_\_\_\_  
Time \_\_\_\_\_

Pupils: ☒ Reactive L/R ☒ Equal ☐ Constricted L/R  
☐ Non-reactive L/R ☐ Unequal ☐ Dilated L/R

Lungs: ☒ Clear L/R ☐ Decreased L/R ☐ Absent L/R  
☐ Wheezes L/R ☐ Rhales L/R ☐ Rhonchi L/R

Cardiac Rhythm: Initial: \_\_\_\_\_ Last: \_\_\_\_\_ ☐ strip attached

Other pertinent physical findings: pt has abrasions to forehead (R) eyelid  
and (R) cheek due to car bag hitting  
in face. @ DIB @ chest pain @ trauma

Patient Management: pt fully immobilized w/ LSB CID straps x 3  
assessment, vitals  
report to RN & Dr DeSantis  
pt placed in E-1

Signature of person receiving patient

Therese Leutz EMT  
Preparer's signature

**EMS Form Number: 85602964**

Print F 06/28/2002

SERVICE NAME: Clearfield EMS, Inc. (17002) UNIT ID: 51 INCIDENT #: 0211478  
 INCIDENT LOCATION: 100 Supercenter Dr, Lawrence Township, PA 16830 -- an other traffic  
 (MCDCode-451793500)  
 DISPATCHED AT: 13:58 June 27, 2002 OUTCOME: Transported to Clearfield Hospital (02913)  
 NATURE OF DISPATCH: BLS Emergency

**PATIENT INFO** USERDEF3:

CHIEF COMPLAINT: Abrasion

<b>PATIENT LAST NAME:</b>	<b>FIRST:</b>	<b>ML:</b>	<b>PHONE:</b>	<b>AGE:</b>	<b>DATE OF BIRTH</b>	<b>SEX:</b>
Schenck, III	Kenneth		(814)768-7471	14	02/02/1988	M
<b>STREET ADDRESS:</b>			<b>SOCIAL SECURITY #:</b>			
209 N 3rd			200-68-0211			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	<b>SIGNATURE TO BILL DIRECT:</b>		<b>No</b>	
Clearfield	PA	16830	<b>RELEASE INFO OBTAINED:</b>		<b>No</b>	
<b>PRIVATE PHYSICIAN:</b>			<b>MEDICARE #:</b>		<b>MILEAGE</b>	
<b>NEXT OF KIN:</b>			<b>MEDICAID #:</b>		<b>OUT: 868</b>	
<b>BILL TO (COMPANY OR NAME):</b>			<b>INSUR #1:</b>		<b>SCENE: 870</b>	
			<b>MA OP</b>		<b>DEST: 872</b>	
<b>ADDRESS:</b>			<b>Group #:</b>		<b>IN: 873</b>	
			<b>Policy # 5001051209</b>		<b>BILLED: 2</b>	
<b>CITY:</b>			<b>INSUR #2:</b>		<b>TOTAL: 5</b>	
<b>STATE:</b>			<b>Group #:</b>			
<b>ZIP CODE:</b>			<b>Policy #:</b>			

**NARRATIVE:**

Clearfield EMS, Inc., Medic 151 was dispatched by Clearfield County 911 Center at 13:58 on Jun 27, 2002 to Lawrence Township, PA 16830 and arrived at scene (an other traffic) at 14:03 in response to a vehicular accident. Response mode to scene was 'Emergency'. The Incident Number was 0211478.

Patient was a 14 year old male with a chief complaint of abrasion. Patient condition on scene was minor. The following illness was suspected: Pain. Injuries were sustained as follows: blunt to the face and soft, open wound to the face.

Medic 151 was dispatched for a MVA. Medic 151 arrived on scene to find a two vehicle accident. Both vehicles were small passenger cars and both had front end damage due to a head on collision. This pt was a 14 y/o male who was the restrained passenger of the vehicle that was hit. The pts airbag deployed and hit the pt in the face. The pt had minor abrasions to his face, mainly to the right side. The abrasions were not bleeding and this was the pts only complaint. The pt denied any chest pain, difficulty breathing, nausea vomiting or dizziness. The pt was transported in medic 154 due to the fact his mother was transported in the same unit. The pt was fully immobilized with C-COLLAR and LSB with straps and CIDS. The pts vital signs were assessed and were noted to be within normal limits for the situation. A pt assessment was performed with the following findings: Pt was CAO X 4 to person, place, time and events. Pts pupils were equal and reactive to light. Pts HEENT were all unremarkable. Pts trachea was midline with no JVD noted. Pts lungs were clear and equal in all fields. Pt had no marks to his abdominal area or chest area. Pts abdomen is soft and non-tender upon palpation with no masses noted. Pt had full range of motion in all extremities and was walking after the accident. Pt remained stable throughout transport with no changes and no further complaints. Pt was placed into E-1 and report was given to RNC. Pt care was then released to the staff at CHED. This unit was placed avail and returned to station without further incident.

Vehicle was a Auto (5 passenger)

MVA SEATING:

☐ ☒ ← Front of vehicle  
☐ ☐ ☐ ← Rear

 0211478  
 (Service Inc. #)

 85602964  
 (State Form #)

**EMS Form Number: 85602964**

Print Form: 06/28/2002

The patient was a passenger.  
 A lap/shoulder belt was used as a safety device.  
 The air bag was deployed.  
 self extrication and walking after the accident were contributing factors.

-- Pre-existing medical problems --

**PAST MEDICAL HISTORY:**

The patient has a past medical history of ADHD.

**MEDICATIONS:**

Current medications are tenex, allure, and concerta.

**ALLERGIES:**

There are no known allergies to medications.

**ONGOING EXAM:**

An ongoing exam was performed by attendant-A1 at 14:15. Patient's weight was 120 lbs. The patient was CAOx4.  
 Pupils: Equal Midposition Reactive. Skin- Color: Normal, Temp: Normal, and Condition: Normal. Capillary Refill was normal. Patient's lungs were Equal Clear.  
 The abdomen was soft and non-tender.

There was pulse, motor, and sensation in all limbs.

The neck, chest, abdomen, pelvis, extremities, posterior, and spinal region were unremarkable. The head had a abrasion.

Medical command was not required.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition prior to transport was stable.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913). This was the only patient transported on this trip.

Category of Ground Ambulance Service was BLS-Emergency

**LOG:**

Time	Pul	Resp	BP	EKG
13:58				Dispatched.
13:59				Enroute.
14:03				Arrived at scene.
14:04				----Medical Command----None Required
				Arrived at patient.
14:07				Immobilization-C-Spine Stabilize, Treated By-A1,A2
				Immobilization-Cervical Collar, Treated By-A1,A2
				Immobilization-C-Spine Imm. Dev., Treated By-A1,A2
				Immobilization-Board - Long, Treated By-A1,A2
14:11	106	18	140/60	P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:15				Ongoing Exam, Treated By-A1,
14:23				Departed scene.
14:31	100	18	130/70	P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:34				Arrived at destination.
14:45				Available.
15:15				In quarters.

Trip was CLOSED on 06/28/2002 at 00:28:59. Any information below was added to this narrative later

**Crew Signatures:**

Page 2

**0211478**  
 (Service Inc. #)

**85602964**  
 (State Form #)

EMS Form Number: 85602964

Print Date: 06/28/2002

[Crew Chief] A#1: Electronically Signed \*Pentz, Traci (E133167)  
A#2: \_\_\_\_\_ Knepp, Brian (E133163)  
A#3: \_\_\_\_\_ Abrams, Chad (P069148)  
A#4: \_\_\_\_\_

Med Cmd: \_\_\_\_\_

**0211478**  
(Service Inc. #)**85602964**  
(State Form #)

**Clinton Medical Associates, Ltd.**

**DAVID A. LINDSAY, MD**

LICENSE NO. MD-040116-L

P.O. Box 157

Mill Hall, PA 17751

570-726-7992

NOT MORE THAN ONE Rx IF SCHEDULE II SUBSTANCE CROSS OUT UNUSED LINES.

FOR Kenneth Schenck III AGE 7 DATE 7/29/02  
ADDRESS \_\_\_\_\_ MED. REC. NO. \_\_\_\_\_

RX P.T. Eval & tx

SIG. Low back Pain

DISP Dx: Back MAY NOT REFILL ☐  
MAY REFILL \_\_\_\_\_ TIMES ☐

RX Pain

SIG. \_\_\_\_\_

DISP \_\_\_\_\_ MAY NOT REFILL ☐  
MAY REFILL \_\_\_\_\_ TIMES ☐

RX \_\_\_\_\_

SIG. \_\_\_\_\_

DISP \_\_\_\_\_ MAY NOT REFILL ☐  
MAY REFILL \_\_\_\_\_ TIMES ☐

SIGNATURE \_\_\_\_\_ DEA NO. \_\_\_\_\_

**"SUBSTITUTION PERMISSIBLE"**

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE  
PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR  
"BRAND MEDICALLY NECESSARY" IN SPACE BELOW.

APC3602-1M



# MEDICAL HISTORY QUESTIONNAIRE

NAME Kenneth Schenck III AGE 14 DATE OF BIRTH 02/03/88 SEX M

WEIGHT 149 HEIGHT 5'8 MARITAL STATUS S ☒ M D W

REFERRING PHYSICIAN Dr. Lindsay PHONE#

FAMILY PHYSICIAN " PHONE#

MAIN PROBLEM(How and when it started) Low back pain due to MVA on 4/20/02

TREATMENTS AND/OR MEDICATIONS-N/A pain meds

TEST RESULTS-MRI, CT SCAN, X-RAY, ETC-N/A had x-rays of face

OTHER MEDICATIONS-N/A

ALLERGIES-N/A

## PAST MEDICAL HISTORY

INJURIES	WHAT	WHEN (MONTH/YEAR)	TREATMENT AND IF SUCCESSFUL
PREVIOUS SIMILAR INJURY			
BACK			
NECK			
LOWER EXTREMITY			
UPPER EXTREMITY			
HEAD			
✓ SURGERIES	(5 yrs old) (5 yrs old) tonsillectomy, adenoidectomy		
NONE	(K) testicle removal (age 10/01)		
DISEASES PLEASE CHECK IF APPLY			
<input type="checkbox"/> DIABETES	<input type="checkbox"/> N/A	<input type="checkbox"/> PARALYSIS	<input type="checkbox"/> N/A
<input type="checkbox"/> HEART		<input type="checkbox"/> LOSS OF HEARING	
<input type="checkbox"/> HIGH BLOOD PRESSURE		<input type="checkbox"/> LOSS OF VISION	
<input type="checkbox"/> CANCER		<input type="checkbox"/> STOMACH	
<input type="checkbox"/> TUBERCULOSIS		<input type="checkbox"/> HEPATITIS	
<input type="checkbox"/> LUNG		<input type="checkbox"/> EPILEPSY	
<input type="checkbox"/> ARTERITIS		<input type="checkbox"/> FAINING/DIZZINESS	
<input type="checkbox"/> RHEUMATOID		<input type="checkbox"/> ANEMIA	
<input type="checkbox"/> DEGENERATIVE		<input type="checkbox"/> INFECTIOUS/CONTAGIOUS	
		<input type="checkbox"/> OTHER	

SIGNATURE [Signature] DATE 8-13-02



*TW*  
**THERAPY WORKS**

Of Clearfield Hospital

PHYSICAL THERAPY INITIAL EVALUATION

NAME: Ken Schenk III  
PHYSICIAN: Dr. Lindsay  
DIAGNOSIS: LBP  
REHAB SPECIALIST: N/A

AGE: 14      DATE: 08/13/02  
DATE OF ONSET: 06/26/02  
DATE OF SURGERY: N/A  
EMPLOYER: N/A  
OCCUPATION: Student

---

**PERTINENT HISTORY/INJURY SUMMARY**

This 14 year old male was injured in an MVA on 06/26/02 and was referred to PT for eval and treat regarding LBP by Dr. Lindsay. His hobbies include basketball and baseball.

PAST MEDICAL HISTORY: Tonsillectomy and adenoidectomy.

---

**SUBJECTIVE**

CHIEF COMPLAINT: LBP with radiation into his mid thoracic spine. Patient reports some numbness in his LB area he states he has pain with squatting and difficulty lifting. He states he will also get R hip pain.

PAIN LEVEL: 5/10

---

**OBJECTIVE FINDINGS**

STRUCTURAL EXAM: Patient presents with a slightly elevated R iliac crest with forward head posture he has slight scoliosis throughout his lumbar spine, he has some noted hypertrophy of his lumbar paraspinal musculature.

ROM:

Lumbar flexion	full with a prominent R rib cage present
B side bending	WNL
B rotations	WNL
Extension	WNL reproduced pain symptoms at end range

STRENGTH:

B LE	WNL
Abdominal	4-/5

PALPATION: Patient had noted muscle guarding on the R paraspinal musculature he has tenderness diffusely throughout his lumbar spine.

NEUROVASCULAR: Patients reflexes were present and symmetrical and sensation appeared intact throughout his LE's.

SPECIAL TESTS: Patient had (-) straight leg raise test bilat. however, he did have noted tightness throughout his hamstring, quadriceps and quadriceps rectus musculature.

# APY WORKS OF CLEARFIELD I SPITAL

## PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: <u>Ken Schenk III</u> DIAGNOSIS: <u>LBV</u> Date: <u>9/10/02</u> Visit #: <u>7</u> Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: <u>Begin tx at 6:00 PM, phone to LBMS</u> MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: <u>Ex start: 6:00 PM / Ex end: 6:15 PM</u>	REFERRING PHYSICIAN: <u>Dr. Lindsay</u> THERAPIST: <u>D. Lynch</u> Subjective: <u>Pt notes not feeling too bad today</u> <u>Pt notes he hasn't been doing ex at</u> <u>home &amp; being too busy.</u>
EXERCISE: Passive: _____ Active: <u>Sup H/S st, prone quad st, stand gas/soi st</u> PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static <u>TABT stabilize 15x</u> Dynamic _____ KinKom Exercise: _____	
Response to Treatment: _____ Prognosis: _____ Other Notes: <u>Pt advised to perform HEP as requested previously to aid progression</u> Plan: <u>DIC to HEP at this time. Will resume PT if Dr. Gross</u> Signature: <u>D. Lynch</u>	
Date: ____/____/____ Visit #: ____ Subjective: _____ Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: _____ MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: _____	
EXERCISE: Passive: _____ Active: _____ PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static _____ Dynamic _____ KinKom Exercise: _____	
Response to Treatment: _____ Prognosis: _____ Other Notes: _____ Plan: _____ Signature: _____	
Date: ____/____/____ Visit #: ____ Subjective: _____ Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: _____ MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: _____	
EXERCISE: Passive: _____ Active: _____ PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static _____ Dynamic _____ KinKom Exercise: _____	
Response to Treatment: _____ Prognosis: _____ Other Notes: _____ Plan: _____ Signature: _____	

TH. A. WORKS OF CLEARFIELD E. IF AL  
PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: <u>Ken S. Weak #4</u> DIAGNOSIS: <u>LBP</u> Date: <u>8/15/02</u> Visit #: <u>1</u> Subjective: <u>No new c/o</u> Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: <u>HP 10 LB prone on pillow</u> MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: _____	REFERRING PHYSICIAN: <u>Dr Lindsey</u> THERAPIST: <u>D. Lyndsey</u> EXERCISE: Passive: _____ Active: <u>(sup) 1/2 stretch, (prone) quad &amp; stretch, Gas / Sol &gt; 15'</u> PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static _____ Dynamic _____ KinKom Exercise: _____ Response to Treatment: _____ Prognosis: _____ Other Notes: _____ Plan: <u>Continue prog</u> Signature: <u>Daniel P. Lyndsey</u>
Date: <u>8/19/02</u> Visit #: <u>2</u> Subjective: <u>No new c/o</u> Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: <u>HP 10 LB Prone</u> MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: _____	EXERCISE: Passive: _____ Active: <u>(Sup) 1/2 stretch, Prone Quad &amp; standing Gas / Sol &gt; 15'</u> PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static _____ Dynamic _____ KinKom Exercise: _____ Response to Treatment: _____ Prognosis: _____ Other Notes: _____ Plan: <u>Continue prog</u> Signature: <u>Daniel P. Lyndsey</u>
Date: <u>8/21/02</u> Visit #: <u>3</u> Subjective: <u>No new c/o</u> Pain: 0 1 2 3 4 5 6 7 8 9 10 Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</u> Parameters of above: <u>Begin HP 4'20' to 10' prone on pillow</u> MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time) _____ Other: _____	EXERCISE: Passive: _____ Active: <u>Sup 1/2 stretch, prone Quad ST, Stand gas / Sol ST &gt; 15'</u> PRE's (UE's) _____ (LE's) _____ Trunk Stabilization: Static _____ Dynamic _____ KinKom Exercise: _____ Response to Treatment: <u>Pt to well</u> Prognosis: _____ Other Notes: _____ Plan: <u>Cont EPT Kp plr</u> Signature: <u>Ken S. Weak #4</u>

TH: 4 WORKS OF CLEARFIELD E J AL  
PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: Ken Schink III REFERRING PHYSICIAN: Dr. Lynch  
DIAGNOSIS: CLP THERAPIST: D. Lynch  
Date: 8/24/02 Visit #: 4 Subjective:  
Pain: 0 1 2 3 4 5 6 7 8 9 10  
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION  
Parameters of above: begin to 2 HP x 20' to LB (prone on pillow)  
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)  
Other:  
EXERCISE: Passive:  
Active: Sup H/S stretch / prone quad st / stand gait / bal st  
PRE's (UE's)  
(LE's) add prone air bag / add 5 min to hip flexor  
Trunk Stabilization: Static Dynamic  
KinKom Exercise:  
Response to Treatment: Prognosis:  
Other Notes:  
Plan: Cont plan Signature: Charles V. Lynch, DPT

Date: 9/4/02 Visit #: 5 Subjective:  
Pain: 0 1 2 3 4 5 6 7 8 9 10  
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION  
Parameters of above: begin 2 HP x 20' to LB (prone on pillow)  
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)  
Other:  
EXERCISE: Passive:  
Active: Sup H/S stretch / prone quad st / stand gait / bal st  
PRE's (UE's)  
(LE's)  
Trunk Stabilization: Static Dynamic  
KinKom Exercise:  
Response to Treatment: Prognosis:  
Other Notes: pt requires a lot of prone air bag to relieve pain  
Plan: Cont plan Signature: Charles V. Lynch, DPT

Date: 9/5/02 Visit #: 6 Subjective: pt notes 2 H/S no cramping frequently  
activities such as sports lifting  
Pain: 0 1 2 3 4 5 6 7 8 9 10  
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION  
Parameters of above: begin 2 HP x 20' on prone pillow to LB  
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)  
Other:  
EXERCISE: Passive:  
Active: Sup H/S st, prone quad st, stand gait / bal st  
PRE's (UE's)  
(LE's)  
Trunk Stabilization: Static add 15 min to hip flexor Dynamic  
KinKom Exercise:  
Response to Treatment: Prognosis:  
Other Notes: pt organized to stretch before & after work  
Plan: Cont PT plan Signature: Charles V. Lynch, DPT

PHYSICAL THERAPY INITIAL EVALUATION

PATIENT: Kenneth Schenk III  
PHYSICIAN: Dr. Lindsay  
DIAGNOSIS: LBP  
REHAB SPECIALIST: N/A

AGE/DATE: 8/17/02  
DATE OF ONSET: 6/20/02  
DATE OF SURGERY: N/A  
EMPLOYER:  
OCCUPATION:

PERTINENT HISTORY/INJURY SUMMARY

MVA → 6/20/02

PAST MEDICAL HISTORY: (-) Transferring Adversely

Hypertension → Aspirin/Plavix & Lisin

SUBJECTIVE

CHIEF COMPLAINT:

LBP mid Thoracic to upper lower spine, numbness in back area

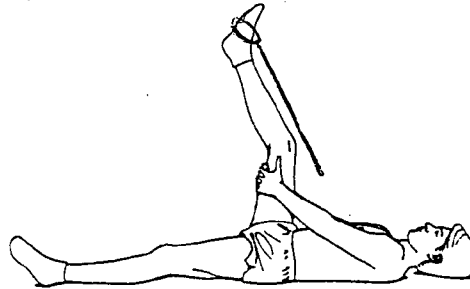
Pain on squaring off lifting ↑ Chest pain / Forearm pain @ Hip pain

Pain: 5/10.

OBJECTIVE FINDINGS

Posture 1 @ Cerv. FH. ↑ Hypertrophy of Paraspinal m.  
Full flex SI Pain @ Rib. @ ASIS ↑  
① SB waves  
② Rot waves  
Stem waves  
③ muscle cramps  
24 (w/ab) 1/15 & Cerv. stretch. MH.

HIP and KNEE - 38 Stretching  
Supine Hamstring Stretch



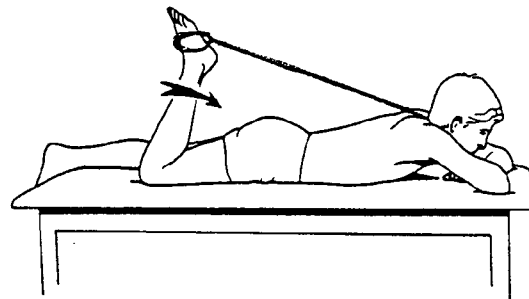
Lying on back, loop strap around foot and slowly straighten knee until a stretch is felt in back of thigh.

Hold \_\_\_\_\_ seconds. Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

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HIP and KNEE - 8 Self-Mobilization  
Prone knee flexion stretch



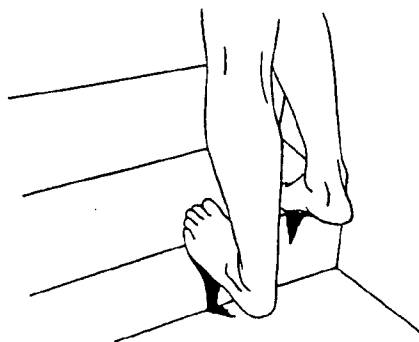
Bring heel toward buttocks as far as possible.

Hold \_\_\_\_\_ seconds. Relax, repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

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ANKLE/FOOT - 12 Plantar Fascia Stretch



Standing with ball of foot on stair, reach for bottom step with heel until a stretch is felt through the arch of the foot.

Hold \_\_\_\_\_ seconds. Relax. Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

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CLINTON MEDICAL ASSOCIATES, LTD.

**Attorney and Counsellor at Law**  
**215 PNC Bank Building**  
**Ebensburg, Pennsylvania 15931**  
**(814) 472-5685**  
**(814) 886-4950**  
**Fax (814) 472-7891**

JUN 17 2003

Re: Our Client: Kenneth R. Schenck, III, a minor  
Date of Loss: June 27, 2002


This office represents the aforementioned injured person who was treated at your facility following the accident above set forth. The service dates I was provided are as follows: July 29 and October 14, 2002. There may be more dates of treatment that I am unaware of.

Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient.  
They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours,  
  
Robert P. Petyak, Esquire

RPP/cnc  
Enclosure

Psychological  
Needs  
Special  
Needs  
Section  
not  
sent

Sent  
6-19-03  
m

ALLERGIES NKA

BIRTHDATE 2-3-88

[illegible]

# MEDICAL HISTORY SUMMARY SHEET

Immunizations	Dates Given					
	1st	2nd	3rd	4th	5th	6th
Diphtheria/Tetanus/Pertusis (DPT)	4-6-88	6-15-88	8-4-88	9-8-89	3-4-92	
Trivalent Oral Polio Vaccine (TOPV)	4-6-88	6-15-88	9-8-89	3-4-92		
Hemophilus/Influenza B Vaccine (HIBVAC)	9-8-89	4-5-90				
Measles/Mumps/Rubella (MMR)	7-12-89	3-17-93				
Hepatitis B	9-16-98	10-29-98	5-4-99			
Tine/PPD (include result (+) (-))	11-3-88	4-3-94				
Tetanus/Diphtheria (TD-adult)	6-27-02					
Pneumovax						
Influenza						

mhmast11-21-94mro

Varuof 9-11-98

# HEALTH PASSPORT PASAPORTE DE SALUD

H 502,500 9-80

Name  
Nombre  
Kewen Schuett  
Birthdate  
Fecha De Nacimiento  
2/03/88

Special Problems  
Problemas Especiales  
y Alergias

Your child must comply with Pennsylvania's Immunization Law to be enrolled in school.  
Su niño tiene que cumplir con la ley de inmunización del estado de Pensilvania antes de matricularse en una escuela.  
Retain this document as proof of immunization.  
Retenga este documento como prueba de que están inmunizados.  
Commonwealth of Pennsylvania - Dick Thornburgh, Governor  
H. Arnold Miller, M.D., Secretary of Health

## SUGGESTED IMMUNIZATION SCHEDULE SUGGESTION DEL PROGRAMA DE VACUNACIONES

JANUARY 1981

AGE EDAD	VACCINE VACUNA
2 Months Meses	DTP (Diphtheria-Tetanus-Pertussis) (Difteria - Tétano - Tos Ferina) POLIO POLIOMELITIS
4 Months Meses	DTP, POLIO
6 Months Meses	DTP
15 Months	MEASLES, MUMPS, RUBELLA SARAMPIÓN, PAPERAS, SARAMPIÓN ALEMÁN
16 months meses	DTP, POLIO
4-6 Years Años	DTP, POLIO
14-16 Years Años	Td (Tetanus, Diphtheria); Repeat Every 10 Years (Tétano, Difteria) Repite cada 10 años

VACCINE Vacuna	DATE GIVEN Dada en la Fecha	DOCTOR OR CLINIC Doctor o Clínica	MEDICAL NOTES Notas del médico (MANUFACTURER AND LOT #)	DATE NEXT DUE Fecha en que Debe Darse Siguiente
TOPV Trivalent Oral Polio Poliomelitis	1 4/6/88	Dr. Bhutt		
	2 6/15/88	Dr. Greenberg		
	3 9-8-89	Dr. Strunk		
	4 3-4-92	Dr. Greenberg		
	5			
DTP/Td Diphtheria, Tetanus, Pertussis Difteria, Tétano y Tos Ferina	1 4/6/88	Dr. Bhutt		
	2 6/15/88	Dr. Greenberg		
	3 9-8-89	Dr. Greenberg		
	4 9-8-89	Dr. Strunk		
	5 3-4-92	Dr. Greenberg		
	6			
MEASLES Sarampión				
MUMPS Paperas				
RUBELLA Sarampión Alemán				
OTHER Otra				
OTHER Otra				
Tuberculin Test Tests de Tuberculina	Date Fecha	Results Resultados	Date Fecha	Results Resultados
	1/3/88	neg	4/5/94	neg

PRESENT THIS CARD AT EACH VISIT  
En Cac. Visite Muestre este Registro de Inmunization

9-10-88  
3/10/89  
Hep B 4-5-94 Hep B 9-10-98

# RECORD OF IMMUNIZATIONS

☐ Geisinger Medical Center  
Danville, PA

☐ Geisinger Clinic  
GMG-

☐ Geisinger Wyoming Valley  
Wilkes-Barre, PA

## PEDIATRIC IMMUNIZATIONS (Newborn to Age 18)

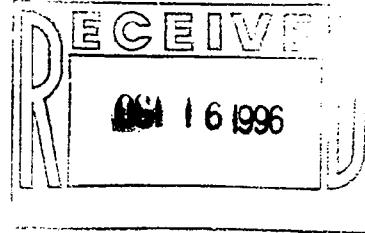
Kenneth Schenck

Vaccine	Date Given	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Administration Site	Dose	Route	Signature/Title of Vaccine Administrator	GMC Book Given To Patient	Other Educ. Info Given to Patient (✓)	Pt. Verbalizes Understanding (✓)
DT										
DTP 1	4.6.88									
DTP 2	6.15.88									
DTP 3	8.4.88									
DTP/DTaP 5	9.8.88									
DTP/DTaP4	3.4.92									
Hep B 1	9.11.93	Merck	04354	(D) daltoid	0.5 cc	IM	D Jones			
Hep B 2	10.29.98	MERCK	1560E	(D) oem	0.5 cc	IM	D Jones			
Hep B 3	5.4.99	Merck	1888H	RT daltoid	0.5 cc	IM	D Jones			
Hib 1	4.8.88									
Hib 2	4.5.90									
Hib 3										
Hib 4										
Influenza										
Influenza										
MMR 1	7.12.89									
MMR 2	3.17.93									
Monovac	11.3.88									
Monovac										
OPV/IPV 1	4.6.88									
OPV/IPV 2	6.15.88									
OPV/IPV 3	9.8.88									
OPV/IPV 4	3.4.92									
OPV/IPV 5										
Pneumovax										
PPD										
Td										
Tetramune 1										
Tetramune 2										
Tetramune 3										
Varicella	9.11.93	Merck	06544	(R) daltoid	0.5 cc	SC	D Jones			

# Geisinger®

September 30, 1996

Michael Greenburg, M.D.  
GMG - Mill Hall (65-00)




RE: Kenneth Schenck III (#03087619)

Dear Dr. Greenburg:

Kenny is an 11-year-old white male referred due to hoarseness. Mother reports in evaluation for reading problems he was noted to have hoarseness. This was noted at the end of last school year and mother is not investigating the problem. She was tied up during the summer months due to moving and finding other physicians. She, in fact, had not noticed any significant hoarseness in the child. She does report that he does abuse his voice. She reports some history of pills that may get caught or feel caught in his throat. The patient had had a tonsillectomy and adenoidectomy performed. There is no true dysphagia associated with his problem.

The child is not allergic to any medicine. He takes Imipramine for attention deficit disorder. Past surgery includes that of tonsillectomy and adenoidectomy. Past surgery is positive for attention deficit disorder.

Upon examination the ear canals were clear. The tympanic membranes were both intact and mobile. The rinne was positive at the 256 frequency. Examination of the nose reveals it to be free of any mass or lesion. The nasopharynx was visualized through the nose and there was no obstructive adenoid tissue remaining. The oral cavity is without lesion. The tonsils have been excised and the area has healed quite nicely. There is no evidence of a submucosal cleft or bifid uvula. The neck was free of any lymphadenopathy or masses. Nasopharynoscopy was performed through the

  
**Geisinger Medical Group -  
Moshannon Valley**  
Three Medical Center Drive  
Philipsburg, PA 16866-1998  
(814) 342-5402  
*A Division of Geisinger Clinic*

Page 2

RE: Kenneth Schenck III (#03087619)

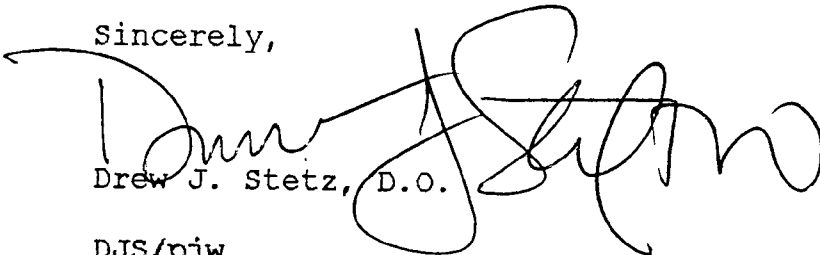
left nostril. As noted the nasopharynx is without lesion and the larynx revealed both vocal cords to move well and approximate in the midline. The child is in the process of developing vocal cord nodules in the anterior one third of the vocal cords. They are white and about a millimeter in size. They are yet not well defined and appear to be quite soft. They are not obstructive.

Impression: Bilateral vocal cord nodule.

Plan: I feel this child's therapy can be best attended to by a speech pathologist. In the meantime I have asked the child to avoid screaming or yelling. I have asked him to take a deep breath before he speaks or phonates. I will recheck the child in about six months for a recheck examination. He was very cooperative during his examination today.


Thank you very much for allowing me to see your patient in consultation.

Sincerely,

  
Drew J. Stetz, D.O.

DJS/pjw

XC: Clearfield School District  
Dept. Of Speech Pathology  
Third Ward  
Clearfield, PA 16830





**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768-2275

PATIENT: **SCHENCK, KENNETH RAY**

MR #: **153774**

AGE: **14** SEX: **M**

ADM#: **49725385** OP

DOB: **02/03/1988**

ROOM/BED:

ORD DR: **LINDSAY D.**

PT CLASS: **OUT**

ATT DR: **UNASSIGNED DOCTOR**

PT TYPE: **R FC: A**

ALT DR: **UNASSIGNED DOCTOR**

HOSP SVC: **IMG ORDER #: 90001**

REFERRING DIAGNOSIS: **BACK PAIN**

CONTRAST DOCUMENTATION:

BRAND: **AMT: BY:**

HISTORY/ COMMENTS: **MVA x1 MONTH AGO, LBP SINCE ACCIDENT**

IS PATIENT PREGNANT? **NA** LMP:

SHIELDED: **NO. OF FILMS: 6** FLUORO TIME:

ORDER #: **90001**

**08/06/2002 SPINE LUMBAR =/> 4 VIEWS 72110**

PROCEDURE ENDED: **08/06/2002 18:50** Initials: **SRP**

Mild scoliotic curvature convexed to the left is seen with the apex at the L2-3 level. Disc space and vertebral body heights are intact. No fracture, dislocation or destructive bony process is seen.

IMPRESSION: **Mild scoliosis.**

**Otherwise negative plain film exam lumbar spine.**

READING DOCTOR: **DAVID L. OBLEY, M.D.**  
ELECTRONICALLY SIGNED: **DAVID L. OBLEY, M.D.**  
TRANSCRIBED BY: **CAH 08/07/2002 01:14PM**

# Lock Haven Hospital

## Radiology Department

---

OP-82839

SCHENCK, KENNETH R. III

MRN: 311668

DOB: 03Feb1988

Dr. David Lindsay

DX: MVA, air bag hit patient in face, small abrasion outer region  
left eye

7-3-02

**FACIAL BONES:** The visualized facial bones are intact. No fracture is present. The sinuses are normal.

**IMPRESSION:** Normal study

*Inform Parent  
No FX Bones.  
F L  
BB  
Anterior  
Acid  
Dilute Tissue  
Dec 2*

*AB*  
Antonio Buendia, M.D.

AB:jw

D: July 3, 2002

T: July 5, 2002

Technician: *KS*

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT:	<b>SCHENCK, KENNETH III</b>	MR #:	<b>153774</b>	
AGE:	13 SEX: M	ADM#:	48876080	EMR
DOB:	02/03/1988	ROOM/BED:		
ORD DR:	PAWLOWSKI, IREK	PT CLASS:	ED	
ATT DR:	PAWLOWSKI, IREK	PT TYPE:	E	FC: A
ALT DR:	GRAHAM, JENNIFER	HOSP SVC:	E/D	ORDER #: 90001

---

REFERRING DIAGNOSIS: SEVERE PAIN R TESTICLE  
E1; SCROTUM US

HISTORY/ COMMENTS: KICKED IN SCROTAL AREA YESTERDAY AROUND 12:00 NOON.  
SWELLING/PAIN RT TESTICLE.

NO. OF FILMS: 3

ORDER #: 90001

**10/26/2001 US SCROTUM AND CONTENTS 76870**

PROCEDURE ENDED: 10/26/2001 04:28 Initials: RMB

Real time scanning shows the right testicle to measure 4.7 x 2.3 x 3.1 cm. Left testicle measures 4.5 x 2.0 x 2.9 cm. No intrinsic testicular lesion is seen.

The right epididymis is enlarged measuring 2.1 x 2.4 cm. Additionally some fluid surrounds the right epididymis extending to surround the right testicle.

Left epididymis measures 1.5 x 0.8 cm and contains a 6.0 mm cyst.

Intact arterial and venous flow is seen.

IMPRESSION: Marked enlargement of the right epididymis with some surrounding fluid.  
Findings may represent post traumatic and/or inflammatory changes.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: PAR 10/26/2001 08:51AM

Interim

SCHENCK, KENNETH III

Patient MRN: 153774

Patient ID: 48876080

Age: 13 Years

PAWLOWSKI, DR. IREK

Diagnosis:

Report for: GRAHAM, DR. JENNIFER

Orgz: EMR

Loc: EMR

Race: 1

Sex: M

CLEARFIELD HOSPITAL

809 Turnpike Ave

PO Box 992

Clearfield, Pa 16830

W.P. Cruz-Vetrano, M.D.

(814) 768-2280

CHEMISTRY  
GENERAL CHEMISTRY

TESTS	10/26/2001 03:17	REFERENCE RANGES	UNITS OF MEASURE
SODIUM	139	138-145	MMOL/L
POTASSIUM	3.8	3.6-5.2	MMOL/L
CHLORIDE	103	98-107	MMOL/L
TOTAL CO2	27.7	22-35	MMOL/L
GLUCOSE	102	60-105	MG/DL
BUN	16	5-25	MG/DL
CREATININE	.9	0.3-1.0	MG/DL
CALCIUM	9.5	8.8-10.8	MG/DL
UN/CRE RATIO	18		
SMO (CALC)	279		
ANION GAP	8.3		

HEMATOLOGY  
AUTOMATED HEMATOLOGY

TESTS	10/26/2001 03:17	REFERENCE RANGES	UNITS OF MEASURE
WBC	8.83	4.80-10.80	X 10E3/uL
RBC	4.87	3.80-5.50	X 10E6/uL
HGB	15.3 H	11.0-15.0	G/DL
HCT	46.1 H	30.0-43.0	%
MCV	94.7 H	80.0-94.0	FL
MCH	31.5 H	27.0-31.0	PG
MCHC	33.2	33.0-37.0	%
RDW	14.4	11.5-14.5	%
PLATELETS	288	130-400	X 10E3/uL
SEG NEUTROPHILS	39.8	34-64	%
LYMPHOCYTES	48.8 H	25-45	%
MONOCYTES	6.81	3.4-9.0	%
EOSINOPHILS	3.50	0-7	%
BASOPHILS	1.13	0.0-1.5	%
ABS NEUTROPHILS	3.52	1.90-8.00	X 10E3/uL
ABS LYMPHOCYTES	4.31	0.90-5.20	X 10E3/uL
ABS MONOCYTES	.601	0.16-1.00	X 10E3/uL
ABS EOSINOPHILS	.309	0.00-0.80	X 10E3/uL
ABS BASOPHILS	.100	0.00-0.20	X 10E3/uL

*ggh*

Key: H: High L: Low AB: Abnormal UN: Unknown HA: AttnHigh LA: AttnLow A: Attn  
UA: Unknown H\*: Critical High L\*: Critical Low \*: Critical UP: Unknown [: New Result

As of: 10/26/01 13:13

Page: 1 of 2

# CLEARFIELD HOSPITAL

809 Turnpike Ave Clearfield PA 16830 W.P. Cruz-Vetrano MD (814) 768-2280

**SCHENCK, KENNETH R**

Doctors\_Report

DOB: 02/03/1988 Age: 15 Sex: M  
MRN: 153774  
Location: OUTPATIENT

Reg Date: 04/29/03  
Billing #: 50543412  
Order #: 16290333  
Adm DR.: UNASSIGNED, NONE  
Att DR.: MANFREDI ROCCO

Ord DR.: UNASSIGNED, NONE

Copy to: ; ; ;

Copy for: MANFREDI ROCCO

Surgery Date:

Report Status: FINAL

## CHEMISTRY

TEST-NAME	RESULT	AB	REF-RANGE	UNITS
<u>General Chemistry</u>				
Collected 04/29/03 19:54 Received 04/29/03 19:54				
BUN	10		5-25	mg/dL
Creatinine	1.1	H	0.3-1.0	mg/dL
Total Protein	7.0		6.0-8.0	g/dL
Albumin	4.9		3.5-5.0	g/dL
Bilirubin	0.8		0.0-1.5	mg/dL
Bilirubin Direct	0.17		0.00-0.20	mg/dL
Bilirubin Indirect	0.7			mg/dL
Alk Phos	146		30-224	IU/L
AST	39	H	6-30	U/L
ALT	36	H	3-30	IU/L

## Thyroid Function

Collected 04/29/03 19:54 Received 04/29/03 19:54				
UTSH	4.22	H	0.27-4.20	mIU/mL

## HEMATOLOGY

TEST-NAME	RESULT	AB	REF-RANGE	UNITS
<u>Automated Hematology</u>				
Collected 04/29/03 19:54 Received 04/29/03 19:54				
WBC	8.6		4.8-10.8	K/uL
FAXED TO 814-342-8092 BY CLCO AT 2045				
RBC	5.03		3.80-5.50	M/uL
HGB	16.1		14.0-18.0	g/dL
HCT	47.8	H	30.0-43.0	%
MCV	95.0	H	80.0-94.0	fL
MCH	32.0	H	27.0-31.0	pg
MCHC	33.7		33.0-37.0	g/dL
RDW	14.9	H	11.5-14.5	%
PLT	267		130-400	K/uL

*Handwritten: C 1313*

Key: L=Low H=High AB=Abnormal CL=Critical Low CH=Critical High

**SCHENCK, KENNETH R**

*Handwritten: File*  
*Handwritten: 1/1*

LOCK HAVEN HOSPITAL  
LOCK HAVEN PA, 17745

**S U M M A R Y**

User: CMARASCO 174 PH# (570)893-5000

**\*\* FINAL \*\***

LABORATORY

Antimicrobial Susceptibility and Organism Identification Report

Name: **SCHENCK KENNETH R III**

ID#: 3017747

MRN: 000311668

Date of Birth:

Sex: M

Race: W

Status : O/P

Service: OP LAB ONLY

Attending Physician: GREENBERG MICHAEL MD

Pathologist : BRIAN KOLAR, M.D.

Family Physician : GREENBERG MICHAEL MD

Admitted : 2/04/03

Discharged: 2/04/03

Order# : 100  
Cross Ref# : 42688  
Procedure : **CULTURE THROAT**  
Specimen Number : 42688  
Specimen Source : **THROAT**  
Ward of Isolation : O/P  
Requesting Physician: GREENBERG MICHAEL MD

Collected: 2/04/03 11:00  
Received : 2/04/03 13:35  
Resulting Tech: CATHY MARASCO

Microbiology Order Comments

Date Time  
2/05 11:23

Comments  
PRELIMINARY: NORMAL FLORA

2/06 10:28

FINAL: NORMAL FLORA

*Final  
AP/ML*

814-768-7471

CODE 1234

**CLINTON MEDICAL ASSOCIATES****PROGRESS NOTES**PATIENT NAME KENNETH R SCHENCK IIIS.S.# 200 68 0211

5-20-03

Target Pharmacy  
814 861 8935Sal AC wash QS Sr  
Retin A micro cream 0.05%  
Gel 0.1% ~~115~~  
20gm

THURSDAY MAY 29 2003 Cancel by pt / MC

WED JUN 04 2003

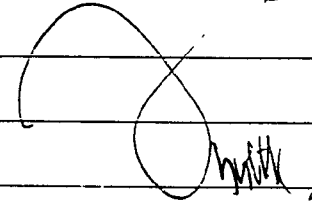
(S) Re-  
M 181 Pt off all med  
BP 124/76 but needs to re-  
start(P) Records for  
Mary Bishop  
814 9382282

Wants

antidepressant (D) Hentana  
100  
Thy - DWN  
Alod 5  
Amel 5edBactroban C  
App QID  
QSXSParal CR 25 TAB  
#30X3(A) Rhythym Dis.  
ADHD

skin Abn - (B) Abn

R- 4-6 w/b



## CLINTON MEDICAL ASSOCIATES

## PROGRESS NOTES

PAT NAME KENNETH R SCHECK III

S.S.# 200 68 0211

AY JAN 27 2003

Cancel by pt/S

FEB 03 2003

⑤

④ ~~Accepted~~ Catter) CH#

T 103

105T fever

100.8

Nigrolog

A max 250 T TID  
# 15X12mp  
orethroat① HENT  
Throat Inflamm -  
LCA  
H. T. VANTylenol Advil  
PRN fever

Clear Fluid

② Flu - Perbactin Note for school  
R/O thept until thenRTS  
RUB if not better1/6/03 note to be  
off school 2/6 & 2/7/03 -  
Still has fever off/on  
using Tylenol & Advil -

hnpa

new

BMB



# CLINTON MEDICAL ASSOCIATES

814 768 7471

CODE 1234

## PROGRESS NOTES

KENNETH R SCHENCK III

200 68 0211

PATIENT NAME

S.S.#

MONDAY OCT 14 2002

wt/53 (S) Pt up ↑ Low  
BP 120/76 Back Pa Last  
Wk but Resolved

(P) D/C Chiropractic  
are

Back  
Pain

after chiropractic  
visit

~~Sal-Ac Wash~~

X-ray reveal  
Mild degeneration  
otherwise WNL

~~Reten-A Micro  
Em Apply QD  
Q5X5~~

No more symptoms

Minoxidil 100  
~~T BID #20X3  
for Blemishes~~

(C) Back - FROM  
Nausea

Wk / Vase WNL  
SLR Neg

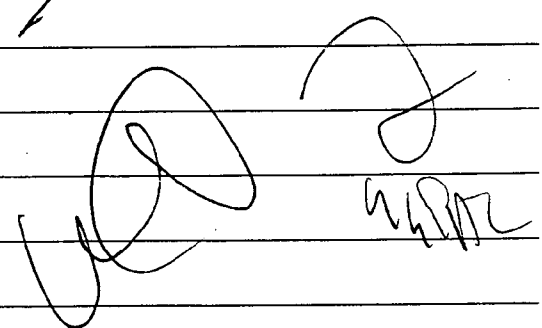
~~Low Back Care  
Vixx 25-100 #30X1~~

(P) leg > leg by 3/4"  
but WNL

~~Pr-PRN~~

Tight Hamstring

(A) Low Back Pain  
Acute



# CLINTON MEDICAL ASSOCIATES

## PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK III

S.S.# 200 68 0211

THURSDAY AUG 08 2002

Time for EPST

A EPST

wt 150

~~At~~ C/O Stomach discomfort

24 ADHD

ht 5'8"

The transmitter & several wires

Hv. Fraenkel

bp 120/74

precedentary ©

orchidectomy (C)

DE

P. ① <sup>Exhibit</sup> Form completed

VISION ✓

НЗЭУТ

will

② Zantac 150mg  
TPOBIX

Good Supply

$\frac{1}{T} \rho C_B \cdot X$

#30 x 1

EBOT

9 nodes & 4 years  
b. Clear belief

Re

NSKJS

③ Re - 3 week

Page 72

④ I suppose

Urine (7g)

Ad 5014

nonlinear  $\Rightarrow$  chaotic

① preponement

Shel Pl

Ext. 0 @ edma

feil LPH	# scoliosis med
----------	-----------------

62

W

## CLINTON MEDICAL ASSOCIATES

## PROGRESS NOTES

PATIENT NAME

KENNETH R SCHENCK III

S.S.# 200 68 0211

MONDAY JUL 29 2002

Lgt 146  
BP 118/72⑤ Re 2 MVA  
C10 T Back &  
Neck Pa↑ Pa after  
letting her periods  
& after Boudy  
& then stand uprightNo rad of Pa, Numbness  
& Pain in  
seemingly Numbness⑥ Part WNL  
New / Vas WNL  
Back FROM  
NO swelling  
DTR +1/+1  
New SLR

Numbness on Palp

⑦ Low Back & Cerv  
Neck Pa - 20 MVA

⑧ Most Heat / Ice

Refer for PT to  
eval & Rx  
to Low BackX-ray of lumbar  
spineNaproxen 375  
T BIDPRN Back Pa  
#60XIRe-apt eval  
by PT

n/a

## CLINTON MEDICAL ASSOCIATES

## PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK III

S.S.# 200 68 0211

WEDNESDAY JUL 03 2002

wt 145  
T 97.4⑤ MVA 2 days ago  
Facial contusion  
2° Air Bump

⑥ X-ray - Facial Bones

See  
Admit

F/U MVA

in Clearfield

1st "Belly Aches"

④ Constipation

- Release PRN

⑦ HENT

Numerous Facial Bones

M-Pouch  
X-ray• Discomfort over  
Periorbital areaNasal - mostly WNL.  
LU

② h/m/c

H &amp; N/A

Chest wall N/A

Abd soft  
mild discomfort  
Lower abd⑧ Facial Contusion  
Periorbital Pa 20 MVA  
Constipation

# PROGRESS NOTES

KENN

PATIENT NAME

KENNETH R SCHENCK

200 68 0211

S.S. #

DEC 12 1996

W 67

T 97.6

Cause

Went

②

C/D 5 weeks

mom states = cough

gives OTC cough  
med

Temp up + on —  
according to mom

Varsity

①

bronchitis

②

Epinephrine  
Ampul 250

①

varicella

②

P/C

③

Redupred

10u BID x 2

5u BID x 2

2.5u BID x 2

①

dry

②

dry

③

dry

④

dry

Immun 25  
7 BID

*[Signature]*  
KDW

# PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK

S.S. # 200 68 0211

SEP 06 1996

WT 44  
T 97.3

~~Adm~~ Physical for  
child services

① ADHD

Harmess to voice  
Chronic laryngitis

phup.

See form

Speech appears normal  
eval - child laryngitis  
Chronic - says  
speech affected

① for completed

② Referral to Dr. Berezny  
for ENT eval.

③ Referral to Dr. Hardis  
for Psych. eval  
& counseling

*[Signature]*

# PROGRESS NOTES

PATIENT NAME

KENNETH R SCHENCK

S.S. # 200 68 0211

MAR 15 1996

% nasal congestion

A - Bronchitis

+ cough & 1 week

wt 6.2

some chest discomfort

T 98.8

Ear pain Exacerbated PE

① Zithromax 200mg/15 ml  
1 1/2 TSP today

Cough

HEENT

then 3/4 TSP 2x

Congestion

Ears uxe

2-5

Nasal Congested

② Nalidexon Dk

Med

Pharynx Swollen

③ Pedialine Syng

Improvement Head Onset

1 TSP TID

NKA

ly Swollen

4oz x 1

rhinorrhea (mod ly fluid)

④ T/leeds, Vaporizer

Exacerbated

⑤ Tylenol PRN

Cough Rx

⑥ Rx 1 week

Shelton

MAR 22 1996

Home for 21 -

wt 6.1

↓ cough & fever

T 97

PE

A Bronchitis resolved

HEENT

Ears: uxe

Nose Clear

P. Rx & PRN

Pharynx: uxe

Refer Transact for

lymph. Onset

ADHD. Shere PRN

ly Clear & rhinorrhea

Ch PRN

Wants referral to Transact Program AD

CP

# PROGRESS NOTES

PATIENT NAME KENNETH R. SCHENCK S.S. #00 68 0211

NOV 02 1995

wt 58

ADHD -

T 98.

on imipramine

imipramine

on - 25 mg

25 TID

up

M + 1000s chem.

(↓ to 300 if  
too sleepy)

2 mg

JAN 02 1996

Canceled by pt - mmm

JAN 25 1996

fell against  
door hinge  
cut R leg  
above knee

large gaping  
laceration  
(2) lateral  
distal thigh

was  
tough

JAN 31 1996



## PROGRESS NOTES

PATIENT NAME

KENNETH R SCHENCK

S.S. # 200 68 0211

OCT 04 1995

PMH: ADXND

A → ADND

Ut 59 1/2 inches case Dr. Donker,

BP 90/58 State College - TCH office, Seidenberg

advised admucon (2)

P. (11) Continued c.

Meadows last week?

ICAI / mobile

ADHD

suicidal - did not go.

Гибару.

pt advised therapy +

PK Dikodrine matahari @ Rome

② Leptil

5mg

off Deadline this week

Dexedrine

1Am; 1/2 lunch Here for reevaluation

52 XM

day well in school

$1\frac{1}{2}$  fat 2.5g (not)

mathe rose ke angut

# 45 x O.

Loss Control

PE

③ Rev 4 weeks

HERZT

Essentially AC

Spec PRG

Recd. Supple 9 No 2

Clear belat

Ch. Red.

10 4.95

Referred to Dr Kathryn Thompson - Centre  
for Mental Health - 10-10-95 at 9:00 A.M.

675/145 JB.

10-11-95

GA scheduled for the Kevin Parry @ 6:00

AC 10-16 95 at 10:30 AM. PDS/ML/S.B.

CLINTON MEDICAL ASSOCIATES LTD  
7133 NITTANY VALLEY DR  
PO BOX 157  
MILL HALL, PA 17751  
570/726-7992  
Federal ID : 23-2855114

Itemized Statement  
01/01/1994 - 12/31/2003

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Printed: 06/19/2003 12:27 PM

*Person*

Patient	Guarantor
SCHENCK III, KENNETH R 209 NORTH 3RD STREET CLEARFIELD, PA 16830 814/768-7471	0002807-0001 MA SS GRAY, STACEY L 209 NORHT 3RD STREET CLEARFIELD, PA 16830 814/768-7471

Employer: TRAVEL CENTERS OF AMERIC Address/Telephone#: MILESBERG, PA

Insurance Company	Policy #	Group #	Other Info	Holder	Effective Date(s)
1:MEDICAL ASSISTANCE PO BOX 8297	-5001051209	HARRISBURG, PA 17105	00	SCHENCK III, KENNETH R	

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas
10/04/95	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	35.00	0.00	S BECK	MHO	
		DiagP: 314.01	ATT DEFICIT DIS W HYPERACTIVIT						
10/30/95		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-20.00			
01/26/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-15.00			
11/02/95	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	35.00	0.00	GREENBERG	MHO	
		DiagP: 314.01	ATT DEFICIT DIS W HYPERACTIVIT						
11/28/95		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-20.00			
01/26/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-15.00			
01/02/96	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	GREENBERG	MHO	
01/25/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	35.00	0.00	G SCHRACK	MHO	
01/25/96		PCWO	PROFESSIONAL COURTESY DISCOUNT		Prsnl	-35.00			
03/15/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	35.00	0.00	S BECK	MHO	1
		DiagP: 466.0	BRONCHITIS, ACUTE						
04/24/96	SCHENCK III, KENNETH R		STATELINE APLD TO DED						
06/03/96		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-20.00			
06/14/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-15.00			
03/22 96	SCHENCK III, KENNETH R	MAPED2	OFFICE VISIT LEVEL 2 EST - MA	1.00	30.00	0.00	S BECK	MHO	1
		DiagP: 466.0	BRONCHITIS, ACUTE						
06/03/96	SCHENCK III, KENNETH R		STATELINE APLD TO DED						
07/22/96		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-22.50			
07/25/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-7.50			
09/06/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	37.00	0.00	GETZ	MHO	1
		DiagP: 314.01	ATT DEFICIT DIS W HYPERACTIVIT						

CLINTON MEDICAL ASSOCIATES LTD  
 7133 MITTANY VALLEY DR  
 PO BOX 157  
 MILL HALL, PA 17751  
 570/726-7992  
 Federal ID : 23-2855114

Itemized Statement  
 01/01/1994 - 12/31/2003

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 Printed: 06/19/2003 12:27 PM

Patient	Guarantor
-----	-----
SCHENCK III, KENNETH R      PatID:	0002807-0001      MA SS      AcctID: 200680211 GRAY, STACEY L      SSN : 160-56-8162
-----	-----

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas e#
12/16/96		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-20.00			
12/16/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-17.00			
12/12/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	37.00	0.00	GETZ	MHO	
		DiagP: 466.0	BRONCHITIS, ACUTE						
03/10/97		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-29.60			
03/10/97		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-7.40			
08/08/02	SCHENCK III, KENNETH R	HSPHY	HEALTH SCREEN PHYSICAL	1.00	65.00	0.00	S BECK	MHO	
10/15/02		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-65.00			
01/27/03	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	B BUCKLEY	MHO	
02/03/03	SCHENCK III, KENNETH R	MAPED3	OFFICE VISIT LEVEL 3 EST - MA	1.00	57.00	0.00	B BUCKLEY	MHO	
		DiagP: 790.8	VIREMIA						
04/21/03		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-25.00			
04/21/03		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-32.00			
05/29/03	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	B BUCKLEY	MHO	
06/04/03	SCHENCK III, KENNETH R	MAPED3	OFFICE VISIT LEVEL 3 EST - MA	1.00	57.00	57.00	B BUCKLEY	MHO	
		DiagP: 314.01	ATT DEFICIT DIS W HYPERACTIVIT						
06/09/03	SCHENCK III, KENNETH R		SEND ON PAPER						

Case # : 1	STATELINE REF	Acct# : 0002807-0001		
Occurrence:	Admission :	Total Disability :	Thru	Injury/Pregnancy:
Consulted :	Discharged:	Partial Disability:	Thru	Employ. Related: N
A1/11				

Current Balances	Totals From 01/01/1994 Thru 12/31/2003
-----	-----
Account Balance : 57.00	Charges : 423.30
Open Balance : 57.00	Personal Payments : 0.00
Personal Balance : 0.00	Insurance Payments: -222.10
Insurance Balance : 57.00	Total Payments : -222.10
Budget Balance : 0.00	Adjustments : -143.90
Collection Balance: 0.00	Coll. Payments : 0.00

Coll. Adjustments :

0.00

CLINTON MEDICAL ASSOCIATES LTD  
7133 NITTANY VALLEY DR  
PO BOX 157  
MILL HALL, PA 17551  
570/726-7992  
Federal ID : 23-2855114

*OK*

Itemized Statement  
01/01/1994 - 12/31/2003

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Patient	Guarantor
SCHENCK III, KENNETH R 209 NORTH 3RD STREET CLEARFIELD, PA 16830 814/768-7471	0002807-0001 AT SS GRAY, STACEY 209 NORTH 3RD STREET CLEARFIELD, PA 16830 814/768-7471

Employer: TRAVEL CENTERS OF AMER Address/Telephone#:

Insurance Company	Policy #	Group #	Other Info	Holder	Effective Date(s)
1:STATE FARM PTTSAIR 650 CHERRINGTON PARKWAY	38J968601	CORAOPOLIS, PA 15108-9378		GRAY, STACEY	06/27/2002 -

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas
07/03/02	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	57.00	0.00	B BUCKLEY	MHO	2
		DiagP: 920	CONTUSION FACE, SCALP AND NECK						
07/25/02		CMP	COMMERCIAL INSURANCE PAYMENT			-52.83			
07/25/02		CMA	COMMERCIAL INS ADJUSTMENT			-4.17			
07/29/02	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	57.00	0.00	B BUCKLEY	MHO	2
		DiagP: 724.5	BACKACHE						
08/15/02		CMP	COMMERCIAL INSURANCE PAYMENT			-52.83			
08/15/02		CMA	COMMERCIAL INS ADJUSTMENT			-4.17			
10/14/02	SCHENCK III, KENNETH R	99214	OFFICE VISIT LEVEL 4 EST	1.00	85.00	0.00	B BUCKLEY	MHO	2
		DiagP: 724.5	BACKACHE						
		DiagS: 706.1	ACNE						
11/05/02		CMP	COMMERCIAL INSURANCE PAYMENT			-83.03			
11/05/02		CMA	COMMERCIAL INS ADJUSTMENT			-1.97			

Case # : 2 AUTO 6-27-C2 Acct# : 0002807-0001  
Occurrence: 06/27/02 Admission : Total Disability : Thru Injury/Pregnancy:  
Consulted : Discharged: Partial Disability: Thru Employ. Related: N

Current Balances	Totals From 01/01/1994 Thru 12/31/2003
Account Balance : 0.00	Charges : 199.00
Open Balance : 0.00	Personal Payments : 0.00
Personal Balance : 0.00	Insurance Payments: -188.69
Insurance Balance : 0.00	Total Payments : -188.69
Budget Balance : 0.00	Adjustments : -10.31

Collection Balance: 0.00

Coll. Payments : 0.00

Coll. Adjustments : 0.00

LOCK HAVEN HOSPITAL

**ROBERT P. PETYAK**  
Attorney and Counsellor at Law  
215 PNC Bank Building  
Ebensburg, Pennsylvania 15931  
(814) 472-5685  
(814) 886-4950  
Fax (814) 472-7891

June 11, 2003

Attention: Medical Records Librarian  
Lock Haven Hospital  
24 Cree Drive  
Lock Haven, PA 17745

Re: Our Client: Kenneth R. Schenck, III, a minor  
Date of Loss: June 27, 2002

Dear Medical Records Librarian:

This office represents the aforementioned injured person who was treated at your facility following the accident above set forth. I believe x-rays were performed at your facility on July 3.

---

Please submit to me as soon as possible photostatic copies of ALL RADIOLOGY REPORTS REGARDING THIS PATIENT. An authorization signed by Stacey Gray, Kenneth R. Schenck, III's mother, permitting the release of all his records to me is enclosed. The cost of preparing the copies will be paid upon receipt.

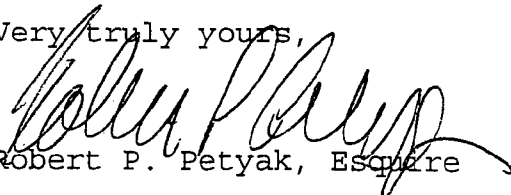
Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours,

  
Robert P. Petyak, Esquire

RPP/cnc  
Enclosure



**LOCK HAVEN**  
**H O S P I T A L**TWENTY-FOUR CREE DRIVE  
LOCK HAVEN, PENNSYLVANIA 17745**PATIENT INFORMATION**

VISIT ID 575594	ADMISSION DATE 07/03/02	ADMIT TIME 14:53	ROOM/BED /	PAT. TYPE OUTPATI	HOSPITAL SERVICE X-RAY	SOCIAL SECURITY # 200-68-0211	MAIDEN NAME
MED.REC.NO. 311668	PATIENT NAME SCHENCK III, KENNETH R	BIRTHDATE 02/03/88	AGE 14Y	SEX M	MS S	TELEPHONE NUMBER (814) 768-7471	
PATIENT ADDRESS 203 N 3RD ST	CITY/STATE CLEARFIELD PA	ZIP 16830	RACE W	A.C. R.M			
ADMITTING PHYSICIAN / NUMBER LINDSAY, DAVID 00085	ATTENDING PHYSICIAN / NUMBER LINDSAY, DAVID 00085	FAMILY PHYSICIAN					
NOTIFY IN EMERGENCY & TELEPHONE NO. GRAY, STACEY L (814) 768-7471	NEXT OF KIN & TELEPHONE NO. GRAY, STACEY L (814) 768-7471	RELIGION / CHURCH UNKNOWN					

**GUARANTOR INFORMATION**

GUARANTOR NAME GRAY, STACEY L	FINANCIAL CLASS AUTO	ADVANCE DIRECTIVE	PREV. ADMIT / /		
GUARANTOR ADDRESS 209 N 3RD ST	CITY/STATE CLEARFIELD PA	ZIP 16830	TELEPHONE NUMBER (814) 768-7471		
PAYER / INSURANCE 1500 STATE FARM	PATIENT'S EMPLOYER	EMPLOYER'S ADDRESS			
	CITY/STATE/ZIP	TELEPHONE NUMBER			
INSURED'S NAME GRAY, STACEY L	SEX F	P.R. 03	CERT. - SSN - HIC. - ID. NO. 38J968601	GROUP NUMBER	

ADMITTING DIAGNOSIS / REASON FOR TREATMENT  
XRAY 920

# Lock Haven Hospital Radiology Department

---

OP-82839

SCHENCK, KENNETH R. III

MRN: 311668

DOB: 03Feb1988

Dr. David Lindsay

DX: MVA, air bag hit patient in face, small abrasion outer region  
left eye

7-3-02

**FACIAL BONES:** The visualized facial bones are intact. No  
fracture is present. The sinuses are normal.

**IMPRESSION:** Normal study

---

Antonio Buendia, M.D.	
-----------------------	--

AB:jw

D: July 3, 2002

T: July 5, 2002

Technician: LS

DR. GARY CASTEEL

**ROBERT P. PETYAK**  
Attorney and Counsellor at Law  
215 PNC Bank Building  
Ebensburg, Pennsylvania 15931  
(814) 472-5685  
(814) 886-4950  
Fax (814) 472-7891

June 27, 2003

Attention: Records Librarian  
Dr. Gary Casteel  
538 South Second Street  
Clearfield, PA 16830

Re: Our Client: Kenneth R. Schenck, III  
Date of Loss: June 27, 2002

Dear Records Librarian:

This office represents the aforementioned injured person who was treated by Dr. Casteel following the accident above set forth.

Please submit to me as soon as possible photostatic copies of ALL OFFICE RECORDS REGARDING THIS PATIENT. An authorization signed by Ms. Gray permitting the release of her son's records is enclosed. The cost of preparing the copies will be paid upon receipt.


Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours,

  
Robert P. Petyak, Esquire

RPP/cnc  
Enclosure

*See Enclosed*

*marked 7/10/03*

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH SCHENCK III Address 209 N 3rd St CLEVELAND 44108-3030  
 Occupation Student Age 14 Sex M M.S.W.D. Phone 768-7471  
 Insurance AUTO Referred by \_\_\_\_\_ File No. 7282X Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
AUG	21	2002	S	42 C-56 15"	30	-
			O	AKC M&S PAL		
			A			
			P			
AUG	28	2002	S	42 C-56 15"	30	-
			O	AKC M&S PAL		
			A			
			P			
AUG	30	2002	S	42 C-56 15"	30	-
			O	AKC M&S PAL		
			A			
			P	Wed 2pm - 1 to 1pm	35	
SEP	04	2002	S	42 C-56 15"	30	-
			O	AKC M&S PAL		
			A			
			P	Fri. Released		
			S			
			O			
			A			
			P			
			S			
			O			
			A			
			P			

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH SCHENCK III Address 209 N 3<sup>RD</sup> ST CIFD PA/6830  
 Occupation Student Age 2/3/88 Sex M M(S)W.D. Phone 768-7471  
 Insurance AUTO Referred by \_\_\_\_\_ File No 7282 X-Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day	Year			
AUG	02	2002	S	Ex L2 C5 L5 PI	30 -
			O	AKC M&S PAL muscle spasm, tenderness.	
			A	↓ Rom of Listings	
			P	3x/wk	↓
AUG	05	2002	S	Ex L2 C5 L5 M	30 -
			O	AKC M&S PAL	
			A	mm t/c	
			P	↓ 3x/wk	↓
AUG	07	2002	S	M L2 C5 L5 R	30 -
			O	AKC M&S PAL	
			A		
			P	Fr. Hxn 2/wk	↓
AUG	10	2002	S	Ex L2 C5 L5 PI	30 -
			O	AKC M&S PAL	
			A	mm t/c 1 Rom	
			P	2x/wk	↓
AUG	12	2002	S	↑ mid thoracic pain	30 -
			O	AKC M&S PAL	
			A	Ex L2 C5 L5 R	
			P	mm t/c 1 Rom	
				2x/wk	↓
AUG	14	2002	S	↓ mid thoracic pain	30 -
			O	AKC M&S PAL	
			A	Ex L2 C5 L5 R	
			P	mm t/c 1 Rom	
				Dan Lynch Pt started	
				Expt 2 noted possible scoliosis	↓
AUG	19	2002	S	Ex L2 L5 I- O5	30 -
			O	AKC M&S PAL	
			A	mm	
			P	2/wk	↓

## PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III

CLAIM NUMBER 38-J968-601

EMPLOYER \_\_\_\_\_

DATE OF INJURY/ONSET 06/27/02

FOR September 4, 2002

1. Current Diagnosis Patient has been released. Patient has not shown up for appointment since September 4.
2. Present Treatment Plan \_\_\_\_\_
3. Date of Most Recent Exam August 30, 2002
4. Present Subjective Complaints \_\_\_\_\_
5. Present Objective Findings \_\_\_\_\_
6. Interim Aggravations or Accidents \_\_\_\_\_
7. Current Status of Patient Patient is released.
8. Prognosis \_\_\_\_\_
9. Further Comments \_\_\_\_\_

Gary M. Casteel D.C.  
Doctor's Name Gary M. Casteel, D.C.

Date

September 30, 2002

### CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.  
538 South Second Street  
Clearfield, PA 16830

Completed By: J. Guthrie

## PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III

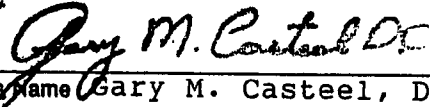
CLAIM NUMBER 38-J968-601

EMPLOYER \_\_\_\_\_

DATE OF INJURY/ONSET 06/27/02

FROM AUGUST 02 THROUGH AUGUST 30, 2002

1. Current Diagnosis SEE BACK  
\_\_\_\_\_  
\_\_\_\_\_
2. Present Treatment Plan SEE BACK  
\_\_\_\_\_  
\_\_\_\_\_
3. Date of Most Recent Exam 08/30/02
4. Present Subjective Complaints ACUTE NECK AND BACK PAIN WITH WHIPLASH  
\_\_\_\_\_
5. Present Objective Findings SEE BACK  
\_\_\_\_\_
6. Interim Aggravations or Accidents \_\_\_\_\_  
\_\_\_\_\_
7. Current Status of Patient Patient has shown partial relief of symptomatic state.  
\_\_\_\_\_
8. Prognosis is good at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.
9. Further Comments Applied kinesiological challenge and motion and static palpations verifying all subluxations on each office visit.  
\_\_\_\_\_  
\_\_\_\_\_

  
Doctor's Name Gary M. Casteel, D.C.

Date 07/29/02

### CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.  
538 South Second Street  
Clearfield, PA 16830

Completed By: J. Guthrie



1. **DIAGNOSIS:**

839.08 Vertebral subluxation of C5,6,7  
847.0 Cervical strain/sprain/whiplash  
839.21 Vertebral subluxation of T3  
847.1 Thoracic strain/sprain  
839.20 Vertebral subluxation of L2,5  
846.0 Lumbo sacral strain/sprain  
729.2 Neuritis/neuralgia

Ligament and paravertebral structure damage of the above listed segments.

2. **TREATMENT:**

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be twice per week changing to once per week. Visits will be reduced as patient improves.

5. **OBJECTIVE FINDINGS:**

Tenderness, muscle spasm, inflammation, inflamed nerve, stiffness, pain on touch and reduced motion found on both the left and right cervical regions, lumbar regions and the sacral regions. Weak right anterior neck flexor with neurovascular/neurolymphatic stimulation origin and insertion technique was performed.

Case # 7282

## EXAMINATION AND X-RAY REPORT

Name Jenneth Schenck Initial Exam 8/30/02 Re-Exam \_\_\_\_\_Accidents or Injury Car accidentEntrance Complaint Neck & back pain(1) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(2) ( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(3) ( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

## OBJECTIVE FINDINGS

	C	T	L	S	C	T	L	S
Tenderness	+	+	+	+	+	+	+	+
Muscle Spasm	+	+	+	+	+	+	+	+
Hypermobility								
Fixation								
Inflammation	+	+	+	+	+	+	+	+
Inflamed Nerve	+	+	+	+	+	+	+	+
Stiffness	+	+	+	+	+	+	+	+
Edema								
Strain/Sprain								
Numbness								
Tingling								
Burning	+	+	+	+	+	+	+	+
Pain On Touch	+	+	+	+	+	+	+	+
Reduced Motion								

W/Right neck flexRANGE OF MOTION (Cervical Spine)  
(Patient Seated)

	Norm	Exam	Pain	Exam	Pain
Flexion	65				
Extension	50				
Lateral Right	40				
Lateral Left	40				
Rotation Right	55				
Rotation Left	55				

RANGE OF MOTION (Dorsal-Lumbar Spine)  
(Patient Standing)

	Norm	Exam	Pain	Exam	Pain
Flexion	95				
Extension	35				
Lateral Right	40				
Lateral Left	40				
Rotation Right	35				
Rotation Left	35				

2 p.m. to 1 p.m.

## POSTURE ANALYSIS (Patient Standing)

	Left	Right	Left	Right
Head Rotation				
Head Tilt				
Ear High On				
Cervical Curvature				
Cervical Muscle Tension				
Shoulder High On				
Thoracic Curvature				
Thoracic Muscle Tension				
Lumbar Curvature				
Lumbar Muscle Tension				
Ilium High On				

## REFLEXES

Achilles	L	R
Biceps	L	R
Triceps	L	R
Patellar	L	R
Pupillary:		
Direct Light	L	R
Consensual	L	R
Convergence	L	R

## PERIPHERAL SENSITIVITY TEST (Pinwheel)

Arms	L	R	Legs	L	R
Neck	L	R	Back	L	R
Code-- I - increase D - decrease					
N - normal					

## HEART (Patient Seated)

Blood Pressure (1)	L	R
(2)	L	R
Rate (1)	Pulse (1)	
(2)	(2)	

## LUNGS (Patient Seated)

Rate (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Condition \_\_\_\_\_

## DYNAMOMETER GRIP TESTS

Left Handed	Right Handed
1 _____ lbs.	1 _____ lbs.
Left 2 _____ lbs.	Right 2 _____ lbs.
Hand 3 _____ lbs.	Hand 3 _____ lbs.
4 _____ lbs.	4 _____ lbs.

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH SCHENCK III Address 209 N 3<sup>RD</sup> ST C/FD PA 16830  
 Occupation Student Age 14 Sex M M.S.W.D. Phone 768-7471  
 Insurance AUTO Referred by \_\_\_\_\_ File No. 7282X - Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
JUL	17	2002	S	E 1st CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		
JUL	19	2002	S	EX L2 CS L5 PI	30	-
			O	AKC M&S PAL muscle spasm, tenderness		
			A	L Rom of Listings		
			P	3x/wk		
JUL	22	2002	S	E L2 CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		
JUL	24	2002	S	E 1st CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		
JUL	26	2002	S	E L2 CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		
JUL	29	2002	S	E L2 CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		
JUL	29	2002		EXAM	35	-
JUL	31	2002	S	E L2 CS 15 M	30	-
			O	AKC M&S PAL		
			A	muscle		
			P	1 PC		
				3hr		

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R. Schenck III Address 209 N. 3rd St C/FD PA 16830  
 Occupation Student Age 2/3/88 Sex M M.S.W.D. Phone 768-7471  
 Insurance Auto Referred by \_\_\_\_\_ File No. 7882 X-Ray No. \_\_\_\_\_

Date			NVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
JUN	28	2002		Xrays Cervical series: A-P LAT LxS	190	-
JUN	28	2002	S	C5-6 post; EX, T3P5; RT-L2; PRS L5; IN; C7PR	30	-
			O	AKC M&S PAL	50	-
			A	muscle spasm, tenderness		
			P	↓ Rom of listings		
				3x/WK MON		
JUL	01	2002	S	(C5-6 2-12 L2-5 K-7	30	-
			O	AKC M&S PAL	30	-
			A	↓		
			P	3W		
JUL	03	2002	S	C5-6 12 C7 15T	30	-
			O	AKC M&S PAL		
			A	↓		
			P	3W		
JUL	05	2002	S	C5-6 12 C7 15T	30	-
			O	AKC M&S PAL		
			A	↓		
			P	3W		
JUL	10	2002	S	C5-6 12 C7 15T	30	-
			O	AKC M&S PAL		
			A	↓		
			P	3W		
JUL	12	2002	S	C5-6 12 C7 15T	30	-
			O	AKC M&S PAL		
			A	↓		
			P	3W		
JUL	15	2002	S	C5-6 12 C7 15T	30	-
			O	AKC M&S PAL		
			A	↓		
			P	3W		

## PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III

CLAIM NUMBER 38-J968-601

EMPLOYER \_\_\_\_\_

DATE OF INJURY/ONSET 06/27/02

FROM JULY 1 THROUGH JULY 31, 2002

1. Current Diagnosis SEE BACK
2. Present Treatment Plan SEE BACK
3. Date of Most Recent Exam 07/29/02
4. Present Subjective Complaints ACUTE NECK PAIN W/WHIPLASH
5. Present Objective Findings SEE BACK
6. Interim Aggravations or Accidents \_\_\_\_\_
7. Current Status of Patient Patient has shown partial relief of symptomatic state.
8. Prognosis is good at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.
9. Further Comments Applied kinesiological challenge and motion and static palpations verifying all subluxations on each office visit.

*Gary M. Casteel D.C.*

Doctor's Name Gary M. Casteel, D.C.

Date

07/29/02

### CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.  
538 South Second Street  
Clearfield, PA 16830

Completed By: \_\_\_\_\_

J. Guthrie

1. **DIAGNOSIS:**

839.08 Vertebral subluxation of C5,6,7  
847.0 Cervical strain/sprain/whiplash  
839.21 Vertebral subluxation of T3  
847.1 Thoracic strain/sprain  
839.20 Vertebral subluxation of ~~T3~~ L2,5  
846.0 Lumbo sacral strain/sprain  
729.2 Neuritis/neuralgia

Ligament and paravertebral structure damage of the above listed segments.

2. **TREATMENT:**

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be three times per week changing to twice per week. Visits will be reduced as patient improves.

5. **OBJECTIVE FINDINGS:**

Tenderness, muscle spasm, inflammed nerve, stiffness, burning and pain on touch found on both the left and right cervical regions and lumbar regions; also found on the right sacral region. Weak right anterior neck flexor with neurovascular/neurolymphatic stimulation origin and insertion technique was performed.

Case # 728

EXAMINATION AND X-RAY REPORT

Name Kenneth Schenck H#

Initial Exam 7/29/01 Re-Exam \_\_\_\_\_

Accidents or Injury \_\_\_\_\_

Entrance Complaint

(1) Neck & w/whiplash

( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(2) ( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(3) ( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

OBJECTIVE FINDINGS

	C	T	L	S	C	T	L	S
Tenderness	✓		✓		✓		✓	
Muscle Spasm	✓		✓		✓		✓	
Hypermobility								
Fixation								
Inflammation								
Inflamed Nerve	✓		✓		✓		✓	
Stiffness	✓		✓		✓		✓	
Edema								
Strain/Sprain								
Numbness								
Tingling								
Burning	✓		✓		✓		✓	
Pain On Touch	✓		✓		✓		✓	
Reduced Motion								

with a neck flexo-

RANGE OF MOTION (Cervical Spine)  
(Patient Seated)

	Norm	Exam	Pain	Exam	Pain
Flexion	65	45	✓		
Extension	50	20	✓		
Lateral Right	40	30	✓		
Lateral Left	40	25	✓		
Rotation Right	55	25	✓		
Rotation Left	55	30	✓		

RANGE OF MOTION (Dorsal-Lumbar Spine)  
(Patient Standing)

	Norm	Exam	Pain	Exam	Pain
Flexion	25				
Extension	25				
Lateral Right	40				
Lateral Left	40				
Rotation Right	35				
Rotation Left	35				

REFLEXES

3/4 to 2 points

Achilles	L	R
Biceps	L	R
Triceps	L	R
Patellar	L	R
Pupillary:		
Direct Light	L	R
Consensual	L	R
Convergence	L	R

PERIPHERAL SENSITIVITY TEST (Pinwheel)

Arms	L	R	Legs	L	R
Neck	L	R	Back	L	R
Code: I - increase D - decrease N - normal					

DYNAMOMETER GRIP TESTS

Left Handed	Right Handed
1 <u>1bs</u>	1 <u>1bs</u>
2 <u>1bs</u>	2 <u>1bs</u>
3 <u>1bs</u>	3 <u>1bs</u>
4 <u>1bs</u>	4 <u>1bs</u>

POSTURE ANALYSIS (Patient Standing)

	Left	Right	Left	Right
Head Rotation				
Head Tilt				
Ear High On				
Cervical Curvature				
Cervical Muscle Tension				
Shoulder High On				
Thoracic Curvature				
Thoracic Muscle Tension				
Lumbar Curvature				
Lumbar Muscle Tension				
Ilium High On				

HEART (Patient Seated)

Blood Pressure	(1) L <u>110/70</u>	R <u>110/70</u>
Rate	(1) <u>72</u>	Pulse (1) <u>72</u>
	(2) <u>72</u>	(2) <u>72</u>

LUNGS (Patient Seated)

Rate (1) 16 (2) 16  
Condition \_\_\_\_\_

STANDARD FORM FOR  
DOCTOR'S REPORT

- ☐ INITIAL REPORT  
☐ SUPPLEMENTAL REPORT  
☐ FINAL REPORT

STATE'S	FILE:
NUMBER	CARRIER:
FOR:	EMPLOYER:
CARRIER'S FILE NO.:	
(THE SPACES ABOVE NOT TO BE FILLED IN BY DOCTOR)	

THE PATIENT	1. NAME OF INJURED PERSON: <u>Kenneth R. Schenck III</u> AGE: <u>14</u> SEX: <u>M</u> 2. ADDRESS: <u>209 N. Third St.</u> CITY: <u>Clearfield</u> STATE: <u>PA</u> ZIP: <u>16830</u> 3. NAME AND ADDRESS OF EMPLOYER: <u>"student"</u> PHONE: _____ OCCUPATION: _____ POSITION: _____
THE ACCIDENT	4. DATE OF ACCIDENT: <u>06/27/02</u> HOUR: <u>1:57 PM</u> M., DATE DISABILITY BEGAN: _____ 5. STATE IN PATIENT'S OWN WORDS WHERE AND HOW ACCIDENT OCCURRED: <u>Mr. Schenck states he was a passenger in his mothers car comming down hill at WalMart when a vehicle comming up hill hit his Mom's vehicle head on.</u>
THE INJURY	6. GIVE ACCURATE DESCRIPTION OF NATURE AND EXTENT OF INJURY AND STATE YOUR OBJECTIVE FINDINGS <u>Acute neck and back pain.</u> 7. WILL INJURY RESULT IN (A) PERMANENT DEFECT? <u>Unknown</u> IF SO, WHAT? _____ (B) FACIAL OR HEAD DISFIGUREMENT? _____ 8. IS ACCIDENT REFERRED TO ABOVE THE ONLY CAUSE OF PATIENT'S CONDITION? <u>Yes</u> IF NOT, STATE CONTRIBUTING CAUSES: _____ 9. IS PATIENT SUFFERING FROM ANY OTHER DISABLING CONDITION NOT DUE TO THIS ACCIDENT? <u>No</u> EXPLAIN: _____ 10. HAS PATIENT ANY PHYSICAL IMPAIRMENT DUE TO PREVIOUS ACCIDENT OR DISEASE? <u>No</u> EXPLAIN: _____ 11. HAS NORMAL RECOVERY BEEN DELAYED FOR ANY REASON? <u>Yes</u> EXPLAIN: <u>Due to the extent of patients's injuries, and to this point, the patient has felt little relief.</u>
TREATMENT	12. DATE OF YOUR FIRST TREATMENT: <u>06/28/02</u> WHO ENGAGED YOUR SERVICES? <u>Kenneth R. Schenck</u> 13. HAVE YOU PREVIOUSLY TREATED THIS PATIENT? <u>Yes</u> IF SO, GIVE PARTICULARS: <u>The patient's history prior to this injury is not significant as it relates to his present injury.</u> 14. DESCRIBE TREATMENT GIVEN BY YOU: <u>SEE BACK</u> 15. WERE X-RAYS TAKEN? <u>Yes</u> WHEN? <u>6/28/02</u> BY WHOM? <u>Gary M. Casteel, D.C.</u> 16. X-RAY DIAGNOSIS: <u>Misalignment of C5,6,7; T3; L2,5 and Sacrum</u> 17. WAS PATIENT TREATED BY ANYONE ELSE? <u>Clearfield Hospital following accident.</u> BY WHOM? _____ WHEN? <u>6/27/02</u> 18. WAS PATIENT HOSPITALIZED? <u>no</u> NAME AND ADDRESS OF HOSPITAL: _____ 19. DATE OF ADMISSION TO HOSPITAL: _____ DATE OF DISCHARGE: _____ 20. IS FURTHER TREATMENT NEEDED? <u>Yes</u> FOR HOW LONG? <u>Until misaligned segments hold in their normal position or patient is asymptomatic.</u>
DISABILITY	21. IS PATIENT ABLE TO CONTINUE WORK? <u>"student"</u> HAS PATIENT BEEN DISABLED? _____ 22. PATIENT (WAS) (WILL BE) ABLE TO RESUME REGULAR WORK ON: _____ 23. PATIENT (WAS) (WILL BE) ABLE TO RESUME LIGHT WORK ON: _____ 24. IF DEATH ENSUED, GIVE DATE: _____
REMARKS (GIVE ANY INFORMATION OF VALUE NOT INCLUDED ABOVE): _____ I AM A DULY LICENSED CHIROPRACTOR IN THE STATE OF <u>PA</u> INDIVIDUAL PRACTITIONER—S.S. # <u>171-46-8972</u> ALL OTHER—EMPLOYER I.D. # <u>25-1492392</u> (THIS REPORT MUST BE SIGNED BY DOCTOR) SIGNED: <u>Gary M. Casteel D.C.</u> DATE OF THIS REPORT: <u>07/03/02</u> ADDRESS: <u>538 J. Second St., Clearfield, PA</u> TELEPHONE: <u>(814)765-7111</u>	



**OBJECTIVE FINDINGS:**

Tenderness, hypermobility, fixation, inflammation, inflamed nerve, stiffness, edema, strain/sprain, numbness, tingling, burning, pain on touch and reduced motion found on both the left and right cervical regions, thoracic regions, lumbar regions and the sacral regions.

**DIAGNOSIS:**

839.08 Vertebral subluxation of C5,6,7  
847.0 Cervical strain/sprain/whiplash  
839.21 Vertebral subluxation of T3  
847.1 Thoracic strain/sprain  
839.20 Vertebral subluxation of L2,5  
846.0 Lumbo sacral strain/sprain  
729.2 Neuritis/neuralgia  
Ligament and paravertebral structure damage of the above listed segments.

**TREATMENT:**

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be three times per week. Visits will be reduced as patient improves.

**PROGNOSIS:**

Patient is guarded at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.

Case # 7282

## EXAMINATION AND X-RAY REPORT

Name Kenny Schenck, IIIInitial Exam 6/28/02 Re-Exam \_\_\_\_\_

Accidents or Injury \_\_\_\_\_

Entrance Complaint

(1)

( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(2)

( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

(3)

( ) ACUTE ( ) CHRONIC ( ) SUDDEN ( ) GRADUAL Duration \_\_\_\_\_ Progress \_\_\_\_\_

## OBJECTIVE FINDINGS

	C	T	L	S	C	T	L	S
Tenderness	✓	✓	✓	✓	✓	✓	✓	✓
Muscle Spasm	✓	✓	✓	✓	✓	✓	✓	✓
Hypermobility	✓	✓	✓	✓	✓	✓	✓	✓
Fixation	✓	✓	✓	✓	✓	✓	✓	✓
Inflammation	✓	✓	✓	✓	✓	✓	✓	✓
Inflamed Nerve	✓	✓	✓	✓	✓	✓	✓	✓
Stiffness	✓	✓	✓	✓	✓	✓	✓	✓
Edema	✓	✓	✓	✓	✓	✓	✓	✓
Strain/Sprain	✓	✓	✓	✓	✓	✓	✓	✓
Numbness	✓	✓	✓	✓	✓	✓	✓	✓
Tingling	✓	✓	✓	✓	✓	✓	✓	✓
Burning	✓	✓	✓	✓	✓	✓	✓	✓
Pain On Touch	✓	✓	✓	✓	✓	✓	✓	✓
Reduced Motion	✓	✓	✓	✓	✓	✓	✓	✓

RANGE OF MOTION (Cervical Spine)  
(Patient Seated)

	Norm	Exam	Pain	Exam	Pain
Flexion	65				
Extension	50				
Lateral Right	40				
Lateral Left	40				
Rotation Right	55				
Rotation Left	55				

RANGE OF MOTION (Dorsal-Lumbar Spine)  
(Patient Standing)

	Norm	Exam	Pain	Exam	Pain
Flexion	95				
Extension	35				
Lateral Right	40				
Lateral Left	40				
Rotation Right	35				
Rotation Left	35				

## POSTURE ANALYSIS (Patient Standing)

	Left	Right	Left	Right
Head Rotation				
Head Tilt				
Ear High On				
Cervical Curvature				
Cervical Muscle				
Tension				
Shoulder High On				
Thoracic Curvature				
Thoracic Muscle				
Tension				
Lumbar Curvature				
Lumbar Muscle				
Tension				
Ilium High On				

## REFLEXES

Achilles	L	R
Biceps	L	R
Triceps	L	R
Patellar	L	R

## Pupillary:

Direct Light	L	R
Consensual	L	R
Convergence	L	R

## PERIPHERAL SENSITIVITY TEST (Pinwheel)

Arms	L	R	Legs	L	R
Neck	L	R	Back	L	R
Code-- I - increase D - decrease					
N - normal					

## DYNAMOMETER GRIP TESTS

Left Handed	Right Handed
1 ___ lbs.	1 ___ lbs.
2 ___ lbs.	2 ___ lbs.
3 ___ lbs.	3 ___ lbs.
4 ___ lbs.	4 ___ lbs.

## HEART (Patient Seated)

Blood Pressure (1) L / R /  
(2) L / R /  
Rate (1)      Pulse (1)       
(2)      (2)     

## LUNGS (Patient Seated)

Rate (1)      (2)       
Condition

# ORTHOPEDIC TESTS

## SITTING

	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>
BECHTEREW	_____	_____	_____	_____
FORAMINA COMPRESSION	_____	_____	_____	_____
SHOULDER DEPRESSOR	_____	_____	_____	_____

## STANDING

	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>
KEMP	_____	_____	_____	_____
LEWIN	_____	_____	_____	_____
MINORS	_____	_____	_____	_____
NERI BOWING	_____	_____	_____	_____
TRENDELENBERG	_____	_____	_____	_____

## SUPINE

	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>
FABRE-PATRICK	_____	_____	_____	_____
GAESLEN	_____	_____	_____	_____
GOLDTHWAIT	_____	_____	_____	_____
LASEQUE	_____	_____	_____	_____
BRAGGARDS	_____	_____	_____	_____
LINDERS	_____	_____	_____	_____
BRUDZINSKI	_____	_____	_____	_____

## PRONE

	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>
NACHLAS/FRY	_____	_____	_____	_____
DERIFIELD	_____	_____	_____	_____
Extended	_____	_____	_____	_____
Flexed	_____	_____	_____	_____
Cerv. Syn.	_____	_____	_____	_____
Sacral Lock	_____	_____	_____	_____
Pelvis	_____	_____	_____	_____

## X-RAY

SEG	L	R	L	R
OCC	_____	_____	_____	_____
C1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
T1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
L1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
S1	_____	_____	_____	_____

*Dragonis :*  
*Cervical*  
*Thoracic*  
*Lumbar*  
*Whiplash*

*Neuritis . . .*

# PERSONAL INJURY QUESTIONNAIRE

Name Kenneth Schreck III Phone ( 768-7471 )  
 Address 209 North 3rd St City Clearfield State Pa Zip 16830  
 Age 14 Birthdate 2-3-88 Sex M S/S # 200-68-0211

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 Your Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Agent's Name \_\_\_\_\_

Name on Policy (If other than self) \_\_\_\_\_ Policy # \_\_\_\_\_

Responsible Party's Name Stacey Gray

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

## ATTORNEY

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Were there any witnesses? ( ) Yes ( ☒ ) No Name(s) \_\_\_\_\_

## NATURE OF ACCIDENT:

1. Date of Accident 6/27/02 Time of Day 1:57 PM

2. Were you: ( ) Driver ( ☒ ) Passenger ( ☒ ) Front Seat ( ) Back Seat

3. Number of people in your vehicle? 2 Were you wearing seat belts? YES

4. What direction were you headed? ( ☒ ) North ( ) East ( ) South ( ) West  
 on (name of street) \_\_\_\_\_

5. What direction was other vehicle headed? ( ) North ( ) East ( ☒ ) South ( ) West  
 on (name of street) \_\_\_\_\_

6. Were you struck from: ( ) Behind ( ☒ ) Front ( ) Left side ( ) Right side

7. Approximate speed of your car \_\_\_\_\_ mph Other car \_\_\_\_\_ mph

8. Were you knocked unconscious? ( ) Yes ( ☒ ) No If yes, for how long? \_\_\_\_\_

9. Were police notified? ( ☒ ) Yes ( ) No

10. In your own words, please describe accident: coming down hill @ Walmart Mr. Pepperman  
crossed over and hit us head on

11. Did you have any physical complaints BEFORE THE ACCIDENT? ( ) Yes ( ) No If yes, please describe in detail: \_\_\_\_\_

12. Please describe how you felt:

- DURING the accident: terrible
- IMMEDIATELY AFTER the accident: Ears were buzzing, head numb, ~~head~~ face burnt
- LATER THAT DAY: same
- THE NEXT DAY: eye swelled, face burnt

13. What are your PRESENT complaints and symptoms? FACIAL
14. Do you have any congenital (from birth) factors which relate to this problem? ( ) Yes ( ☒ ) No If yes, please describe:
15. Do you have any previous illnesses which relate to this case? ( ) Yes ( ☒ ) No If yes, please describe:
16. Have you ever been involved in an accident before? ( ) Yes ( ☒ ) No If yes, please describe, including date(s) and type(s) of accidents, as well as injury(ies) received.
17. Where were you taken after the accident? Clearfield Hospital
18. Have you been treated by another doctor since the accident? ( ) Yes ( ) No If yes, please list doctor's name and address:
- What type of treatment did you receive?
19. Since this injury occurred, are your symptoms: ( ) Improving ( ) Getting Worse ( ☒ ) Same
20. CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT:
- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Headache                     | <input type="checkbox"/> Irritability           | <input type="checkbox"/> Numbness in Toes    | <input type="checkbox"/> Face Flushed    | <input type="checkbox"/> Feet Cold                    |
| <input type="checkbox"/> Neck Pain                    | <input type="checkbox"/> Chest Pain             | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Buzzing in Ears | <input type="checkbox"/> Hands Cold                   |
| <input type="checkbox"/> Neck Stiff                   | <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Stomach Upset                |
| <input checked="" type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Head Seems Too Heavy   | <input type="checkbox"/> Depression          | <input type="checkbox"/> Fainting        | <input type="checkbox"/> Constipation                 |
| <input type="checkbox"/> Back Pain                    | <input type="checkbox"/> Pins & Needles in Arms | <input type="checkbox"/> Lights Bother Eyes  | <input type="checkbox"/> Loss of Smell   | <input type="checkbox"/> Cold Sweats                  |
| <input type="checkbox"/> Nervousness                  | <input type="checkbox"/> Pins & Needles in Legs | <input type="checkbox"/> Loss of Memory      | <input type="checkbox"/> Loss of Taste   | <input type="checkbox"/> Fever                        |
| <input type="checkbox"/> Tension                      | <input type="checkbox"/> Numbness in Fingers    | <input type="checkbox"/> Ears Ring           | <input type="checkbox"/> Diarrhea        | <input checked="" type="checkbox"/> <u>sees spots</u> |
- Symptoms Other Than Above
21. Have you lost time from work as a result of this accident? ( ) Yes ( ☒ ) No If yes, please complete this question.
- a. Last Day Worked:
- b. Type of Employment:
- c. Present Salary:
- d. Are you being compensated for time lost from work? ( ) Yes ( ) No If yes, please state type of compensation you are receiving:
22. Do you notice any activity restrictions as a result of this injury? ( ) Yes ( ☒ ) No If yes, please describe, in detail:
23. Other pertinent information:

6-28-02

DATE

Kenneth Schenk

PATIENT'S SIGNATURE

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3<sup>rd</sup> ST C/FB PA 16830  
 Occupation Student <sup>2/3/88</sup> Age 13 Sex M M.S.W.D. Phone 768-7471  
 Insurance GEISINGER ACCESS Referred by \_\_\_\_\_ File No. 7282 X-Ray No. \_\_\_\_\_

Date			nvs NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
MAY	04	2001	S	L3, T4, 5, 6, P	30	00
			O	AKC M&S PAL muscle spasm, tenderness		
			A	↓ Rom		
			P	2/WK		
* MAY	14	2001	S	C3 T4, 5, 6, C1	30	-
			O	AKC M&S PAL		
			A	mus		
			P	MFO		
				1/10/01		
SEP	28	2001	S	C3 T4, 5, 6, C1	30	-
			O	AKC M&S PAL		
			A	mus		
			P	JK		
				1/10/01		
OCT	03	2001	S	C3 T4, 5, 6, C1		
			O	AKC M&S PAL		
			A	mus		
			P	JK		
				1/10/01		
OCT	12	2001	S	C3 T4, 5, 6, C1	30	-
			O	AKC M&S PAL muscle spasm		
			A	↓ Rom of Listing		
			P	1/10/01		
* MAR	29	2002	S	C3 T4, 5, 6, C1	30	-
			O	AKC M&S PAL		
			A	mus		
			P	JK		
				1/10/01		
			S			
			O			
			A			
			P			

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3<sup>rd</sup> ST C/FD PA 16830  
 Occupation Student <sup>2/3/88</sup> Age 13 Sex M M.S.W.D. Phone 768-7471  
 Insurance GEISINGER ACCESS Referred by \_\_\_\_\_ File No. 7282 X-Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
MAR	28	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
MAR	30	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
APR	02	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
APR	04	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
APR	09	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
APR	18	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			
APR	27	2001	S	In 13 tr. PT-9 AKC M&S PAL mot 2/10/01	30	-
			O			
			A			
			P			

# **CASTEEL CHIROPRACTIC**

538 South Second Street, Clearfield, PA 16830  
(814) 765-7111

## **\*\* Ouch! Ouch! Ouch! \*\***

### **Patient Exacerbation Documentation**

*Official "Documentation" showing Medical Necessity of Care.  
A sworn statement by both the Patient and the Doctor.*

Date: 3/29/02

Name: KENNETH SCHENCK III Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Exacerbation: \_\_\_\_\_ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back  
Mid Back Lower Back Hip Pelvis  
Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: PLAYING BASKETBALL / SKATE BOARDING

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Signature

Patient: \_\_\_\_\_

Kenneth Schenck  
Patient's Signature

Doctor's Medicare #: \_\_\_\_\_



# **CASTEEL CHIROPRACTIC**

538 South Second Street, Clearfield, PA 16830  
(814) 765-7111

## **\*\* Ouch! Ouch! Ouch! \*\***

### **Patient Exacerbation Documentation**

*Official "Documentation" showing Medical Necessity of Care.  
A sworn statement by both the Patient and the Doctor.*

Date: SEP 28 2001

Name: KENNETH R SCHENCK II Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Exacerbation: \_\_\_\_\_ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back

hurting ALL OVER Mid Back Lower Back Hip Pelvis  
Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: SKATE BOARDING

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Signature

Patient: Kenny Schenck II  
Patient's Signature

Doctor's Medicare #: \_\_\_\_\_

**CASTEEL CHIROPRACTIC**  
538 South Second Street, Clearfield, PA 16830  
(814) 765-7111

**\*\* Ouch! Ouch! Ouch! \*\***

**Patient Exacerbation Documentation**  
*Official "Documentation" showing Medical Necessity of Care.*  
*A sworn statement by both the Patient and the Doctor.*

Date: 5-14-01

Name: Kenny Schrock

Address: 209 North Third St

City: Clearfield State: PA Zip Code: 16830 Phone#: 1-814-768-7471

Date of Exacerbation: \_\_\_\_\_ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right    Left    Head    Neck    Upper Back  
   Mid Back    Lower Back    Hip    Pelvis  
   Wrist    Shoulder    Knee    Foot

Is the pain: Sharp    Dull    Burning    Stabbing    Tingling    Numb

Describe how this happened: got hit by a baseball

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Signature

Patient: \_\_\_\_\_

Patient's Signature

Doctor's Medicare #: \_\_\_\_\_

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3rd ST C/FD PA 16830  
 Occupation Student <sup>2/3/88</sup> Age 13 Sex M M.S.W.D. Phone 768-7471  
 Insurance GEISINGER ACCESS Referred by \_\_\_\_\_ File No. 7282 X-Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day	Year			
FEB	8	2001	S	<i>M 7 13 TUESDAY</i>	30 -
	↓		O	AKC M&S PAL	
	↓		A	<i>mt</i>	
	↓		P	<i>↓ H 1 wk</i>	↓
X MAR	5	2001	S	<i>Z</i>	30 -
	↓		O	AKC M&S PAL	
	↓		A	<i>M</i>	
	↓		P	<i>↓ H WR</i>	↓
MAR	9	2001	S	<i>IN</i>	30 -
	↓		O	AKC M&S PAL <i>mspasms, tend.</i>	
	↓		A	<i>↓ Rom of listrigs</i>	
	↓		P	<i>1 wk</i>	↓
MAR	12	2001	S	<i>Z</i>	30 -
	↓		O	AKC M&S PAL	
	↓		A	<i>new</i>	
	↓		P	<i>↓ H 1 wk</i>	↓
MAR	16	2001	S	<i>IN</i>	30 -
	↓		O	AKC M&S PAL <i>mspasms, tend</i>	
	↓		A	<i>↓ Rom of listrigs</i>	
	↓		P	<i>1 wk</i>	↓
MAR	19	2001	S	<i>I 13 7 M</i>	30 -
	↓		O	AKC M&S PAL	
	↓		A	<i>M</i>	
	↓		P	<i>↓ H 2 wk</i>	↓
MAR	23	2001	S	<i>I 13 7 M 71</i>	30 -
	↓		O	AKC M&S PAL	
	↓		A	<i>mt</i>	
	↓		P	<i>↓ H 2 wk</i>	↓

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R Schenck III Address 209 N 3rd ST C/FD PA 16830  
 Occupation STUDENT Age 2-3-88 Sex M M(S)W.D. Phone 768-7471  
 Insurance GEISINGER ACCESS Referred by \_\_\_\_\_ File No. 7282X-Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
OCT	25	2000	S	Cy T L3 T4 T5 T6 T7	30	-
			O	AKC M&S PAL		
			A			
			P			
FEB	4	2001	S	L3 T4 T5 T6 T7	30	-
			O	AKC M&S PAL		
			A			
			P			
FEB	16	2001	S	L3 T4 T5 T6 T7	30	00
			O	AKC M&S PAL		
			A			
			P			
FEB	21	2001	S	Cy L3 T4 T5 T6 T7	30	-
			O	AKC M&S PAL		
			A			
			P			
FEB	24	2001	S		30	-
			O	AKC M&S PAL		
			A			
			P			
FEB	23	2001	S	Cy L3 T4 T5 T6 T7	30	-
			O	AKC M&S PAL		
			A			
			P			
FEB	26	2001	S	Cy L3 T4 T5 T6 T7	30	-
			O	AKC M&S PAL		
			A			
			P			

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R. SCHENCK II Address 209 N 3<sup>rd</sup> ST CIFI PA 16830  
 Occupation Student Age 22 Sex M M(S)W.D. Phone 768-7471  
 Insurance GEISINGER ACCESS Referred by \_\_\_\_\_ File No. 7282X - Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge	
Mo.	Day	Year				
SEP	15	2000	S	C 1 2 1 2 Tur E 1 1 2	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
SEP	22	2000	S	C 4 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
SEP	25	2000	S	C 1 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
SEP	27	2000	S	C 1 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
OCT	06	2000	S	C 1 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
OCT	09	2000	S	C 1 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		
OCT	11	2000	S	C 1 2 1 2 Tur E 1 1	30	-
			O	AKC M&S PAL		
			A	mapled		
			P	down		
				Health		

# PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3RD ST CINCINNATI 16830  
 Occupation STUDENT Age 2/3/88 Sex M M(S)W.D. Phone 768-7471  
 Insurance GEISINGER CHAMPION ACCESS Referred by STACEY GRAY MOM File No. 7282 X-Ray No. \_\_\_\_\_

Date			RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day	Year			
JUL	19	1996		APLS from Lat-Cur	130 -
JUL	19	1996	A.K.C.-M. & S. Pal.	noady	35 -
JUL	19	1996			25 -
JUL	20	1996	A.K.C.-M. & S. Pal.	T3 L2-L3 2/2/85 C-1	35 -
JUL	23	1996	A.K.C.-M. & S. Pal.	NKE	35 -
JUL	31	1996	A.K.C.-M. & S. Pal.	I/O wed-Hell Mdy WL-U	25 -
JUL	31	1996	A.K.C.-M. & S. Pal.	I/O L2 cur	25 -
AUG	02	1996	A.K.C.-M. & S. Pal.	T3 L2 C5 C1 C2	25 -
AUG	06	1996	A.K.C.-M. & S. Pal.	T3 L2 C5 C1	25 -
AUG	09	1996	A.K.C.-M. & S. Pal.	T3 L2 C5 C1	25 -
AUG	23	1996	A.K.C.-M. & S. Pal.	T3 L2 C5 C1	25 -
AUG	26	1996	A.K.C.-M. & S. Pal.	T3 L2 C5 C1	25 -
AUG	28	1996	A.K.C.-M. & S. Pal.	T3 L3	25 -
AUG	30	1996	A.K.C.-M. & S. Pal.	T3 L3 C5 C1	25 -
OCT	04	1996	A.K.C.-M. & S. Pal.	T3 L3 C1 C2	25 -
NOV	11	1996	A.K.C.-M. & S. Pal.	T3 L3 C5 C1	25 -
JAN	22	1997	A.K.C.-M. & S. Pal.	T3 L3 C1 C2	25 -
JAN	27	1997	A.K.C.-M. & S. Pal.	T3 L3	25 -
FEB	03	1997	A.K.C.-M. & S. Pal.	T3 L3 C1 C2	25 -
FEB	10	1997	A.K.C.-M. & S. Pal.	T3 L3 C1 C2	25 -
X OCT	16	1998	AKC M&S PAL	T3 L3 C1 C2	25 -
OCT	19	1998	AKC M&S PAL	T3 L3 C1 C2	25 -
APR	28	2000		SEE "CASE HISTORY UPDATE"	
APR	28	2000	S	T3 L2 C5 C1 C2	30 -
			O	AKC M&S PAL	
			A	manhoo	
			P	shoo	
			P	date on answer	
MAY	05	2000	S	T3 L2 C5 C1 C2	30 -
			O	AKC M&S PAL	
			A	manhoo	
			P	shoo	
			P	date on answer	
SEP	13	2000	S	LH/Kner T3 L2 C5 C1 C2	30 -
			O	AKC M&S PAL	
			A	manhoo	
			P	shoo	
			P	date on answer	

# **CASTEEL CHIROPRACTIC**

538 South Second Street, Clearfield, PA 16830  
(814) 765-7111

## **\*\* Ouch! Ouch! Ouch! \*\***

### **Patient Exacerbation Documentation**

Official "Documentation" showing Medical Necessity of Care.  
A sworn statement by both the Patient and the Doctor.

Date: 3-5-01

Name: Kenneth Schenck

Address: 209 North 3<sup>rd</sup> St

City: Clearfield State: Pa

Zip Code: 16830

Phone#: 765-7471

Date of Exacerbation: 3-5 (Any event that the patient has experienced that has affected :  
the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back

Mid Back Lower Back Hip Pelvis

Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: snow boarding

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Signature

Doctor's Medicare #: \_\_\_\_\_

Patient: \_\_\_\_\_

Patient's Signature

# **CASTEEL CHIROPRACTIC**

538 South Second Street, Clearfield, PA 16830  
(814) 765-7111

## **\*\* Ouch! Ouch! Ouch! \*\***

### **Patient Exacerbation Documentation**

Official "Documentation" showing Medical Necessity of Care.  
A sworn statement by both the Patient and the Doctor.

Date: 2-14-01

Name: Kenny Schenck

Address: 209 North 3rd Street

City: Clearfield State: PA

Zip Code: 16830

Phone#: 768-7471

Date of Exacerbation: \_\_\_\_\_ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back

Mid Back

Lower Back

Hip

Pelvis

Wrist

Shoulder

Knee

Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: Football and basketball practice

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

Doctor's Signature

Kenny Schenck  
Patient's Signature

Doctor's Medicare #: \_\_\_\_\_





**CASTEEL CHIROPRACTIC OFFICE**

538 South Second St.  
Clearfield, Pa. 16830

CASTEEL CHIROPRACTIC OFFICE  
GARY M. CASTEEL, D.C.  
538 S. Second St.  
Clearfield, Pa. 16830  
814-765-7111

Name Kenneth R Schenck III  
Date SEP 13 2000

Insurance? Yes or No  
circle

File No. 7282

Birthdate 2/3/88

## OUCH! OUCH! OUCH!

Have you had an accident or an injury since your last Adjustment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe the injury and how it happened. \_\_\_\_\_

DATE OF ACCIDENT OR INJURY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did it happen at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Was it an automobile accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Where is your pain? Please describe the location. (Low back, leg pain, neck pain.)

Type of pain. (Sharp, dull, numbness, burning, etc.)

lt shouder up neck & left knee cap.

Please fill out and give to our Receptionist.

DATE OF LAST VISIT 5/5/00

Stacy Gray  
Signature

Insured Information

Insured's Name

Kenneth Schenck Jr

Insured's Address

Beech Creek

Insured's Social Security #

1

Insured's Phone #

570-962-2025

Insured's date of birth

11-26-65

Age

34

Sex

F

or

M

☒

Insured's Employer's name or School name

Champion Parts Rebuilder

Name of Insurance Company

Penn State Geisinger Health

Insurance Co. address

Policy #

Group #

Plan name

Is there another Health benefit plan Yes ☒ or No ☐

If yes Name

ACCESS

Address

Policy #

Group #

Plan Name

Deductable per person \$

Deductable per family \$

\* For Medicare Patients ONLY\* If you have insurance other than Medicare is Your insurance

Primary to Medicare?

Medigap ( You pay for a Medicare supplement)?

Employer-Supplement?

Medicaid (If yes State)

### CASE HISTORY UPDATE

In order for us to best serve you, and so that we may bring your original case history up to date, please provide us with the following information.

NAME: Kenneth R. Schenck III DATE: 4-28-00  
ADDRESS: 209 North Third St CITY: Clearfield STATE: PA ZIP: 16830  
PHONE #: 768-7471 SOCIAL SECURITY #: 200-68-0211  
BIRTHDATE: 2-3-88 AGE: 12 SEX: M ☒ or F ☐  
PATIENT STATUS: Single ☒ Married ☐ Other ☐

Employed ☐ Full-time student ☒ Part-time student ☐  
Height 5 Weight 96 # of Children 0  
Employer's Name or School Name Clearfield Middle School Occupation Student

List your present complaints (describe fully): Sinus problems,  
body muscles tight and tense due to playing sports

Is your condition related to:

- a. Employment? Yes ☐ or No ☒  
b. Auto Accident? Yes ☐ or No ☒  
c. Other Accident? Yes ☐ or No ☒

Have you ever had the same or similar illness? Yes ☐ or No ☐

If yes give date \_\_\_\_\_

Duration of present condition? \_\_\_\_\_ What do you believe caused this condition? \_\_\_\_\_

If you answered Yes to questions a, b, c, please fill out the following information!!

Date of Accident \_\_\_\_\_

Detail of Accident (be as specific as you can). \_\_\_\_\_

Describe any falls, surgery, and/or accident since last visit: \_\_\_\_\_

Date of last adjustment: 10 / 19 / 98

Since your last office visit here, have you consulted another doctor? Yes ☐ No ☒ If so, give Dr. \_\_\_\_\_ and condition for which you were treated: \_\_\_\_\_

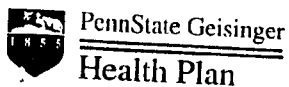
Other information the doctor should know regarding the condition: \_\_\_\_\_

**PLEASE NOTE:** You are responsible for all fees not covered by your insurance company, unless other arrangements are made with the doctor. Signing this form gives your confirming consent to chiropractic adjustments and treatment, direct payment of benefits to doctor, and also release of medical information to any insurance company or attorney involved in this case.

**\*\*Please complete the back side of the form with your insurance information!\*\***

I certify the statements given above and on the reverse apply to me.

SIGNED Stacy L. Gray DATE 4-28-00



HMO

**ACCESS** Pennsylvania  
Access Card

Member Name:

**KENNETH SCHENCK III**

Insurance ID Number:

**00096964604**

Group Number:

**101757**

Effective Date:

**10-01-1999**

Benefit Code:

**H10E25BE8R**

Medical Record  
No.:

**03087619**

Provider Phone Numbers:

Appointments: **814/342-8020**

Office: **814/342-5402**

Tel-A-Nurse: **800/556-8267**

Rx Group #: AGG

**PERX**

RECIP#

**5001051209**

SS#

**200680211**

NAME:

**KENNETH R SCHENCK III**

CARD ISSUE#

**00**

Primary Care: **W300 PHILIPSBURG**

**MAY 05 2000**

*[Signature]*

Please call Penn State Geisinger Health Plan at 570-271-8760;  
1-800-447-4000 or TDD Hearing Impaired at 1-800-447-2833

- Immediately upon hospitalization
- If you have questions concerning your coverage

Pharmacists call 1-800-235-4357

Mail itemized bills to:

**Penn State Geisinger Health Plan**

**100 N. Academy Avenue**

**Danville, PA 17822-3026**

**Attn: Claims**

This card is for the personal use of the member printed hereon  
and may not be transferred to any other person. This member is  
covered for usual and customary fees and charges for medically  
necessary emergency services. This card is issued for  
identification purposes only and does not constitute proof of  
eligibility.



CASTEEL CHIROPRACTIC OFFICE

538 South Second St.  
Clearfield, Pa. 16830

CASTEEL CHIROPRACTIC OFFICE  
GARY M. CASTEEL, D.C.  
538 S. Second St.  
Clearfield, Pa. 16830  
814-765-7111

Name

Kenny Schenck

Date \_\_\_\_\_

10-16-98

Insurance? Yes or No  
circle

File No. 7282

Birthdate 2-3-88

**OUCH! OUCH! OUCH!**

Have you had an accident or an injury since your last Adjustment? Yes \_\_\_\_\_ No ✓

If so, please describe the injury and how it happened. \_\_\_\_\_

DATE OF ACCIDENT OR INJURY

Did it happen at work? Yes \_\_\_\_\_ No ✓

Was it an automobile accident? Yes \_\_\_\_\_ No ✓

Where is your pain? Please describe the location. (Low back, leg pain, neck pain.)  
Type of pain. (Sharp, dull, numbness, burning, etc.)

Type of pain. (Sharp, dull, numbness, burning, etc.)

upper thighs

**Please fill out and give to our Receptionist.**

DATE OF LAST VISIT 02/10/97

Kenneth Schenck III  
Signature

**Signature**

# CASE HISTORY RECORD

DATE 7/19/96

CASE NO. 7282

NAME Schenck, III Kenneth R. 8  
LAST FIRST INITIAL AGE

ADDRESS 209 N. Third St. Clearfield PA. 16830  
NO. STREET CITY STATE ZIP

PHONE # 768-7471 SOCIAL SECURITY # 200-68-0211

BIRTHDATE 2/3/88 SEX M X F    HEIGHT 4' WEIGHT 62 lbs.

PATIENT STATUS: SINGLE X MARRIED    OTHER    SPOUSE'S NAME   

EMPLOYED    FULL-TIME STUDENT X PART-TIME STUDENT   

EMPLOYER'S NAME OR SCHOOL NAME    OCCUPATION   

EMPLOYER'S PHONE #   

PREVIOUS CHIROPRACTIC None MEDICAL Dr. Michael OTHER   

DO YOU PREFER TO PAY BY: CASH/CHECK    INSURANCE X

## PRIMARY INSURANCE

Insured's Name Kenneth R. Schenck, Jr.

Insured's Address Christon, Pa.

Insured's S/S # 179-62-3330

Insured's Date of Birth 11-26-65

Insurance Co. Name STATELINE TPA, Inc.

Address 1718 Indian Wood Circle  
Suite Maumee, Ohio 43537

Policy # 179-62-3330 Group # MD 1140

Deductible: \$100.- NORTHEAST DIVISION

## SECONDARY INSURANCE

Insured's Name Kenneth R. Schenck III

Insured's Address 209 N. Third St.  
Clearfield Pa. 16830

Insured's S/S # 200-68-0211

Insured's Date of Birth 2-3-88

Insurance Co. Name PA ACCESS CARD

Address Dept. of Public Welfare.  
HARRISBURG PA.

Policy # 5001051209 Group #   

Deductible: 0

TO THE PATIENT: Please list below the three, or more, main complaints you have, in order of their importance. Also, the length of time you have had this complaint.

1. Hyper tension - Hyper Active HOW LONG? Age 3

2.    HOW LONG?   

3.    HOW LONG?   

4.    HOW LONG?   

5.    HOW LONG?   

(OVER PLEASE)

CHECK SYMPTOMS YOU HAVE NOTICED:

<input type="checkbox"/> Headache	<input checked="" type="checkbox"/> Irritability	<input type="checkbox"/> Numbness In Toes	<input type="checkbox"/> Face Flushed	<input type="checkbox"/> Feet Cold
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Shortness in Breath	<input type="checkbox"/> Buzzing in Ears	<input type="checkbox"/> Hands Cold
<input type="checkbox"/> Neck Stiff	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of Balance	<input checked="" type="checkbox"/> Stomach Upset
<input type="checkbox"/> Fever	<input type="checkbox"/> Depression	<input type="checkbox"/> Constipation	<input type="checkbox"/> Head Seem to Heavy	<input type="checkbox"/> Sleeping Problems
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Lights Bother Eyes	<input type="checkbox"/> Loss of Smell	<input checked="" type="checkbox"/> Cold Sweats*	<input type="checkbox"/> Pins & Needles in Arm
<input checked="" type="checkbox"/> Nervousness	<input type="checkbox"/> Loss of Memory	<input type="checkbox"/> Numbness in Fingers	<input type="checkbox"/> Loss of Taste	<input type="checkbox"/> Pins & Needles in Leg
<input type="checkbox"/> Tension	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ears Ringing	<input type="checkbox"/> Fainting	<input type="checkbox"/> Other

Symptoms Other Than Above? \*can't stand heat all over ADHD

Is your condition related to:

a. Employment? ☐ b. Auto Accident? ☐ c. Other Accident? ☐ d. No Accident/Injury? ☐

Have you ever had the same or similar conditions? Yes ☐ or No ☐ If yes give date

If your condition is related to an accident or injury fill out the following information!!

Date of Accident

Detail of accident (be as specific as you can).

MEDICATION (Presently Taking)

LIST ANY SURGERY YOU HAVE HAD AND THE YEAR IT WAS DONE

PREVIOUS INJURIES: (Car wrecks, Falls, Etc.) Fell down stair steps - 18 mos.

FAMILY HISTORY: (Please list any family illnesses such as tuberculosis, diabetes, cancer, arthritis, high blood pressure, etc.)

High blood pressure and arthritis

FEMALE HISTORY:

Date of last menstrual cycle

Regular ☐ Irregular ☐ Birth Control Pill Yes ☐ No ☐

Do you have cramping? ☐ Are you pregnant at this time? ☐

\*\*REFERRED BY: ☐ Friend ☒ Relative ☐ Radio ☐ Newspaper

mom - Stacy  
NOTICE TO ALL OUR NEW PATIENTS: YOU are responsible for all fees not covered by your insurance company, unless other arrangements are made with the doctor.

I certify the statements given above and on the reverse side apply to me.

SIGNED: Kenneth Schenck

DATE: July 17, 1996

ROY M. LOVE, D.C., F.A.C.O.



## \*\*\* 9/23/2002 Initial Exam \*\*\*

**History:** This 14 year old 5'8" 149 pound caucasian male, a high school student, enters the office today with his mother for injuries as a result of a car accident, 6-27-02. The patient has cervical thoracic and lumbosacral spine pain since auto accident. Saw Dr. Casteel in Phillipsburg and was treated 3x per week for 6-8 weeks. No significant improvement was seen. He was not shown exercises. X-rays revealed scoliosis, mild. The patient's pain is moderate. Mr. Schenck quality and characteristic of pain is deep ache and stiffness and intermittent numbness in lower back, not down the legs. The frequency of the pain is frequent, 50-75% of awake time. The patient has not been on extended use of steroids or cortizone medication. Mr. Schenck has no night sweats. He has no night unrelenting pain. Mr. Schenck denies chest pain. He is currently taking the following prescription medication (s): Tenex, Concerta, Celexa. He is currently taking the following non-prescription medication (s) Melotonia. Mr. Schenck has a family history of arthritis. The patient has a family history of cardiovascular disease. He has a family history of diabetes. Mr. Schenck has a family history of cancer.

**Examination:** Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1, C6-T2. Right crest of the ilium may be higher, secondary to scoliosis. Leg length inequality, x-rays to evaluate. Palpation revealed tenderness in the L4-S1 paraspinal muscles, C6-T1 paraspinal. The SLR test, Braggard's test, Patrick's test, the well leg raiser and the sitting knee extension orthopedic tests were all negative. Tenderness is graded as Grade 2/5 at C6-T1. Active trigger point is located in traps and lumbosacral. Abdominal palpation is essentially normal. Muscle tonicity is graded 3/5 at traps and lumbosacral muscle. Forward head carriage, forward shoulder carriage stresses across upper back and neck. Femoral popliteal and dorsal pedis arteries are regular rate and rhythm with no diminished amplitude. Sign of the buttock test is negative. Fabre Patrick test is negative. No greater trochanteric bursitis is noted. Gait is essentially normal. No foot pronation or supination. Pressing over the facet joints at left SI, L5-S1 in prone position, relaxed causes pain, when the muscles are contracted by patient, and pressing over the facet joint, causes no pain, indicating facet origin pain. Nachlas and Elys tests are negative. Achilles and patellar reflexes are equal and symmetrical. Patient able to heel-walk and toe-walk without difficulty. Toes are down-going. No abnormalities are found with lower extremity strength or sensation. Valsalva sign is negative.

**Assessment:** I will recommend that this patient be seen in 2 days. The diagnosis for this patient is: 728.7 facet syndrome L4-S1 728.7 facet syndrome C6-T2 X-rays to evaluate lumbosacral spine and rule out leg length inequality. I expect good response to care in 10-12 treatments.

**Plan:** Diversified spinal manipulation. Lumbar and pelvic manipulation was done side posture. Diversified spinal manipulation. Lumbar and pelvic manipulation was done in prone position. Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. I will recommend that Mr. Schenck be placed on a chiropractic treatment schedule of 2 visit(s) per week for 4-6 week(s) and then re-evaluated to determine his progress. He agreed to therapy. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Due to the acute nature of this patient's condition with inflammation and or muscle guarding TNT therapy will be applied prior to treatment for 6-8 treatments. Mr. Schenck was instructed on home exercise prescription. He was given exercises lumbosacral sheet #1,5,10,11,15, cervical range of motion, and biofeedback. Please see exercise sheet for this day in patients file.

## \*\*\* 9/25/2002 \*\*\*

**Subjective:** Mr. Schenck presents to the office today with some improvement in the lumbosacral spine with first treatment with neck and shoulders. About the same.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

**Assessment:** I will recommend that this patient be seen in 2 days. Pt. did not have x-rays done last visit.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals.

## \*\*\* 9/27/2002 \*\*\*

**Subjective:** The patient states that on his visit today he is experiencing improvement in lumbar spine.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

**Assessment:** I will recommend that this patient be seen next week.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love.

## \*\*\* 9/30/2002 \*\*\*

**Subjective:** Mr. Schenck presents to the office today with lumbosacral spine pain decreased.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

**Assessment:** I will recommend that this patient be seen in 2 days.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals.

## \*\*\* 10/2/2002 \*\*\*

**Subjective:** The patient states that on his visit today he is experiencing C6-T2 stiff and sore.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T2, L4-S1.

**Assessment:** I will recommend that this patient be seen in one week. Significant decrease in lumbosacral stiffness and pain.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

## \*\*\* 10/11/2002 \*\*\*

**Subjective:** Mr. Schenck presents to the office today with pain in right SI joint, right C6-T1.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T1, T4-8, L4-S1.

**Assessment:** I will recommend that this patient be seen in one week. Flare of cervical thoracic pain with spasm of right SCM.

\*\*\* 10/11/2002 \*\*\*continued

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the T4-8, C6-T1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the C6-T1 paraspinals.

\*\*\* 10/16/2002 \*\*\*

**Subjective:** Patient presents with lumbosacral spine pain improved. Decreased acute pain.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T1, L4-S1.

**Assessment:** I will recommend that this patient be seen next week.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the C6-T2 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the C6-T2 paraspinals.

\*\*\* 10/28/2002 \*\*\*

**Subjective:** The patient states that on his visit today he is experiencing decreased lumbosacral and cervical thoracic pain. Doing exercises on a regular basis.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1, C6-T1.

**Assessment:** I will recommend that this patient be seen in one week. Manual cervical traction was performed.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation.

\*\*\* 11/4/2002 \*\*\*

**Subjective:** The patient states that on his visit today he is experiencing mild low back pain, mild neck stiffness.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at right SI joint, C6-T1.

**Assessment:** I will recommend that this patient be seen in one week.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the C6-T1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

\*\*\* 11/11/2002 \*\*\*

**Subjective:** Chief complaints today are L4-S1 mildly stiff, neck doing better.

**Objective:** Motion Palpation revealed segmental dysfunction and joint play restrictions at Occ-C2, L4-S1.

**Assessment:** I will recommend that this patient be seen in one week.

**Plan:** Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

STATE FARM INS. COMPANY  
650 CHERRINGTON PARKWAY  
CORAOPOLIS, PA 15108

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				X	38-J968601
SCHENCK, KENNETH		02 03 88		X	GRAY, STACEY L
209 NORTH 3RD STREET			X		209 NORTH 3RD STREET
CLEARFIELD	PA		X		CLEARFIELD
16830	814 768 7471			X	16830
					814 768 7471
				X	12 19 66
				X	
				X	STATE FARM INS. COMPANY
					X

SIGNATURE ON FILE

09/23/02

SIGNATURE ON FILE

X

723.1	724.1
729.1	724.2

09 23 02 09 23 02 11	99203	1 2 3 4	75.00	1
09 23 02 09 23 02 11	97014	1 2 3 4	15.00	1
09 23 02 09 23 02 11	98941	1 2 3 4	35.00	1
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ROY M. LOVE D.C., FACO  
611 UNIVERSITY DRIVE  
STATE COLLEGE, PA 16801  
LO-1592 (814)234-5271

STATE FARM INS. COMPANY  
650 CHERRINGTON PARKWAY  
CORAOPOLIS, PA 15108

P

				X	38-J968601
SCHENCK, KENNETH		02 03 88		X	GRAY, STACEY L
209 NORTH 3RD STREET			X		209 NORTH 3RD STREET
CLEARFIELD	PA		X		CLEARFIELD PA
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				X	STATE FARM INS. COMPANY
					X

SIGNATURE ON FILE

09/23/02

SIGNATURE ON FILE

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729.1	724.2

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09 30 02 09 30 02 11	97014	1 2 3 4	15.00	1
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25-1524704	X 7119----	168 X	135.00	135.00

ROY M. LOVE D.C., FACO  
611 UNIVERSITY DRIVE  
STATE COLLEGE, PA 16801  
LO-1592 (814)234-5271

STATE FARM INS. COMPANY  
650 CHERRINGTON PARKWAY  
CORAOPOLIS, PA 15108

P

X 38-J968601

SCHENCK, KENNETH 02 03 88 X

209 NORTH 3RD STREET X GRAY, STACEY L

CLEARFIELD PA X CLEARFIELD PA

16830 814 768 7471 X 16830 814 768 7471

X 12 19 66 X

X

X STATE FARM INS. COMPANY

X

SIGNATURE ON FILE

09/23/02

SIGNATURE ON FILE

X

723.1 724.1

729.1 724.2

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ROY M. LOVE D.C., FACO  
611 UNIVERSITY DRIVE  
STATE COLLEGE, PA 16801  
LO-1592 (814)234-5271

STATE FARM INS. COMPANY  
650 CHERRINGTON PARKWAY  
CORAOPOLIS, PA 15108

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38-J968601

SCHENCK, KENNETH

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GRAY, STACEY L

209 NORTH 3RD STREET

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STATE FARM INS. COMPANY

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CORAOPOLIS, PA 15108

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GRAY, STACEY L

209 NORTH 3RD STREET

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ROY M. LOVE D.C., FACO  
611 UNIVERSITY DRIVE  
STATE COLLEGE, PA 16801  
LO-1592 (814)234-5271



**FARMERS**

May 25, 2004

Mr. Robert Petyak, Attorney  
215 Pnc Bank Building  
Ebensburg, PA 15931

RE: Insured: Geraldine Pepperman  
Claimant: Ken Schenk  
Claim Unit Number: 1001672186-1-2  
Policy Number: 26-0156966739  
Loss Date: 06/27/2002

Dear Bob:

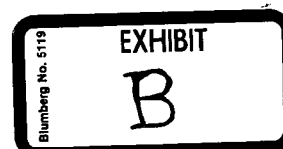
Please allow this letter to confirm my offer of \$8000.00 to resolve the above noted file. Thank you.

Sincerely,  
Farmers New Century Insurance Company

A handwritten signature in cursive script that reads "Tammy DeCecco".

Tammy Dececco  
Field Claims Representative

National Document Center  
P.O. Box 268994  
Oklahoma City, OK 73126-8994  
claimsdocuments@farmersinsurance.com  
Fax: (877) 217-1389



**In The Court of Common Pleas of Clearfield County, Pennsylvania**

GRAY, STACEY L. as parent & nat. guard. of KENNETH R. SCHENCK III

Sheriff Docket #

15730

VS.

04-815-CD

PEPPERMAN, HARRY W.

**SUMMONS & PETITION/MOTION TO COMPROMISE MINOR'S CL**

**SHERIFF RETURNS**

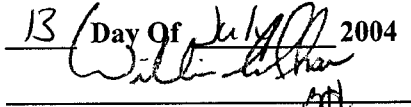
NOW JUNE 23, 2004 AT 1:42 PM SERVED THE WITHIN SUMMONS & PETITION MOTION TO COMPROMISE MINOR'S CLAIM ON HARRY W. PEPPERMAN, DEFENDANT AT RESIDENCE, RD#1 BOX 129, 6148 SHILOH ROAD, WOODLAND, CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO GERALDINE PEPPERMAN, WIFE A TRUE AND ATTESTED COPY OF THE ORIGINAL SUMONS & PETITION AND MADE KNOWN TO HER THE CONTENTS THEREOF.

SERVED BY: DAVIS/MORGILLO

**Return Costs**


Cost	Description
22.12	SHERIFF HAWKINS PAID BY: ATTY CK# 2270
10.00	SURCHARGE PAID BY: ATTY CK# 2271

**Sworn to Before Me This**


13 (Day Of July) 2004  


WILLIAM A. SHAW  
Prothonotary  
My Commission Expires  
1st Monday in Jan. 2006  
Clearfield Co., Clearfield, PA

**So Answers,**

  
Chester A. Hawkins  
Sheriff

**FILED**

8:55am  
JUL 13 2004  


William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY PENNSYLVANIA  
CIVIL ACTION

COPY

SUMMONS

**Stacey Gray**  
as parent and natural guardian of  
**Kenneth R. Schenck, III, a minor child**

**Vs.**

**NO.: 2004-00815-CD**

**Harry Pepperman**

TO: HARRY PEPPERMAN

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has/have commenced a Civil Action against you.

Date: 06/08/2004



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William A. Shaw  
Prothonotary

Issuing Attorney:  
Robert P. Petyak, Esq.  
Co-counsel for Plaintiff  
215 PNC Bank Building  
Ebensburg, PA 15931