05-609-CD
H. Michael Titus vs. Teresa Ogden

H. Michael Titus V. Teresa Ogden
2005-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff,

vs.

TERESA L. OGDEN,

Defendant.

CIVIL DIVISION

Docket No. : 05-609-CD

COMPLAINT IN CIVIL ACTION

Filed on Behalf of Plaintiff:
H. Michael

Counsel of Record for this Party:
Robert B. Woomer, Esquire
Pa. I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
(412) 563-7980

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff, CIVIL DIVISION

vs. Docket No. :

TERESA L. OGDEN,

Defendant.

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

Court Administrator
Clearfield County Courthouse
1 North Second Street
Clearfield, PA 16830
(814) 765-2641 ext. 32

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff, CIVIL DIVISION

vs. Docket No.

TERESA L. OGDEN,

Defendant.

COMPLAINT IN CIVIL ACTION

AND NOW, comes plaintiff, Harold M. Titus, by and through his attorneys, Robert B. Woomer, Esquire, and Woomer & Friday LLP, and complains and alleges as follows:

1. Plaintiff H. Michael Titus, formally known as Harold Michael Titus, is an adult individual residing at P.O. Box 450, Hyde, Clearfield County, Pennsylvania 16843.

2. Defendant Teresa L. Ogden is an adult individual residing at RR 1 Box 202, Curwensville, Clearfield County, Pennsylvania 16833.

3. At all relevant times plaintiff operated and maintained a 2002 Ford owned by the Borough of Clearfield.

4. At all relevant times defendant Ogden owned, maintained and operated a 1989 Pontiac.

5. On or about July 27, 2003 plaintiff was operating his vehicle in the course and scope of his employment as a police officer with the Borough of Clearfield.

6. On the aforementioned date at approximately 1:30 p.m. plaintiff was traveling in a southerly direction and was in pursuit of another vehicle on Park Avenue approaching the intersection with Route 879 with his emergency lights and siren engaged.

7. On the aforementioned date and time, defendant was operating her vehicle in a northern direction on Park Avenue.

8. On the aforementioned date and time, defendant suddenly and without warning made a left-hand turn directly in front of plaintiff's vehicle, violently striking plaintiff's vehicle, causing plaintiff to sustain serious and severe injuries and damages.

9. As a direct and proximate result of the negligence, carelessness and recklessness of defendant, plaintiff has sustained the following injuries, some or all of which may be permanent in nature:

a) Sprained left wrist;

b) Impinged left shoulder, requiring surgery;

c) Bruises, contusions and abrasions to his right knee;

d) Bruises, contusions and abrasions to his abdomen;

e) Bruises, contusions and other injuries in or about nerves, muscles, bones, tendons, ligaments, tissues and vessels of the body;

f) Nervousness, emotional tension, anxiety and depression;

g) Inability to sleep due to constant, severe and persistent pain; and

h) Other injuries to be proven at trial.

10. As a direct and proximate result of the negligence, carelessness and recklessness of defendant, as above-stated, plaintiff has suffered the following damages, some or all of which may be permanent in nature:

a) Great pain, suffering, inconvenience, embarrassment, mental anguish, and emotional and psychological trauma;

b) Plaintiff will be required to expend large sums of money for medical treatment and care, hospitalization, medical supplies, surgical appliances, rehabilitation and therapeutic treatment, medicines, and other attendant services;

c) Lost earnings, and plaintiff's earning capacity has been reduced and may be permanently impaired;

d) Inability to enjoy various pleasures of life that were previously enjoyed;

e) Loss and impairment of general health, strength, and vitality.

11. The above-stated accident was a direct and proximate result of the negligence of the defendant in the following particulars:

a) In failing to ensure that the movement of defendant's vehicle could be made with safety;

b) In failing to abide by the Motor Vehicle Code, specifically 75 Pa. C.S.A. § 3322, Vehicle Turning Left;

c) In failing to abide by the Motor Vehicle Code, specifically of the Pennsylvania Motor Vehicle Code relating to Rights of Way, including but not limited to 75 Pa. C.S.A. § 3309, 3321;

d) In failing to abide by the Motor Vehicle Code, specifically of the Pennsylvania Motor Vehicle Code relating to Duty of Driver on Approach of Emergency Vehicles, 75 Pa. C.S.A. § 3325(a);

e) In failing to abide by the Motor Vehicle Code, specifically §3361 of the Pennsylvania Motor Vehicle Code relating to Driving Vehicle at Safe Speed;

f) In failing to operate defendant's steering wheel, brakes or other mechanisms of defendant's vehicle in a manner so as to avoid the accident;

g) In failing to sound defendant's horn or otherwise warn nearby motorists of the danger created by defendant's vehicle;

h) In ignoring traffic control devices and the rules of the road as they apply to traffic control devices and speed limits;

i) In failing to maintain defendant's vehicle in a condition safe for its intended use;

j) In failing to keep defendant's vehicle under proper control;

k) In being an aggressive driver;

l) In the defendant driver being inattentive and failing to maintain a sharp lookout of the roadway and surrounding traffic conditions;

m) In failing to avoid hitting the vehicle in which plaintiff was occupying when the defendant saw, or should have seen, plaintiff's vehicle on the roadway in full view of the defendant;

n) In failing to observe with reasonable care the traffic and road conditions, including the location of plaintiff's vehicle; and

o) In violating the assured clear distance rule.

WHEREFORE, Plaintiff demands judgment for damages against defendant in an amount in excess of the jurisdictional limits of compulsory arbitration, together with court costs, interest and such other and further relief as this Honorable Court may deem just and equitable.

A JURY TRIAL IS DEMANDED.

Woomer & Friday LLP

Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412) 563-7980

VERIFICATION

I, H. Michael Titus, being duly sworn according to law, depose and say that the facts contained in the foregoing ***Complaint in Civil Action*** are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

H. Michael Titus

H. Michael Titus

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100438
NO: 05-609-CD
SERVICE # 1 OF 1
COMPLAINT

PLAINTIFF: H. MICHAEL TITUS
vs.
DEFENDANT: TERESA L. OGDEN

SHERIFF RETURN

NOW, May 02, 2005 AT 11:12 AM SERVED THE WITHIN COMPLAINT ON TERESA L. OGDEN DEFENDANT AT Work: KIP'S BUS SERVICE, CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO TERESA L. OGDEN, DEFENDANT A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: DAVIS / MORGILLO

FILED
01 12:20 BK
MAY 03 2005

William A. Shaw
Prothonotary/Clerk of Courts

PURPOSE	VENDOR	CHECK #	AMOUNT
SURCHARGE	WOOMER	27964	10.00
SHERIFF HAWKINS	WOOMER	27964	22.86

Sworn to Before Me This

_____ Day of _____ 2005

_____

So Answers,

Chester A. Hawkins
by Marilyn Hamm
Sheriff

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,		CIVIL DIVISION
	Plaintiff,	Docket No. : 05-609-CD
vs.		Code No.:
TERESA L. OGDEN,		**NOTICE OF PRAECIPE TO ENTER JUDGMENT BY DEFAULT PURSUANT TO Pa R.C.P. 237.5**
	Defendant.	

Filed on Behalf of Plaintiff:
H. Michael Titus

Counsel of Record for this Party:
Robert B. Woomer, Esquire
Pa. I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
(412) 563-7980

JURY TRIAL DEMANDED

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,	CIVIL DIVISION
Plaintiff,	Docket No. : 05-609-CD
vs.	Code No.:
TERESA L. OGDEN,	**Date of Notice: June 17, 2005**
Defendant.	

TO: **Teresa Ogden**
RR 1 Box 202
Curwensville, PA 16833

NOTICE OF PRAECIPE TO ENTER JUDGMENT BY DEFAULT PURSUANT TO Pa R.C.P. 237.5
IMPORTANT NOTICE

YOU ARE IN DEFAULT because you have failed to enter a written appearance personally or by your attorney and file in writing with the Court your defenses or objections to the claims set forth against you. Unless you act within ten (10) days from the date of this notice, a judgment may be entered against you without a hearing and you may lose your property or other important rights.

You should take this paper to your lawyer at once. If you do not have a lawyer, go to or telephone the office set forth below. This office can provide you with information about hiring a lawyer. If you cannot afford to hire a lawyer, this office may be able to provide you with information about agencies that may offer legal services to eligible persons at a reduced fee or not fee.

Court Administrator
Clearfield County Courthouse
1 North Second Street
Clearfield, PA 16830
(814) 765-2641 ext. 32

Respectfully Submitted

By: _____
Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

05-609-CD

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on June 17, 2005 a true and correct copy the foregoing ***Notice of Praecipe to Enter Judgment by Default Pursuant to Pa R.C.P. 237.5*** was served by first class U.S. mail, postage prepaid, upon the Defendant, to-wit:

Teresa Ogden
RR 1 Box 202
Curwensville, PA 16833

Woomer & Friday LLP

Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412) 563-7980

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff,

vs.

TERESA L. OGDEN,

Defendant.

CIVIL DIVISION

Docket No. : 05-609-CD

PLAINTIFF'S PRAECIPE FOR DEFAULT JUDGMENT PURSUANT TO PA. R.C.P. 1037(b)

Filed on Behalf of Plaintiff:
H. Michael Titus

Counsel of Record for this Party:
Robert B. Woomer, Esquire
Pa. I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
(412) 563-7980

JURY TRIAL DEMANDED

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff, CIVIL DIVISION

vs. Docket No. : 05-609-CD

TERESA L. OGDEN,

Defendant.

PLAINTIFF'S PRAECIPE FOR DEFAULT JUDGMENT PURSUANT TO PA. R.C.P. 1037(b)

TO THE PROTHONOTARY:

Please enter a judgment against Defendant Teresa L. Ogden for failure to file an answer to plaintiff's complaint in a liquidated, contingent/undetermined amount.

I certify that a written notice of intention to file this Praecipe was mailed to the defendant and to defendant's counsel, if any, after the default had occurred and at least ten (10) days prior to the date of the filing of this Praecipe. A copy of this notice is attached.

Respectfully submitted,

By: _____

Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412) 563-7980

Exhibit "A"

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff,

vs.

TERESA L. OGDEN,

Defendant.

CIVIL DIVISION

Docket No. : 05-609-CD

Code No.:

NOTICE OF PRAECIPE TO ENTER JUDGMENT BY DEFAULT PURSUANT TO Pa R.C.P. 237.5

Filed on Behalf of Plaintiff:
H. Michael Titus

Counsel of Record for this Party:
Robert B. Woomer, Esquire
Pa. I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
(412) 563-7980

JURY TRIAL DEMANDED

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS, CIVIL DIVISION

Plaintiff, Docket No. : 05-609-CD

vs. Code No.:

TERESA L. OGDEN, **Date of Notice: June 17, 2005**

Defendant.

TO: **Teresa Ogden**
RR 1 Box 202
Curwensville, PA 16833

NOTICE OF PRAECIPE TO ENTER JUDGMENT BY DEFAULT PURSUANT TO Pa R.C.P. 237.5
IMPORTANT NOTICE

YOU ARE IN DEFAULT because you have failed to enter a written appearance personally or by your attorney and file in writing with the Court your defenses or objections to the claims set forth against you. Unless you act within ten (10) days from the date of this notice, a judgment may be entered against you without a hearing and you may lose your property or other important rights.

You should take this paper to your lawyer at once. If you do not have a lawyer, go to or telephone the office set forth below. This office can provide you with information about hiring a lawyer. If you cannot afford to hire a lawyer, this office may be able to provide you with information about agencies that may offer legal services to eligible persons at a reduced fee or not fee.

Court Administrator
Clearfield County Courthouse
1 North Second Street
Clearfield, PA 16830
(814) 765-2641 ext. 32

Respectfully Submitted

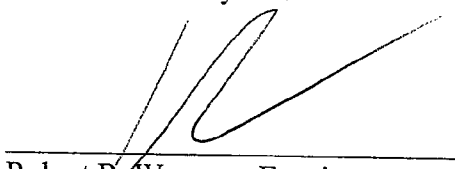
By: _____
Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on June 17, 2005 a true and correct copy the foregoing ***Notice of Praecipe to Enter Judgment by Default Pursuant to Pa R.C.P. 237.5*** was served by first class U.S. mail, postage prepaid, upon the Defendant, to-wit:

Teresa Ogden
RR 1 Box 202
Curwensville, PA 16833

Woomer & Friday LLP



Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412) 563-7980

NOTICE OF JUDGMENT

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

H. Michael Titus

Vs. No. 2005-00609-CD

Teresa L. Ogden

To: DEFENDANT(S)

NOTICE is given that a JUDGMENT in the above captioned matter has been entered against you on July 27, 2005.

William A. Shaw
Prothonotary

_____
William A. Shaw

05-609-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff,

vs.

TERESA L. OGDEN,

Defendant.

CIVIL DIVISION

Docket No. : 05-609-CD

PRAECIPE TO LIST CASE FOR TRIAL

Filed on Behalf of Plaintiff:
H. Michael Titus

Counsel of Record for this Party:
Robert B. Woomer, Esquire
Pa. I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
(412) 563-7980

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS, CIVIL DIVISION

Plaintiff, Docket No. : 05-609-CD

vs.

TERESA L. OGDEN,

Defendant.

PRAECIPE TO LIST CASE FOR TRIAL

To: The Prothonotary

Kindly list the above-captioned case on the next available trial list.

Certificate of Readiness
Pursuant to Local Rule 212.2 of Clearfield County

1. No motions are currently outstanding, discovery has been completed and the case is ready for trial.

2. Plaintiff hereby demands a jury trial.

3. Notice of the within Praecipe has been provided to all parties of interest herein via First Class Mail, either to pro se defendants directly or through the attorneys of record.

Woomer & Friday LLP

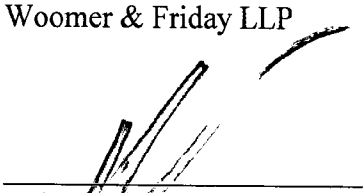
Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on July 28, 2005 a true and correct copy of the Praecipe to List Case for Trial served by first class U.S. mail, postage prepaid, upon all parties of interest, to-wit:

Teresa Ogden
216 Susquehanna Street
Curwensville, PA 16833

Woomer & Friday LLP



Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412) 563-7980

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS,

Plaintiff,

vs.

TERESA L. OGDEN,

Defendant.

CIVIL DIVISION

Docket No. : 05-609-CD

NOTICE OF PRETRIAL CONFERENCE

Filed on behalf of Plaintiff:
H. Michael Titus

Counsel for Record for this Party:
Robert B. Woomer, Esquire
Pa I.D. # 59030

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412)563-7980

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

H. MICHAEL TITUS, CIVIL DIVISION

Plaintiff, Docket No. : 05-609-CD

vs.

TERESA L. OGDEN,

Defendant.

NOTICE OF PRETRIAL CONFERENCE

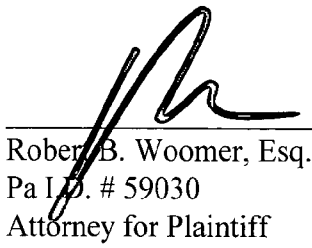
TO: Teresa L. Ogden
Rural Route 1, Box 202
Curwensville, Pa 16833

NOTICE IS HEREBY GIVEN that, pursuant to Clearfield County Local Rule 212.4, a Pretrial Conference has been scheduled to occur in the above-captioned matter as follows:

Date, Date and Time:	Thursday, January 19, 2006 at 1:30 p.m.
Presiding Judge:	The Honorable Paul J. Cherry
Place:	Clearfield County Courthouse 230 East Market Street Clearfield, PA 16830

Respectfully submitted January 3, 2006.

Woomer & Friday LLP



Robert B. Woomer, Esq.
Pa I.D. # 59030
Attorney for Plaintiff

Woomer & Friday LLP
3220 West Liberty Avenue, Ste. 200
Pittsburgh, PA 15216-2320
(412)563-7980

CERTIFICATE OF SERVICE

I, Robert B. Woomer, Esq., do hereby certify that on January 3, 2006 I have mailed a true and correct copy of the within ***Notice of Pretrial Conference*** to the last known address of the Defendant by First Class Mail via United States Postal Form 3817 "Certificate of Mailing,"postage pre-paid as follows:

Teresa L. Ogden
Rural Route 1, Box 202
Curwensville, Pa 16833

Woomer & Friday LLP

Robert B. Woomer, Esq.
Pa I.D. # 59030
Attorney for Plaintiff

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

H. MICHAEL TITUS, Plaintiff	:	NO. 05-609-CD
V.	:	
TERESA L. OGDEN, Defendant	:	

ORDER

AND NOW, this 19th day of January, 2006, following Pre-Trial Conference, it is the ORDER of this Court as follows:

1. Upon oral motion of counsel for the Plaintiff, this matter is transferred to the non-jury trial list.

2. Trial in this matter is scheduled for March 13, 2006, beginning at 9:00 o'clock A.M. in Courtroom No. 2 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

3. The parties shall mark all exhibits for trial prior to trial to speed introduction of exhibits.

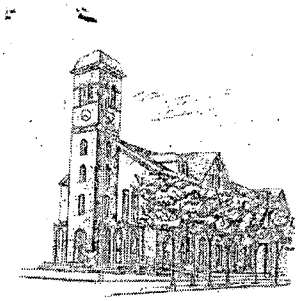
BY THE COURT,

Paul E. Cherry

PAUL E. CHERRY,
JUDGE

FILED 2 cc Atty Woomer
01:31 BY
JAN 19 2006 1 cc Def.-
RR1, Box 202
William A. Shaw Curwensville, PA
Prothonotary/Clerk of Courts 16833

EK



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 11/9/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

WILLIAM A. SHAW
PROTHONOTARY
and CLERK of COURTS
P.O. BOX 549
CLEARFIELD, PENNSYLVANIA 16830

FILED

JAN 23 2006

William A. Shaw
Prothonotary

remember to
216 Susquehanna St
Curwensville 16833
for

016H16505405
$00.390
01/20/2006
Mailed From 16830
US POSTAGE
Hasler

Teresa L. Ogden
RR 1, Box 202
Curwensville, PA 16833

A ☐ INSUFFICIENT ADDRESS
C ☐ ATTEMPTED NOT KNOWN ☐ OTHER
S ☐ NO SUCH NUMBER/ STREET
☑ NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD

RTS
RETURN TO SENDER

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

H. MICHAEL TITUS, Plaintiff	:	NO. 05-609-CD
V.	:	
TERESA L. OGDEN, Defendant	:	

ORDER

AND NOW, this 19th day of January, 2006, following Pre-Trial Conference, it is the ORDER of this Court as follows:

1. Upon oral motion of counsel for the Plaintiff, this matter is transferred to the non-jury trial list.

2. Trial in this matter is scheduled for March 13, 2006, beginning at 9:00 o'clock A.M. in Courtroom No. 2 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

3. The parties shall mark all exhibits for trial prior to trial to speed introduction of exhibits.

BY THE COURT,

/s/ Paul E. Cherry

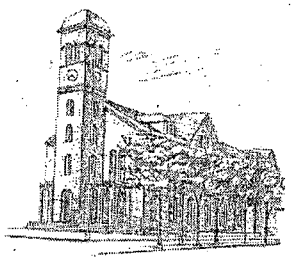
PAUL E. CHERRY,
JUDGE

I hereby certify this to be a true and attested copy of the original statement filed in this case.

JAN 19 2006

Attest

Prothonotary/
Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 11/9/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

H. MICHAEL TITUS :

VS. : NO. 05-609-CD

TERESA L. OGDEN :

O R D E R

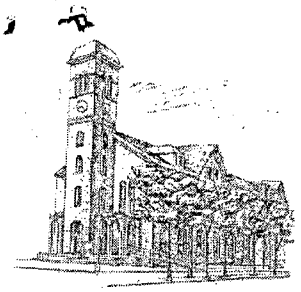
AND NOW, this 13th day of March, 2006, following nonjury trial in the above-captioned matter and upon consideration thereof, it is the ORDER of this Court that a Directed Verdict as to liability is hereby entered in favor of Plaintiff, H. Michael Titus, and against Defendant, Teresa L. Ogden; and, further, that judgment be entered in favor of the Plaintiff and against the Defendant in the amount of Two Hundred Thousand ($200,000.00) Dollars.

BY THE COURT,

Paul E. Cherry

Judge

FILED 2cc Atty Woomer
0/10:21/01
MAR 14 2006 1 cc Def.-
William A. Shaw 216 Susquehanna St.
Prothonotary/Clerk of Courts Curwensville, PA 16833



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 3/14/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

Woomer & Friday LLP

ATTORNEYS AT LAW

Robert E. Woomer
Peter D. Friday*
Thomas D. Hall*
Cynthia M. Porta-Clark*
Brian D. Cox
James C. Ward
Richard G. Talarico
*Also admitted in West Virginia

3220 West Liberty Avenue
Suite 200
Pittsburgh, PA 15216
412-563-7980
Fax 412-563-0120
TOLL FREE 1-800-563-7980
woomerandfriday.com
e-mail: msorg@woomerandfriday.com

December 28, 2005

Via Facsimile # (515) 280-2587 and Regular U.S. Mail

Jessica Baker
EMC Risk Services
P O Box 9399
Des Moines, IA 50306

In Re:

Our Client:	H. Michael Titus
Date of Accident:	7/27/2003
Your Insured:	Clearfield Borough
Your Claim #:	KEY203-0012848

Dear Ms. Baker:

As you are aware, our office represents H. Michael Titus in the above-referenced accident. Upon receipt of this correspondence, I would ask that you forward to my attention copies of Mr. Titus's Medical and Indemnity Benefits paid by EMC Risk Services.

Thank you very much for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Melissa K. Sorg

Melissa K. Sorg
Paralegal

PLAINTIFF'S EXHIBIT
1 3/13/06 CP

Filter: GROUP BY: payment_type_desc
REPORT RESTRICTIONS: BRANCH: ERS, FILTER: fh_claim_number = KEY203-0012848 and payment_type_desc not in (Expense-Legal (C00320))

Expense Other Than Legal

Fh Claim Number	Party Name	Payment Type	Payee Name	Check Num	Tran. Type	Tran. Date	Tran. Amount
KEY203-0012848	Harold Titus	Expense Other Than Legal	National Health Quest	56248	Check	10/29/2003	$72.52
					Expense Other Than Legal Totals:		$72.52

Indemnity-Workers Compensation

Fh Claim Number	Party Name	Payment Type	Payee Name	Check Num	Tran. Type	Tran. Date	Tran. Amount
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	50621	Voided	08/15/2003	($324.84)
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	50621	Check	08/05/2003	$324.84
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	50948	Check	08/15/2003	$324.84
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	61035	Check	04/15/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	61317	Check	04/22/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	61475	Check	04/29/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	61609	Check	05/06/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	61866	Check	05/13/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	62109	Check	05/20/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	62266	Check	05/27/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	62374	Check	06/03/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	62578	Check	06/10/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	62772	Check	06/17/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	62999	Check	06/24/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	63155	Check	07/01/2004	$194.90
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	65386	Check	09/27/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	67617	Check	12/22/2004	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	67895	Check	01/06/2005	$909.54
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	68105	Check	01/13/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	68228	Check	01/19/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	68857	Check	02/07/2005	$909.54
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	69032	Check	02/14/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	69245	Check	02/21/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	69517	Check	02/28/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	69639	Check	03/07/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	69864	Check	03/15/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	70052	Check	03/21/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	70306	Check	03/28/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	70529	Check	04/04/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	70642	Check	04/11/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	70930	Check	04/18/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	71120	Check	04/25/2005	$454.77

Filter: GROUP BY: payment_type_desc
REPORT RESTRICTIONS: BRANCH: ERS, FILTER: fh_claim_number = KEY203-0012848 and payment_type_desc not in (Expense-Legal (C00320))

Indemnity-Workers Compensation

Fh Claim Number	Party Name	Payment Type	Payee Name	Check Num	Tran. Type	Tran. Date	Tran. Amount
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus & Clearfield Borou	71264	Check	05/02/2005	$454.77
KEY203-0012848	Harold Titus	Indemnity-Workers Compensatio	Harold Titus	71473	Check	05/10/2005	$259.67
					Indemnity-Workers Compensation Totals:		$14,877.28

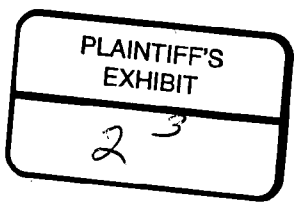
Medical-Workers Compensation

Fh Claim Number	Party Name	Payment Type	Payee Name	Check Num	Tran. Type	Tran. Date	Tran. Amount
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	0	Reimbursement	05/06/2005	($50.00)
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield EMC Inc	50738	Check	08/11/2003	$400.51
KEY203-0012848	Harold Titus	Medical-Workers Compensation	R & R Radiology LLC	51395	Check	08/28/2003	$512.73
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield Hospital	54931	Check	09/22/2003	$900.00
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Cardamone, Ralph A	55052	Check	09/26/2003	$16.49
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield Hospital	55289	Check	10/06/2003	$947.37
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Raintree MRI Services, Inc	55557	Check	10/13/2003	$630.78
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DuBois Radiologists Inc	55792	Check	10/20/2003	$77.63
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Polintan, R S MD PC	55891	Check	10/22/2003	$170.00
KEY203-0012848	Harold Titus	Medical-Workers Compensation	West Penn Orthopaedics	56314	Check	10/30/2003	$230.74
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	56544	Check	11/05/2003	$118.09
KEY203-0012848	Harold Titus	Medical-Workers Compensation	West Penn Orthopaedics	56605	Check	11/06/2003	$33.87
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	57353	Check	11/21/2003	$314.29
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	57817	Check	12/04/2003	$431.49
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield Pharmacy	57835	Check	12/05/2003	$22.70
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	59186	Check	02/02/2004	$1,366.07
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	59685	Check	02/18/2004	$50.58
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	60464	Check	03/19/2004	$51.70
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	60974	Check	04/13/2004	$51.70
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DuBois Radiologists Inc	61093	Check	04/19/2004	$16.62
KEY203-0012848	Harold Titus	Medical-Workers Compensation	RAJ CARDIOVASCULAR ASSC	62000	Check	05/18/2004	$53.93
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	62546	Check	06/10/2004	$130.20
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	62559	Check	06/10/2004	$153.71
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	62560	Check	06/10/2004	$91.00
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	62614	Check	06/11/2004	$530.89
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	62661	Check	06/14/2004	$6,096.70
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	62887	Check	06/21/2004	$1,144.06
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	63328	Check	07/07/2004	$727.02
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	63504	Check	07/15/2004	$40.00
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Dubois Regional Med Center	63940	Check	07/30/2004	$19.59
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Bodies in Balance	64751	Check	09/02/2004	$77.55

Filter: GROUP BY: payment_type_desc
REPORT RESTRICTIONS: BRANCH: ERS, FILTER: fh_claim_number = KEY203-0012848 and payment_type_desc not in (Expense-Legal (C00320))

Medical-Workers Compensation

Fh Claim Number	Party Name	Payment Type	Payee Name	Check Num	Tran. Type	Tran. Date	Tran. Amount
KEY203-0012848	Harold Titus	Medical-Workers Compensation	RAINTREE MRI SERVICES IN(	67963	Check	01/11/2005	$644.66
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield Pharmacy	68079	Check	01/12/2005	$103.20
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	68649	Check	01/31/2005	$391.47
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	68797	Check	02/04/2005	$77.69
KEY203-0012848	Harold Titus	Medical-Workers Compensation	Clearfield Pharmacy	68940	Check	02/10/2005	$19.80
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	69461	Check	02/25/2005	$397.80
KEY203-0012848	Harold Titus	Medical-Workers Compensation	ARUN SETH MD	69889	Check	03/16/2005	$194.20
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	69890	Check	03/16/2005	$41.58
KEY203-0012848	Harold Titus	Medical-Workers Compensation	CLEARFIELD PHARMACY	70024	Check	03/18/2005	$55.52
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	70025	Check	03/18/2005	$589.47
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	70033	Voided	11/15/2005	($21.96)
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	70033	Check	03/18/2005	$21.96
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	70255	Check	03/25/2005	$196.98
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	70461	Check	03/31/2005	$50.00
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	70854	Check	04/15/2005	$10.58
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BASS & BABB CASE MANAGE	70866	Check	04/15/2005	$399.58
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	70880	Check	04/15/2005	$27.69
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	71343	Check	05/05/2005	$1,068.64
KEY203-0012848	Harold Titus	Medical-Workers Compensation	DUBOIS REGIONAL MED CTR	71344	Check	05/05/2005	$4,573.95
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	72043	Check	05/26/2005	$113.66
KEY203-0012848	Harold Titus	Medical-Workers Compensation	CLEARFIELD PHARMACY	72357	Check	06/10/2005	$35.92
KEY203-0012848	Harold Titus	Medical-Workers Compensation	BODIES IN BALANCE	73364	Check	07/19/2005	$609.20
KEY203-0012848	Harold Titus	Medical-Workers Compensation	IMX	73996	Check	08/09/2005	$800.00
						Medical-Workers Compensation Totals:	$25,759.60
						Grand Totals:	$40,709.40



Keith L. Zeliger, D.O.
West Penn Orthopaedics

DR. KEITH ZELIGER
12/23/04
TITUS, H. MICHAEL MR# 442015

He is seen today in the office. His shoulder is still irritable. The MRI shows impingement and degenerative change of the AC joint. I have recommended Open Mini Mumford Resection to his shoulder and have discussed with him in detail the procedure, hospital and post hospital course of treatment, and approximate time for recovery. At this point, he would like to proceed. We will make the arrangements. His right knee is still irritable anteriorly over the patellar tendon. I think it will take time to heal. He is requesting an MRI of his knee at this point. I will order it. I do not believe it is going to change the direction of treatment. At this time, we will go ahead and get it because of his continued symptoms. He will still be off work.

Keith L. Zeliger, D.O.
KLZ/tls

DR. KEITH ZELIGER
6/24/04
TITUS, H. MICHAEL MR# 442015

He has done well. He has reached his goals for return to work as of Monday, 6/28/04. In addition, he will advance to a Wellness Program at Bodies in Balance. I will see him back as needed. If he has any difficulties, he will give us a call.

Keith L. Zeliger, D.O.
KLZ/tls

DR. ZELIGER
06/03/04
TITUS, Michael #442015

Seen today in the office. His shoulder is improving. Strength, mobility is getting better. There is a little tightness yet at the biceps insertion and we'll have him work through this in PT. I'll see him back in three weeks. At that point I believe that he will be doing well enough that I should be able to release him to return to work, regular duty. At this point if light duty was available, he would be able to perform it if it was more desk work. As being a police officer, I still don't believe that he could function full capacity yet within the field.

Keith L. Zeliger, D.O.
KLZ/sb

DR. ZELIGER
5/20/04
TITUS, H. Michael #442015

He is doing well S/P arthroscopy of his left shoulder. Has a "few hot spots" in his shoulder which in reality is just a little bit of tightness yet in the supraspinatus and infraspinatus muscles at the end ROM. He'll continue to work on stretching, strengthening to the shoulder. He is doing well. I'll see him back in a few weeks and at that point hopefully return him to full duty as a police officer.

Keith L. Zeliger, D.O.
KLZ/sb

DR. ZELIGER
4/29/04
TITUS, Michael #442015

His left shoulder is doing well. His motion is pretty much normal. His impingement symptoms preoperatively are resolving. His rotator cuff strength is getting better and at this point will continue his PT. I'll see him back in three weeks. He'll remain off work. Once he has reached his goals to be able to return to work to regular duty, he needs to be 100% to function as his job as a police officer, then we'll release him to return to work.

Keith L. Zeliger, D.O.
KLZ/sb

DR. ZELIGER
4/15/04
Michael Titus

He is seen today in the office. His preoperative shoulder pain is gone. His ROM is improving. Incisions are healed. We'll begin his PT. He is S/P subacromial decompression. Will see him back in two weeks and determine further care.

Keith L. Zeliger, D.O.
KLZ/sb

DR. ZELIGER
3/31/04
TITUS, Michael #442015

Seen today in the office. He is being set up today for surgery for next week for his arthroscopic subacromial decompression. Permit is filled out. We discussed the procedure in detail. Answered all of his questions and at this point we'll plan for next Friday. Otherwise he has pain in and around his sternum. He notes that he had surgery to his sternum as a child. X-rays taken today when looking at his CT scan shows a wire in the sternum. X-rays taken today of the sternum show that wire to be broken, however, I have no idea if that is old or new. He questions whether it might be relating to the accident that he had. I can't answer that at this point. I do not have enough information to answer that. He is going to obtain any old film studies that he can get together and we'll look at. He gets pain at times in the sternum, not into his chest, not into his arms and whether or not that is a problem that is yet to be determined. If he does have a problem referable to it, then I'll refer him to one of the cardiothoracic surgeons for evaluation and treatment as it's outside of my realm in orthopedics.

Keith L. Zeliger, D.O.
KLZ/sb

DR. ZELIGER
2/11/04
TITUS, H. MICHAEL MR# 442015

Mr. Titus is a 44-year-old male police officer who presents with left shoulder pain. I treated him previously under West Penn Orthopaedics. He has some impingement of the acromion secondary to its low lying position and positions of flexion, abduction, external rotation with extension as he moves from that position to internal rotation, flexion, and across the midline of his body causes pain. His muscle strength is good. His neurological function is intact in the left upper extremity. There is no weakness of thumb or index finger pinch, finger abduction or adduction, wrist extension, or flexion. He has no pronation, supination, or weakness at the elbow. Bicep, tricep, and deltoid strength are good. He has a negative Spurling compression and distraction at the head. He has full range of motion to the cervical spine. He has full active and passive range of motion to the left shoulder but with pain as he moves into an impingement type position with a positive Neer sign. At this point, I discussed with him his options of treatment. Having failed to respond to conservative management, he would like to proceed with surgical treatment in the form of an arthroscopic subacromial decompression. However, due to his work as a police officer and some other time constraints, he is looking more toward the end of April to have this done. That would be reasonable. We will see him back in the office once he is ready to proceed enough ahead of surgery to set it up.

Keith L. Zeliger, D.O.
KLZ/tls

West Penn Orthopaedics
211 F[illegible]er Drive
Du[illegible]PA 15801
814-375-5330

Robert Armstrong, D.O. DEA # _____ Lic.No. OS-005397L
Thomas Freenock, M.D. DEA # _____ Lic.No. MD-035051E
Keith Zeliger, D.O. DEA # _____ Lic.No. OS-005944L
William Schrantz, M.D. DEA # _____ Lic.No. AS-9763132

PATIENT H. Michael Titus	ADDRESS	AGE	DATE 10/28/03

Add Iontophoresis (L) shoulder in P.T. x 2wks

Dx Bicipital Tendonitis (L) shoulder

refill _____ times PRN NR SUBSTITUTION PERMISSIBLE _____

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

_____

PROGRESS REPORT

October 28, 2003 Page 1

Michael Titus 33990

Michael is seen today in the office. His shoulder is still irritable and at this point it has not improved much with PT.

I am going to add some iontophoresis to his shoulder and see if indeed it resolves or quiets down. If not then I don't know there is anything further I can offer to him, as I do not see any indication in my opinion for surgical intervention.

KZ/df D: 10/28/03 R-T: 10/30/03

PROGRESS NOTE

September 25, 2003

Michael Titus 33990

Mike is seen today in the office. At this point we note that his MRI of his shoulder shows a low lying acromion, but his physical exam does not show evidence for impingement. He has some evidence for bicipital tendonitis, but I do not interpret this as impingement. I do not find evidence for impingement on examination that would warrant surgical intervention.

At this time I am going to recommend to him some PT for his shoulder and we will write for such. I will see him back in the office in 2 weeks to recheck him and we will see how he is doing.

KZ/kh D: 9-25-03 R-T: 9-29-03

Clearfield EMS

EMS Form Number: 7758

Print Date: 07/27/2003
EMMA Ver 4.2.7 (05/13/2003)

0321764 (Service Inc. #)

SERVICE NAME: Clearfield EMS, Inc. (17002) UNIT: 51 (Medic 151) INCIDENT #: 0321764

INCIDENT LOCATION: SR 153 and Rte 879, Lawrence Township, PA 16830 -- an other traffic (MCDCode-455992100)

DISPATCHED AT: 13:34 July 27, 2003 OUTCOME: Transported to Clearfield Hospital (02913)

NATURE OF DISPATCH: ALS Emergency

PATIENT INFO USERDEF3: X617.00 CHIEF COMPLAINT: Pain

PATIENT LAST NAME:	FIRST:	M.I.:	PHONE:	AGE:	DATE OF BIRTH	SEX:
Titus	Harold	M	(814)765-8913	43	08/28/1959	M

STREET ADDRESS: PO Box 457
CITY: Hyde STATE: PA ZIP CODE: 16843

SOCIAL SECURITY #: 264-49-0495 RESIDENT OF CITY/MUNIP: Yes ACK PRIVACY NOTICE: Yes

SIGNATURE TO BILL DIRECT: Yes
RELEASE INFO OBTAINED: Yes

PRIVATE PHYSICIAN: Davidson

MEDICARE #:
MEDICAID #:

NEXT OF KIN:

BILL TO (COMPANY OR NAME): Titus, Harold Michael PHONE: (814)765-8913
ADDRESS: PO Box 457
CITY: Hyde STATE: PA ZIP CODE: 16843

INSUR #1: WORKERS COMPENSATION
Group #: 05330042
Policy # QDC264490495
INSUR #2:
Group #:
Policy #:

MILEAGE
OUT: 782.9
SCENE: 785.8
DEST: 788.8
IN: 789.8
BILLED: 3.0
TOTAL: 6.9

NARRATIVE:

Clearfield EMS, Inc., Medic 151 was dispatched at 13:34 on Jul 27, 2003 to Lawrence Township, PA 16830 and arrived at scene (an other traffic) at 13:41 in response to a vehicular accident. Response mode to scene was 'Emergency'. The Incident Number was 0321764.

There was a QRS at scene: Unit QRS 6 of Hyde Fire Co-Stn 6 (Station 6).

There was a Fire responder from Hyde Fire Co-Stn 6(Station 6).

There was a Fire responder from Lawrence Twp FC 1-Stn 5(Station 5).

There was a police responder from Clearfield Boro Police (Dept 1).

There was a police responder from Lawrence Twp Police (Dept 4).

Patient was a 43 year old male with a chief complaint of pain.
The following illness was suspected: Pain. Injuries were sustained as follows: blunt to the neck/spine, soft, closed wound to the neck/spine, blunt to the abdomen, soft, closed wound to the abdomen, blunt to the arm, and soft, closed wound to the arm.

ORIGINAL DISPATCH: Medic 151 was dispatched via Clearfield County 911 as the second due unit for a two vehicle MVA at the intersection of SR 153 and SR 879 (Park Avenue Extension); the accident is reported to have confirmed injuries.. The dispatch center also advised the ALS crew that one of the vehicle was a police cruiser. The first due unit was Medic 153 with EMT-P Huff and EMT Pentz onboard.

HISTORY OF PRESENT CONDITION: This pt, a 43 y/o male, was the restrained operator of motor vehicle that was involved in a headon (passenger side to passenger side) MVA. The pt, an on-duty Clearfield Borough Police Officer, was in pursuit of another vehicle; the vehicle he collided with was traveling toward him from the opposite direction and suddenly swung into the path of his vehicle in an attempt to access the intersection. The Officer swerved his vehicle in attempt to avoid the collision but was unable to do so completely and the vehicles connected with a frontal impact (passenger side to passenger side). The Officer was able to self-extricate himself immediately and went to the aid of the individuals in the other vehicle. When other police personnel arrived on scene they had the Officer sit in one of the other

7758221 (State Form #)

police cruisers. The damage to both vehicles was severe; the pt's vehicle exhibited steering wheel and windshield damage, structural intrusion and deformity - both air bags had deployed. This pt has had a recent surgery for repair of an umbilical hernia within the past 5 months.

EXAM & INTERVENTIONS: Upon arrival of this ALS crew the pt was located seated in another police cruiser in the care of EMT Pentz who provided and quick report and then went to assist her partner with two other patients. A quick ALS assessments indicates that ALS procedures are warranted. This was followed by a standard assessment while C-Spine immobilization was being provided. The pt was CAOx4; eyes are PEARL; lungs are clear and equal bilaterally; skin is pink, warm and dry; the pt totally remembers all events before and after the accident and is very visibly concerned about the other parties involved; the pt complains of abdominal pain near the umbilicus and of pain in the left arm along with a tingling or numbness of the fingers of the same extremity - there is a definite area of abrasion of the left arm near the elbow - there are pulses present in the affected extremity; pt denies loss of consciousness, chest pain, shortness of breath, dizziness, nausea or vomiting. A cervical collar was applied and the pt was removed from the vehicle by standing while supporting himself against the shoulders of the crew members in an attempt to put as little weight as possible upon his legs, he was then pivoted onto a long spine board which had been placed on the stretcher and secured to the board via straps x 3 and to the stretcher again by straps x 3. The pt was taken to the Medic unit and placed inside. An NIBP was applied to the right arm (due to possibly injuries to the left) and vital signs were obtained and recorded. Transport was started. A cardiac monitor was applied and shows the pt to be in a sinus tach rhythm. IV access was attempted in the right forearm using a 20ga angiocath which was Ux1 - vein blew. IV access was then achieved in the right arm A/C using a 20ga angiocath which was Sx1; A NSS lock was applied to the site which flushed and aspirated with success. The pt now complains of pain in his neck at the base of his skull along with the other prior mentioned complaints; he also states he has a burning sensation in his throat caused by inhaling the powder discharged from the air bags upon deployment. The pt is also very visibly upset and continually voicing concerns about the occupants of the other vehicle involved in the collision. The hospital was contacted and advised of the pt's c/c, interventions, current status and ETA. Transport was completed without further changes noted and the pt was placed in bed T-3 at CHED with a report to J. Simler RN.

The situation of the injuries were: motor vehicle speed change of over 20 mph, motor vehicle deformity of over 20 inches, motor vehicle intrusion of over 12 inches, and there was head-on impact.

Vehicle was a Auto (5 passenger)
MVC SEATING:

[x] [ ] <-- Front of vehicle

[ ][ ][ ] <-- Rear

The patient was the driver. (Memo Log- Clearfield Borough Police Cruiser)

A lap/shoulder belt was used as a safety device.
The air bag was deployed.
self extrication, steering wheel, dashboard, or windshield damage, and walking after the accident were contributing factors.

Universal Precautions were used.

PMH: The patient has a past medical history of sternum replacement in 1970; recent umbilical hernia repair surgery.
MEDS: There are no known current medications.
ALLERGIES: There are no known allergies to medications.

INITIAL EXAM:
An initial exam was performed by attendant-A1 at 13:44. Patient's weight was 220 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 tender in the lower right and left quadrants.
There was pulse, motor, and sensation in all limbs.
The head, chest, pelvis, right upper extremity, lower extremities, posterior, and spinal region were unremarkable. The neck had a tenderness. The abdomen had a tenderness. The left upper extremity had abrasion, tenderness, and other findings. [tingling and numbness in fingers]

Medical command was by protocol.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. The receiving facility was Clearfield Hospital (02913).

Both a signature to bill direct and a waiver to release information have been obtained. The Patient Privacy Notice has been acknowledged.

The billable mileage was 3.0 miles.

This was the only patient transported on this trip.

LOG:

Time	Pul	Resp	BP	EKG	
13:34					Dispatched.
13:35					Enroute.
13:41					Arrived at scene.
13:42					----Medical Command----Protocol Arrived at patient. ALS Assessment, Treated By-A1, - Successful
13:44					Initial Exam, Treated By-A1, Immobilization-C-Spine Stabilize, Treated By-A1
13:46					Immobilization-Cervical Collar, Treated By-A1
13:48					Immobilization-Board - Long, Treated By-A1,A2
13:50					Immobilization-C-Spine Imm. Dev., Treated By-A1,A2 Other-Placed on Stretcher, Treated By-A1,A2
	104	22	131/87		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
13:51					Departed scene.
13:54	101			SnT	EKG, Treated By-A1, - Successful
13:55	104	22	80/p		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6), [B/P established by presence of palpable radial pulse. NIBP removed temporarily during IV access process]
13:56					Peripheral IV, 20 ga, Right Arm, Treated By-A1, - Unsuccessful
13:58					Peripheral IV - Ring. Lact., 20 ga, Right Anticubital, Lock, Treated By-A1, - Successful
14:01	97	20	134/83		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:04					Arrived at destination.
14:19					Available.
15:01					In quarters.

Trip was CLOSED on 07/27/2003 at 23:22:00. Any information below was added to this narrative later.

Crew Signatures:

[Crew Chief] A#1: Electronically Signed *Mowrey, Michael W (P886827)

A#2: Electronically Signed Knepp, Brian (E133163)

A#3: _____

A#4: _____

Med Cmd: _____

Curriculum Vitae

Keith Zeliger, D.O.
DRMC Orthopaedics
145 Hospital Avenue, Suite 311
DuBois, PA 15801
(814) 375-3750

Personal

Born July 2, 1959. Married.

Education

1995	01/01/95 Board Certified Orthopaedic Surgeon (AAOS)
1986	Licensed to practice medicine in Pennsylvania
1990-1991	Fellowship - Sports Medicine and Arthroscopic Surgery and Dance Orthopaedics – Graduate Hospital and Delaware Hospital with Dr. Nicholas Dinubile and Dr. Vincent Distefano, Philadelphia, PA
1986-1990	Residency – Orthopaedic Surgery, Community General Osteopathic Hospital, Harrisburg, PA
1985-1986	Internship – Community General Osteopathic Hospital, Harrisburg, PA
1981-1985	Medical – D.O., Philadelphia College of Osteopathic Medicine, Philadelphia, PA

Employment

2004-Present	DuBois Regional Medical Center 145 Hospital Avenue, DuBois, PA
1996-2004	West Penn Orthopaedics, Inc. 211 Beaver Drive, DuBois, PA
1995-1996	East Shore Orthopaedic Associates, Inc. 450 Powers Avenue, Harrisburg, PA
1991-1995	Susquehanna Orthopaedic Associates 450 Powers Avenue, Harrisburg, PA

Interests and Activities

Bicycle racing, hunting, archery, computers
Strong interest in Sports Medicine and Arthroscopy

Current Hospital Affiliations

DuBois Regional Medical Center – Active Staff

Professional Organizations

Pennsylvania Osteopathic Medical Association
Pennsylvania Medical Society
American Osteopathic Association
American Osteopathic Academy of Orthopaedics
American Association of Osteopathic Specialists
American College of Osteopathic Surgeons

Committees

DuBois Regional Medical Center – Medical Director of Outpatient Rehabilitation Services

OPERATIVE/SPECIAL PROCEDURE REPORT **DATE**: 04/09/2004
DUBOIS REGIONAL MEDICAL CENTER
DUBOIS, PENNSYLVANIA
08/28/1959
PATIENT NAME: TITUS, H MICHAEL 0408100087 - 000442015 OP

SURGEON: Keith L. Zeliger, D.O. ASSISTANT:
PREOPERATIVE DIAGNOSIS: Impingement syndrome, left shoulder.
POSTOPERATIVE DIAGNOSIS: Impingement syndrome, left shoulder.
OPERATION/PROCEDURE: Arthroscopic subacromial decompression, left shoulder.

ANESTHESIA: General.
COUNTS: Sponge counts and needle counts correct.

GROSS FINDINGS: Michael Titus, a 44-year-old male, had impingement in his left shoulder that had failed to respond to conservative management. At the time of surgery he was noted to have low lying acromion. He underwent arthroscopic subacromial decompression relieving the impingement and rotator cuff intact. There was noted to be no evidence of internal derangement within the glenohumeral joint.

OPERATIVE PROCEDURE: Michael Titus was taken to the operating room on 4/09/04 and placed in the supine position on the operating room table. He was administered general anesthetic. He was placed in the left lateral recumbent position, left side up right side down, on the operating room table, held in place with the vacuum beanbag and hip positioners. The left arm was in the arthroscopic arm holder with 10 pounds of traction. He was prepped and draped in the usual fashion for surgery to the left shoulder. Through the posterior aspect of the shoulder an 18 gauge spinal needle was used to locate to the glenohumeral joint. It was distended with saline solution after which a small incision was made with the 11 blade in the usual technique with sharp and blunt trocars, insertion of the arthroscopic cannula followed by the arthroscope. A thorough inspection of the glenohumeral joint was noted noting no significant pathology. The shoulder was maintained distended throughout the procedure utilizing the arthroscopy pump. A Wissinger rod was placed through the scope cannula, out anteriorly through the shoulder. A blunt tipped probe was placed in the glenohumeral joint through the cannula. A small incision was made anteriorly with an 11 blade, and the glenohumeral joint was inspected. There was noted to be no evidence of internal derangement within the shoulder. Rotator cuff intact. Labrum intact. The shoulder was then suctioned dry and the scope was moved to the subacromial space. It was distended with the arthroscopy pump, and through the anterior portal was placed a probe followed by the use of a shaver, ArthroCare unit and a bur to perform a subacromial decompression in the standard fashion. Once completed, with no impingement noted, the subacromial space was suctioned dry. The arthroscopic portals were closed with sutures of 5-0 nylon. Some local anesthetic was injected in the portal, subacromial space, and glenohumeral joint. Sterile dressings had been applied, drapes were removed. The arm was removed from the arm holder. The patient was returned to the supine position on the operating room table. The left arm was placed in a sling. He was aroused from his general anesthesia and transported to the recovery room in stable, postoperative condition.

D: 04/09/2004 9:08 A
T: 04/12/2004 10:34 A KLZ/nb
DOCUMENT NO: 416374
Job/Tape ID: 000075058

Keith L. Zeliger, D.O.

cc: Keith L. Zeliger, D.O.

CHART COPY

HISTORY AND PHYSICAL EXAMINATION
DUBOIS REGIONAL MEDICAL CENTER
DUBOIS, PENNSYLVANIA

08/28/1959
TITUS, H MICHAEL 0408100087 - 000442015 PREOP

PREOPERATIVE DIAGNOSIS: Impingement syndrome, left shoulder.

HISTORY: Michael Titus is a 44-year-old male who presents with pain in his left shoulder. X-ray and MRI evidence and physical exam evidence of mild impingement in the left shoulder. He is employed as a police officer in Clearfield. He has failed to respond to all attempts of conservative management.

ALLERGIES: Denied.

MEDICATIONS: Ibuprofen, Lorcet, aspirin, multivitamin, niacin, fish oil, Tylenol.

HABITS: Tobacco: Snuff a couple of times per week.

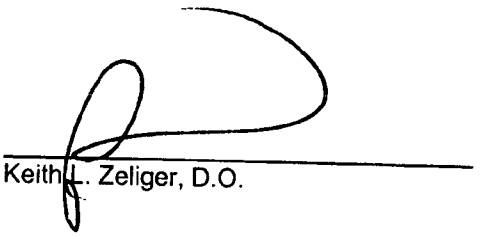
SOCIAL HISTORY: Positive use of snuff and positive rare occasional use of ethanol.

PHYSICAL EXAMINATION: GENERAL: Alert and oriented to person, place, and time. HEENT: Within normal limits. HEART: Regular rate and rhythm. LUNGS: Clear to auscultation bilaterally. EXTREMITIES: Left shoulder with full range of motion. No glenohumeral instability, positive impingement sign to exam. Neurocirculatory status intact to left upper extremity.

ASSESSMENT: Impingement syndrome, left shoulder.

D: 04/09/2004 8:02 A
T: 04/09/2004 8:06 A KLZ/lmp
DOCUMENT NO: 415860
Job/Tape ID: 000074999

cc: Keith L. Zeliger, D.O.



Keith L. Zeliger, D.O.

CHART COPY

Bodies in Balance

10/16/03 - 2/18/05

Name Titus

Date 2-18-05 Visit ____

DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 5/10 Pain ___ AROM ___ ADL's ____

Objective:

MODALITIES

___ Hot Pack
X Cold Pack
X Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other ____ ____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions ____ ____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other ____
____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
X 30 min ___ 60 min
___ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. X Home Program
Specify Protocol ____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: ____

Cut to get better ex

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit
____
____
____
____
____

Name M. Liter

Date 2-14-05 Visit______

DX______ Cert ______

Bodies In Balance
Physical Therapy Note

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's**

Objective:

MODALITIES

___ Hot Pack
✓ Cold Pack
✓ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other Sh (L)

MANUAL THERAPY

Specify Time
___ 15 min
___ 30 min
___ 45 min
___ 60 min
___ Spray & Stretch
___ Mobilization
___ Manual Traction
___ Myofascial Release
___ CranioSacral Therapy
___ IntraOral/ TMJ
Regions ______

KINETIC ACTIVITIES

Specify Time
✓ 15 min
___ 30 min
___ 45 min
___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
✓ Closed Chain Activity — Rhythm[?]
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min
___ 30 min
___ 45 min
___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other______

THERAPEUTIC EXERCISE

Specify Time
___ 15 min
___ 30 min
✓ 45 min
___ 60 min
✓ AROM
✓ PROM/AA
___ Isometric Ex.
✓ Isotonic Ex.
___ Isokinetic Ex.
___ Bike
___ Treadmill
___ Total Gym
✓ H.E.A.R.T.S.
✓ Home Program
Specify Protocol ADL

ASSESSMENT: ✓ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ✓ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Rom Full (P) (L) Sh.
all plan.

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

[signature]

Name M. Titus

Date 2-11-05 Visit ____

DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: ↑ Pain ___ AROM ___ ADL's c/o ↑ stiffness + Pain

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ✓ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other ____

MANUAL THERAPY

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ✓ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions (L) Sh. Ac ↔ ↓

tol well - more well.

KINETIC ACTIVITIES

Specify Time

- ___ 15 min
- ✓ 30 min
- ___ 45 min
- ___ 60 min

Ward x's

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

as per protocol

NEUROMOTOR RE-ED

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ____

THERAPEUTIC EXERCISE

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ___ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol ____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural
- ✓ Actual every 4th visit

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Add Rhythm Stabilization x

O. Mayer

Name M. Titus

Date 2-10-05 Visit 2

DX _____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: ✓ Pain ___ AROM ___ ADL's ICE helps.

Objective:

MODALITIES

___ Hot Pack
✓ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Brothe adhesion in ER.

Specify Time

___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time

___ 15 min ✓ 45 min
___ 30 min ___ 60 min

✓ Biomechanics
✓ Functional Activities
___ Relaxation Training
✓ Movement Awareness
✓ Closed Chain Activity
___ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____

THERAPEUTIC EXERCISE

Specify Time

___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol_____

Shoulder Phase II

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality

___ Protected
___ Natural

Actual every 4th visit

PLAN: ___ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note:

agree Plan

Pt. well.

SHOULDER EXAMINATION

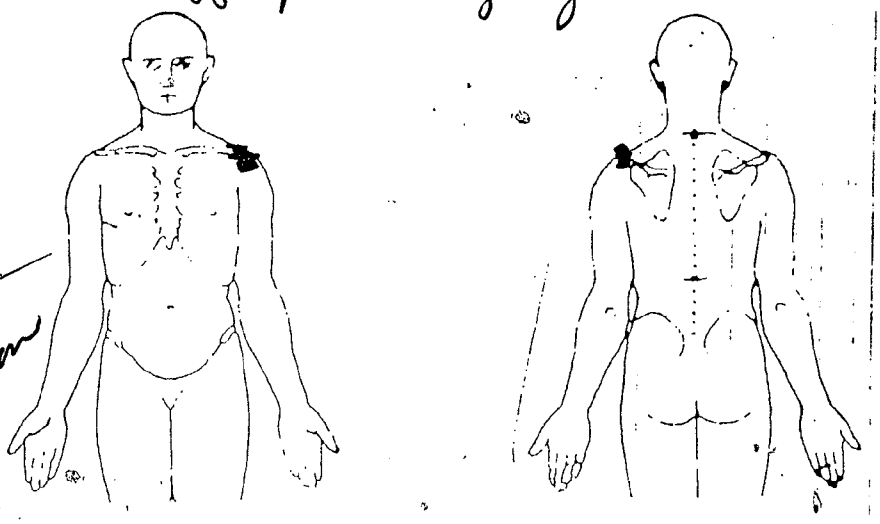
NAME: H. Michael Titus - 2/9/05

CHIEF COMPLAINT: Pain, edema, crepitus (L) AC jnt

ONSET: Insidious ( ) Traumatic (✓) Other ( )

PAST MED. SURG. HX.: Yes - Rot cuff past Surgery

PAIN:



modified mumford procedure arthroscopic decompression

SLEEPS ON ARM AT NIGHT?: Yes ( ) No (✓)

INSPECTION: Subluxation? Yes ( ) No (✓)

Atrophy? minimal

Other well healed surgical Site.

EXAM:

1. Positive upper quarter screen findings: light Edema painful arc
2. Active elevation: 160°, arc? yes (✓) no ( )
3. Passive elevation: 175°, P. R., E.F. open
4. Passive G-H abduction: 160°, P. R., E.F. ~~probable~~
5. Passive ext. rotation: °, P. R., E.F.
6. Passive int. rotation: °, P. R., E.F. open

7.	Resisted abduction:	Painful	Painless ✓	Strong ✓	Weak
8.	Resisted adduction:	Painful ✓	Painless	Strong	Weak ✓
9.	Resisted ext. rotation:	Painful ✓	Painless	Strong	Weak ✓
10.	Resisted int. rotation:	Painful	Painless ✓	Strong ✓	Weak
11.	Resisted biceps:	Painful	Painless ✓	Strong ✓	Weak
12.	Resisted triceps:	Painful	Painless ✓	Strong ✓	Weak

IMPRESSION: Post surgical pain S/P decompression

PLAN: Protocol as attached

3 wk - 3 wks

738-0689

1/03

2C1465

6-24-04

Bodies In Balance
Physical Therapy N e

↓ ↑ AROM ___ ADL's NO New Complaints.

ITIES

MANUAL THERAPY

___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____

IVITIES

NEUROMOTOR RE-ED

45 min
60 min

Instruction

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min

___ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol_____

erates Plan Well ___ Compliant with Program

itial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

with same regimen. ___ Progress to Exercises
sician ___ Discharge Planning

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Reviewed all x's - Tol all well

(I) - c HEP. D/C

S 2[illegible]465

D 6-22-04

Bodies In Balance
Physical Therapy Note

1/10 ↑ AROM ↑ ADL's fairly better pain stable limits

ITIES

___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage

___

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions ___ ___

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other___

___

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min

✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
✓ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
~~Isokinetic~~ Ex. ✓ Home Program
Specify Protocol Standard ↑

PRE's

___ olerates Plan Well ___ Compliant with Program

initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

___ same regimen. ___ Progress to Exercises
___ sician ✗ Discharge Planning

to see MD - the problem

DC. Std program limit

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Name MICHAEL TITUS 2C14

Date 6-21-04 Visit ____

DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: ↓ Pain ___ AROM ___ ADL's pt has bad sunburn - unable to lay down well to do bench pun -

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min X 45 min
___ 30 min ___ 60 min
X AROM ___ Bike
X PROM/AA ___ Treadmill
X Isometric Ex. X Total Gym
X Isotonic Ex. X H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol Shoulder Strength

ASSESSMENT: X Tolerates Plan Well X Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 X 75 to 100

PLAN: ___ Continue with same regimen. X Progress to Exercises ___ Note to Physician X Discharge Planning

Note:

Seen M.D next week probable DC.

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C1465
Date 6-18-04 Visit ____
DX Acromioplasty Aftercare.

Bodies In Balance
Physical Therapy Note

Subjective: ___ Pain ___ AROM ___ ADL's ____________

Objective: **MODALITIES**

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other ________ ____________

MANUAL THERAPY

Specify Time
___ 15 min
___ 30 min
___ 45 min
___ 60 min
___ Spray & Stretch
___ Mobilization
___ Manual Traction
___ Myofascial Release
___ CranioSacral Therapy
___ IntraOral/ TMJ
Regions ________ ____________

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other ________

THERAPEUTIC EXERCISE

Specify Time
___ 15 min X 45 min
___ 30 min ___ 60 min

X AROM
X PROM/AA
X Isometric Ex.
X Isotonic Ex.
___ Isokinetic Ex.
___ Bike
___ Treadmill
X Total Gym
X H.E.A.R.T.S.
___ Home Program
Specify Protocol Chest rotating

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: no problem c̄ x's Δ's.
cont - see MD 6-28

[signature]

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C1465
Date 6-17-04 Visit ___
DX Acromioplasty Aftercare.

Bodies In Balance
Physical Therapy No.

Subjective: ↓ Pain ↑ AROM ↑ ADL's pt very ↑ freedom c less burning post deltoid still. remains weak.

Objective:

MODALITIES

- ___ Hot Pack
- ___ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other _____ _____

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions _____ _____

KINETIC ACTIVITIES

Specify Time
- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ✓ Movement Awareness
- ✓ Closed Chain Activity
- ✓ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other _____

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- ___ 30 min
- ✓ 45 min
- ___ 60 min

- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ___ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol _____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: add plyo - tol well.

Name MICHAEL TITUS 2C1465
Date 6-15-04 **Visit** ____
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: 4/10 **Pain** ___ **AROM** ___ **ADL's** cut to low 9 to 5 pain

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min
✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
✓ Isokinetic Ex. ___ Home Program
Specify Protocol _____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note:

Name MICHAEL TITUS 2C1465
Date 6-16-04 **Visit** ○
DX Acromioplasty Aftercare.

Bodies In Balance
Physical Therapy Note

Subjective: ___ Pain ___ AROM ___ ADL's _____

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Other _____

___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
_____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
X 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
✓ Functional Activities
✓ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min

✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
✓ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol _____

Scapular Control Stabilizing - review

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Range of Motion

✓ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

WNL all planes

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: _____

Name MICHAEL TITUS 20[illegible]65
Date 6-8-04 Visit ____
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: T **Pain** ___ **AROM** ___ **ADL's** 2 9 of soreness by -

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Other _____
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
_____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
✓ Biomechanics
___ Functional Activities
___ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
✓ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ✓ 60 min
✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
✓ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
✓ Isokinetic Ex. ✓ Home Program
Specify Protocol Shoulder
Chest / Biceps

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
✓ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note:
Cont - program to 10th
Cardinal Planes X

Range of Motion
___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Robert Jones

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 6-7-04 **Visit** _____ **Physical Therapy Note**
DX Acromioplasty Aftercare.

Subjective: 3 **Pain** ___ **AROM** ___ **ADL's** Shoulder feel more loose at night

Objective: **MODALITIES** **MANUAL THER**

- ___ Hot Pack
- 1 Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- 1 Ultrasound
- ___ Other _____
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

Specify Time
- ___ 15 min
- ___ 30 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- Regions _____
- ___ Myofascial
- ___ Cranio
- ___ Intra

KINETIC ACTIVITIES

Specify Time
- ___ 15 min ___ 45 min
- ___ 30 min ___ 60 min

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ✓ Movement Awareness
- ___ Closed Chain Activity
- ✓ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min ___ 45 min
- ___ 30 min ___ 60 min

- ___ Balance
- ✓ Coordination Ex.
- ✓ Stabilization Ex.
- ✓ Postural Awareness
- ___ Other _____

THERAPEUTIC

Specify
- ___ 15 min ✓
- ___ 30 min

- ✓ AROM
- ✓ PROM/AA
- ✓ Isometric Ex ✓
- ___ Isotonic Ex ✓
- ___ Isokinetic Ex
- Specify Protocol _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ✓ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Add free wts.

Range
- ___ Increase
- ___ Unchanged
- ___ Decrease
- ___ Protected
- ___ Nutrition

Acce

Name MICHAEL TITUS 2C1465 — **Bodies In Balance**
Date 6-4-04 **Visit** _____ — **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: M **Pain** __ **AROM** __ **ADL's** aches and pains c use but less tenderness c palpation.

Objective:

MODALITIES

- __ Hot Pack
- ✓ Cold Pack
- __ Electric Stim
- __ Microcurrent
- ✓ Ultrasound
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other _____ _____

MANUAL THERAPY

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- ✓ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions G H A+P

KINETIC ACTIVITIES

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- __ Postural Awareness
- __ Other _____

THERAPEUTIC EXERCISE

Specify Time
- __ 15 min
- __ 30 min
- ✓ 45 min
- __ 60 min
- ✓ AROM
- ✓ PROM/AA
- __ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Pool Gym
- ✓ H.E.A.R.T.S.
- __ Home Program

Specify Protocol added Chest, Pulley and

ASSESSMENT: __ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 __ 75 to 100

Range of Motion
- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every other visit

PLAN: ✓ Continue with same regimen. __ Progress to Exercises __ Note to Physician __ Discharge Planning

Note:
New Exercises were tolerable. c light weight - 10# pulley/BB 35# chest pull. Scaption - 3#

Richard Gunderson PT

Bodies in Balance
Robert J. Mollica PT
607 McBride Street
Clearfield, PA 16830
765-3970 Phone 765-3980 Fax

BODIES IN BALANCE

Plan of Continuation/Discharge:

Patients Name: H. Michael Tilton	DOB: 5-28-59
Diagnosis: S/P Acromioplasty	Date of Onset: ~~8-[illegible]~~ 7-22-04
Start Date: 4-20-04 Visits Completed: 17	Physcian: Zeliger

Rx ICE, US, KA, T.E.'s, HIEP.

Status : Michael still has minor complaints of bicep/post deltoid pain. Sx occur c̄ motion overhead. Strength is progressing well but we haven't started bench pressing to stress the joint due to tendonitis. Palpation still elicits c/o pain in bicep origin

Goals:
- ☑ Reduce Pain-- Scale Rating
- ☐ Improve ROM -Specify
- ☑ Improve Strength-Specify Chest press, military press, front raises
- ☑ Return to Work
- ☑ Other as per your instructions

Plan:
- ☑ Continue Treatment Frequency: 3 times/wk x 2-3 weeks.
- ☐ Discharge patient from treatment.
- ☒ Other: as per your instruction

Robert J Mollica PT [signature] Date 6-3-04

☑ I have reviewed this plan of treatment and recertify a continuing need for services.
☑ Other: Can begin Bench Press.

Physcian Signature: [signature] 6/8/04
Date

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 6-3-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: 3 **Pain** __ **AROM** __ **ADL's** Cont to do better c episodic pain

Objective:

MODALITIES

- __ Hot Pack
- ✓ Cold Pack
- __ Electric Stim
- ✓ Microcurrent
- ✓ Ultrasound
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other _____

MANUAL THERAPY

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- __ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Balance
- __ Coordination Ex.
- ✓ Stabilization Ex.,
- ✓ Postural Awareness
- __ Other_____

THERAPEUTIC EXERCISE

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- ✓ AROM
- __ PROM/AA
- __ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- ✓ H.E.A.R.T.S.
- ✓ Home Program

Specify Protocol_____

ASSESSMENT: ✓ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 __ 75 to 100

Range of Motion
- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every 4th visit

PLAN: __ Continue with same regimen. __ Progress to Exercises
✓ Note to Physician __ Discharge Planning

Note:_____

Name MICHAEL TITUS 2C1465
Date 5-28-04 **Visit**_____
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: 3/4 **Pain** __ **AROM** __ **ADL's** Still c/o burning in ant Sh.

Objective:

MODALITIES

- __ Hot Pack
- ✓ Cold Pack
- __ Electric Stim
- __ Microcurrent
- ✓ Ultrasound
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other _____

MANUAL THERAPY

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- __ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Balance
- ✓ Coordination Ex.
- ✓ Stabilization Ex.
- ✓ Postural Awareness
- __ Other Scapula Control

THERAPEUTIC EXERCISE

Specify Time
- __ 15 min
- ✓ 30 min
- __ 45 min
- __ 60 min
- ✓ AROM
- ✓ PROM/AA
- ✓ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- ✓ H.E.A.R.T.S.
- __ Home Program

Specify Protocol _____

ASSESSMENT: __ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit:
- __ 0 to 25
- ✓ 25 to 50
- __ 50 to 75
- ✓ 75 to 100

Range of Motion
- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every other visit

PLAN:
- ✓ Continue with same regimen.
- ✓ Progress to Exercises
- __ Note to Physician
- __ Discharge Planning

Note: _____

Name MICHAEL TITUS 2C1465
Date 5-25-04 **Visit**_____
DX Acromioplasty Aftercare.

Bodies In Balance
Physical Therapy Note

Subjective: Pain ___ AROM ___ ADL's _____

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ✓ Electric Stim
- ✓ Microcurrent
- ✓ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other Body Tube

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral PNF
- Regions _____

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- X 30 min
- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex. X
- X Isotonic Ex. X
- ___ Isokinetic Ex. X
- Specify Protocol Sh. Rot Cuff

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased
- ___ Protected
- ___ Natural
- Actual

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: _____

Cx to Lat Lat X's OK

Name MICHAEL TITUS 2C1465
Date 5-24-04 **Visit**
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: T Pain ± AROM ___ ADL's sore first arm "Locked" after lying prone 20 mins = created ↓ movement

Objective:

MODALITIES

- ✓ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ✓ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other Biceps Tendon

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions ___

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min

- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ___

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- X 30 min
- ___ 45 min
- ___ 60 min

- X AROM
- X PROM/AA
- ___ Isometric Ex.
- X Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- X H.E.P. / T.S.
- X Home Program

Specify Protocol Shoulder Home

ASSESSMENT: ? Tolerates Plan Well X Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual (very subjective)

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: program as able.
push if necessary

Dr

BODIES IN BALANCE
Robert J. Mollica PT
607 McBride Street
Clearfield, PA 16830
765-3970 Phone 765-3980 Fax

Plan of Continuation/Discharge:

Patients Name: Michael Tatu	DOB:
Diagnosis:	Date of Onset:
Start Date: Visits Completed:	Physician:

Status : Mike is presently working on Scapular Control x's 1 and 1 Strengthening. He has lessened bouts of pain at present from 2° post delt and bat pain

Goals:
- ☑ Reduce Pain– Scale Rating 0-1/10 from 4/10
- ☑ Improve ROM -Specify Scapular depression
- ☑ Improve Strength-Specify Especially Abdominal AB + ADD Muscle
- ☐ Return to Work
- ☑ Other

Plan:
- ☑ Continue Treatment Frequency: 2-3 times/wk x 3 weeks.
- ☐ Discharge patient from treatment.
- ☑ Other: ↑ Thera-Ex.

Robert J Mollica PT [signature] Date 4-20-04

☑ I have reviewed this plan of treatment and recertify a continuing need for services.
☐ Other:

Physician Signature: [signature] 5/20/04 Date

2:26 pm Re-faxed

* Add E-stim / ultrasound / Ice Massage to Bicep ① Shoulder for tendonitis
* Cont Strength ① Shoulder Attn: Rotator Cuff.

5-20-04 faxed pt

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 5-20-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: T **Pain** __ **AROM** __ **ADL's** c/o post delt spin ptll ? etiology

Objective: **MODALITIES** all UE Tenderness ok ? Lat spine - **MANUAL THERAPY**

__ Hot Pack	__ Iontophoresis
__ Cold Pack	__ Phonophoresis
__ Electric Stim	__ Back-Trac
__ Microcurrent	__ Paraffin Bath
__ Ultrasound	__ Ice Massage
__ Other _____	_____

Specify Time

__ 15 min	__ 45 min
__ 30 min	__ 60 min
__ Spray & Stretch	__ Myofascial Release
__ Mobilization	__ CranioSacral Therapy
__ Manual Traction	__ IntraOral/ TMJ
Regions _____	_____

KINETIC ACTIVITIES

Specify Time

✓ 15 min	__ 45 min
__ 30 min	__ 60 min

__ Biomechanics	
✓ Functional Activities	
__ Relaxation Training	
✓ Movement Awareness	
__ Closed Chain Activity	
✓ Plyometrics	
__ Home Program Instruction	

NEUROMOTOR RE-ED

Specify Time

__ 15 min	__ 45 min
__ 30 min	__ 60 min

__ Balance	
__ Coordination Ex.	
✓ Stabilization Ex.	
✓ Postural Awareness	
__ Other_____	
_____	

THERAPEUTIC EXERCISE

Specify Time

__ 15 min	✓ 45 min
__ 30 min	__ 60 min

✓ AROM	__ Bike
__ PROM/AA	__ Treadmill
✓ Isometric Ex.	__ Total Gym
__ Isotonic Ex.	✓ HEARTS
__ Isokinetic Ex.	✓ Home Program

Specify Protocol_____

ASSESSMENT: ✓ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 ✓ 25 to 50 __ 50 to 75 ✓ 75 to 100

PLAN: __ Continue with same regimen. ✓ Progress to Exercises To add
__ Note to Physician __ Discharge Planning

Note: ? with WBOMD
3x wk 3 wks

Range of Motion

__ Increased	
__ Unchanged	
__ Decreased	
Quality	
__ Protected	
__ Natural	
Actual every initial visit	
_____	
_____	
_____	
_____	
_____	

Name MICHAEL TITUS 2C1462 **Bodies In Balance**
Date 5-18-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare.

Subjective: ↓ **Pain** __ **AROM** __ **ADL's** still has trouble i scapula control

Objective: **MODALITIES** post deltoid
Lat weakness **MANUAL THERAPY**

- ✓ Hot Pack
- __ Cold Pack
- ✓ Electric Stim
- __ Microcurrent
- __ Ultrasound
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other ⊕ SH

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min

- __ Spray & Stretch
- ✓ Myofascial Release
- ✓ Mobilization
- __ CranioSacral Therapy
- ✓ Manual Traction
- __ IntraOral/ TMJ

Regions Ant pull, STM

KINETIC ACTIVITIES

Specify Time
- __ 15 min
- __ 45 min
- __ 30 min
- __ 60 min

- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- __ 15 min
- __ 45 min
- __ 30 min
- __ 60 min

- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- __ Postural Awareness
- __ Other_____

THERAPEUTIC EXERCISE

Specify Time
- __ 15 min
- ✓ 45 min
- __ 30 min
- __ 60 min

- ✓ AROM
- ✓ PROM/AA
- ✓ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- ✓ UBAPS
- ✓ Home Program

Specify Protocol Shoulder Rot cuff

ASSESSMENT: ✓ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 ✓ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises
__ Note to Physician __ Discharge Planning

Note: Tx's or recovery - Mike tries to lead, Technique is poor.

Range of Motion
- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C1465
Date 3-17-04 Visit_____
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: ↑ Pain ___ AROM ___ ADL's post deltoid soreness

Objective:

MODALITIES

- ✓ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other _____ _____

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions _____ _____

KINETIC ACTIVITIES

Specify Time
- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ✓ Biomechanics
- ✓ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- ___ 30 min
- ✓ 45 min
- ___ 60 min
- ✓ AROM
- ✓ PROM/AA
- ___ Isometric Ex.
- ___ Isotonic Ex.
- ✓ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol Shoulder Program
Theming

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
✓ Note to Physician ___ Discharge Planning

Note:

Range of Motion

- ✓ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 5-14-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare.

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's** flex is ok -

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
✓ Functional Activities
___ Relaxation Training
✓ Movement Awareness
✓ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min
✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol Shoulder post Surg

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
✓ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note:_____

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Name MICHAEL TITUS 2C1-05 **Bodies In Balance**
Date 5-13-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: 3 **Pain** __ **AROM** ↑ since **ADL's** has episodic ↑+↓ of pain

Objective: **MODALITIES** See overview **MANUAL THERAPY**

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other _____ _____

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ✓ 45 min
___ 30 min ___ 60 min

- ✓ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ✓ Home Program

Specify Protocol_____
_____ _____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises as tol
___ Note to Physician ___ Discharge Planning

Note:_____

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

_____

Chad Jones PT.

Name MICHAEL TITUS 2C1465
Date 5-11-14 **Visit**_____
DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's** X's are ok. performing well

Objective: **MODALITIES** **MANUAL THERAPY**

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Other DSK.
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ✓ Balance
- ___ Coordination Ex.
- ✓ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time

- ___ 15 min
- ✓ 30 min
- ___ 45 min
- ___ 60 min
- ✓ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol_____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note:_____

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 5-6-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare.

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's** Status quo

Objective: **MODALITIES** **MANUAL THERAPY**

- ✓ Hot Pack
- ___ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Other _____
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- Regions _____
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ
- _____

KINETIC ACTIVITIES

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time

- ___ 15 min
- ✓ 30 min
- ___ 45 min
- ___ 60 min
- ✓ AROM
- ✓ PROM/AA
- ✓ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ✓ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol ↑ reps. ↑ edge of Bench or per Sheet

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises as ordered
___ Note to Physician ___ Discharge Planning

Note:_____

Name MICHAEL TITUS 2C1463 **Bodies In Balance**
Date 5-4-04 **Visit**_____ **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: ↑ **Pain** ↓ **AROM** ___ **ADL's** 2° NAR

Objective:

MODALITIES

- ✓ Hot Pack
- ___ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other _____

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- ✓ 30 min
- ___ 45 min
- ___ 60 min
- ✓ AROM
- ✓ PROM/AA
- ✓ Isometric Ex.
- ___ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol Instruction/Plan completed

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen ✓ Progress to Exercises as able
___ Note to Physician ___ Discharge Planning

Note:_____

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

_____

Name MICHAEL TITUS 2C146 **Bodies In Balance**
Date 5-30-4 **Visit** 6 **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: ___ Pain ↑ AROM ↑ ADL's feels better but get twinges of sharp pain in bicep at times

Objective: **MODALITIES** **MANUAL THERAPY**

___ Hot Pack	___ Iontophoresis
___ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
___ Ultrasound	___ Ice Massage
___ Other _____	_____

Specify Time

___ 15 min	___ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	___ Myofascial Release
___ Mobilization	___ CranioSacral Therapy
___ Manual Traction	___ IntraOral/ TMJ
Regions _____	_____

NT noticeable swelling on extreme tenderness -

KINETIC ACTIVITIES

Specify Time

___ 15 min	___ 45 min
___ 30 min	___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

___ 15 min	___ 45 min
___ 30 min	___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time

___ 15 min	✓ 45 min
___ 30 min	___ 60 min
X AROM	___ Bike
X PROM/AA	___ Treadmill
~~X~~ Isometric Ex.	___ Total Gym
X Isotonic Ex.	X H.E.A.R.T.S.
___ Isokinetic Ex.	X Home Program

Specify Protocol_____
_____ _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: See her after X's -
more function with ↑ elevation

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

_____
_____
_____
_____
_____

Robert Jones OT

Name MICHAEL TITUS 2C1463 **Bodies In Balance**
Date 4-29-04 **Visit** 5 **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: ↑ **Pain** __ **AROM** __ **ADL's** ↑ c/o pain -

Objective: **MODALITIES** **MANUAL THERAPY**

- __ Hot Pack
- __ Cold Pack
- ✓ Electric Stim
- __ Microcurrent
- __ Ultrasound
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other ES to Shoulder X

Specify Time
__ 15 min __ 45 min
__ 30 min __ 60 min

- __ Spray & Stretch
- __ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
__ 15 min __ 45 min
__ 30 min __ 60 min

- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
__ 15 min __ 45 min
__ 30 min __ 60 min

- __ Balance
- ✓ Coordination Ex.
- ✓ Stabilization Ex.
- ✓ Postural Awareness
- __ Other _____

THERAPEUTIC EXERCISE

Specify Time
__ 15 min ✓ 45 min
__ 30 min __ 60 min

- ✓ AROM
- ✓ PROM/AA
- __ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- ✓ H.E.A.R.T.S.
- ✓ Home Program

Specify Protocol _____

ASSESSMENT: __ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 __ 75 to 100

PLAN: ✓ Continue with same regimen. __ Progress to Exercises __ Note to Physician __ Discharge Planning

Note: _____

Range of Motion

- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every 4th visit

_____

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 4-27-04 **Visit** 4 **Physical Therapy Note**
DX Acromioplasty Aftercare,

Subjective: ↓ **Pain** __ **AROM** __ **ADL's** arm, stiff since this a.m..

Objective: **MODALITIES** **MANUAL THERAPY**

MODALITIES		MANUAL THERAPY	
___ Hot Pack	___ Iontophoresis	Specify Time	
___ Cold Pack	___ Phonophoresis	___ 15 min	___ 45 min
✓ Electric Stim	___ Back-Trac	___ 30 min	___ 60 min
___ Microcurrent	___ Paraffin Bath	___ Spray & Stretch	___ Myofascial Release
___ Ultrasound	___ Ice Massage	___ Mobilization	___ CranioSacral Therapy
		___ Manual Traction	___ IntraOral/ TMJ
___ Other _____	_____	Regions _____	_____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min

✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol initial Shoulder program

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Cont c prg

Range of Motion

✓ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

165° ↑ sl ant	↓
ER 40°	
IR WFL	
ABD 160	

Name MICHAEL TITUS 2C1465 **Bodies In Balance**
Date 4-26-04 **Visit** 3 **Physical Therapy Note**
DX Acromioplasty Aftercare

Subjective: 4 **Pain** ___ **AROM** ___ **ADL's** _____

Objective: **MODALITIES** **MANUAL THERAPY**

___ Hot Pack	___ Iontophoresis
___ Cold Pack	___ Phonophoresis
✓ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
___ Ultrasound	___ Ice Massage
___ Other _____	_____

Specify Time	
___ 15 min	___ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	___ Myofascial Release
___ Mobilization	___ CranioSacral Therapy
___ Manual Traction	___ IntraOral/ TMJ
Regions _____	_____

KINETIC ACTIVITIES

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min

Sample Cuts
✓ Biomechanics
✓ Functional Activities
___ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
✓ Stabilization Ex.
___ Postural Awareness
___ Other_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min

✓ AROM	___ Bike
✓ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
✓ Isotonic Ex.	✓ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol_____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises as tol
___ Note to Physician ___ Discharge Planning

Note: _____

Range of Motion

✓ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C146

Date 4-23-04 Visit 2

DX Acromioplasty Aftercare,

Bodies In Balance
Physical Therapy Note

Subjective: W/C Pain ↓ AROM ↓ ADL's X difficult

Objective: **MODALITIES**

✓ Hot Pack
__ Cold Pack
✓ Electric Stim
__ Microcurrent
__ Ultrasound
__ Iontophoresis
__ Phonophoresis
__ Back-Trac
__ Paraffin Bath
__ Ice Massage
__ Other FES to [illegible]

MANUAL THERAPY

Specify Time
✓ 15 min
__ 30 min
__ 45 min
__ 60 min
__ Spray & Stretch
✓ Mobilization
✓ Manual Traction
✓ Myofascial Release
__ CranioSacral Therapy
__ IntraOral/ TMJ
Regions UE [illegible]

KINETIC ACTIVITIES

Specify Time
__ 15 min
✓ 30 min
__ 45 min
__ 60 min
__ Biomechanics
✓ Functional Activities
__ Relaxation Training
✓ Movement Awareness
__ Closed Chain Activity
__ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
__ 15 min
__ 45 min
__ 30 min
__ 60 min
__ Balance
__ Coordination Ex.
__ Stabilization Ex.
__ Postural Awareness
__ Other

THERAPEUTIC EXERCISE

Specify Time
__ 15 min
__ 45 min
__ 30 min
__ 60 min
__ AROM
__ PROM/AA
__ Isometric Ex.
__ Isotonic Ex.
__ Isokinetic Ex.
__ Bike
__ Treadmill
__ Total Gym
__ H.E.A.R.T.S.
__ Home Program
Specify Protocol

ASSESSMENT: __ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 ✓ 50 to 75 __ 75 to 100

PLAN: ✓ Continue with same regimen. __ Progress to Exercises __ Note to Physician __ Discharge Planning

Note: [illegible] lasted 2 days after [illegible] [illegible] [illegible] c̄ all X's

Range of Motion

__ Increased
__ Unchanged
__ Decreased

Quality
__ Protected
__ Natural

Actual every 4th visit

[signature]

Name Michael Titus

Date 1-23-04 Visit ____

Dx ____ Cert ____

Bodies In Balance

Physical Therapy Note

Subjective: ___ Pain ___ AROM ___ ADL's ____

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other ____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch
___ Mobilization
___ Manual Traction
___ Myofascial Release
___ CranioSacral Therapy
___ IntraOral TMJ
Regions ____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other ____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
X 30 min ___ 60 min
X AROM ___ Bike
X PROM/AA ___ Treadmill
X Isometric Ex. X Total Gym
X Isotonic Ex. X E.A.R.T.S.
___ Isokinetic Ex. X Home Program
Specify Protocol all well tol

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ✓ Discharge Planning

Note: ____

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual ROM at visit

EMC RISK SERVICES

FEB 16 2004

RECEIVED

Name H. Michael Titus
Date 4-22-04 **Visit**_____
DX_____ **Cert** ____

Bodies In Balance
Physical Therapy Note

Subjective: ↓ Pain ___ AROM ___ ADL's Stiff abt the knee

Objective: 3/10

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics overload
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
X 30 min ___ 60 min
✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. X Total Gym
✓ Isotonic Ex. X H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol_____
Cont to do well

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ✓ Discharge Planning

Note: to see MD.

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

EMC RISK SERVICES
MAR 0 4 2004
RECEIVED

Name H. Michael Titus
Date 1-20-04 Visit ____
DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 3 **Pain** ___ **AROM** ___ **ADL's** 5x a week, but less, x 1.5 wks

Objective: **MODALITIES**

I called M.D. pt to see Dr. on 1-27

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Other ____

___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions ____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other ____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min

✓ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
✓ Isotonic Ex. ✓ H.E.A.R.T.S.
✓ Isokinetic Ex. ___ Home Program
Specify Protocol ____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises
✓ Note to Physician 1-27 ✓ Discharge Planning

Note: I called MD,
Cont to Rx as
sent to MD
reviewed H.E.P. w/ pt

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name H. Michael Titus
Date 1-15-04 Visit ____
DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 3/10 Pain ↓ AROM ↓ ADL's x 5 Ok. still c/o pain in Bicep Groove. ± Apleys.

Objective:

MODALITIES

- ✓ Hot Pack
- ___ Cold Pack
- ✓ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other ____

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions ____

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ____

THERAPEUTIC EXERCISE

Specify Time
- ___ 15 min
- ✓ 30 min
- ___ 45 min
- ___ 60 min
- ✓ AROM
- ✓ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol UE, 10# with Green Band.

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit:
- ___ 0 to 25
- ___ 25 to 50
- ___ 50 to 75
- ✓ 75 to 100

PLAN:
- ___ Continue with same regimen.
- ✓ Progress to Exercises
- ___ Note to Physician
- ✓ Discharge Planning

Note:

Range of Motion
- ✓ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit
Shoulder ROM WNL all planes now. Still Complains of burning ± Apleys behind head.

Name H. Michael Titus
Date 1-13-04 Visit_____
DX_____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 3/10 **Pain** ___ **AROM** ___ **ADL's** _____

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
✓ Functional Activities
___ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min
___ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ✓ Total Gym
___ Isotonic Ex. ✓ H.E.A.R.T.S.
✓ Isokinetic Ex. ✓ Home Program
Specify Protocol _____
Shoulder _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ✓ ~~75 to~~ 100

PLAN: ___ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ✓ Discharge Planning

Note:_____

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Edward Jones PT

Name H. Michael Titus

Date 1-12-04 Visit ______

DX ______________ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 5/10 Pain __ AROM __ ADL's Sx ↑'d - no Apparent reason.

Objective: **MODALITIES**

- ✓ Hot Pack
- __ Cold Pack
- ✓ Electric Stim
- __ Microcurrent
- __ Ultrasound
- __ Other ______
- ~~Iontophoresis~~
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage

MANUAL THERAPY

Specify Time

__ 15 min __ 30 min __ 45 min __ 60 min

- __ Spray & Stretch
- __ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions ______

KINETIC ACTIVITIES

Specify Time

__ 15 min __ 45 min __ 30 min __ 60 min

- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- ✓ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

__ 15 min __ 45 min __ 30 min __ 60 min

- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- __ Postural Awareness
- __ Other ______

THERAPEUTIC EXERCISE

Specify Time

__ 15 min __ 45 min ✓ 30 min __ 60 min

- ✓ AROM
- ✓ PROM/AA
- __ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- ✓ Total Gym
- ✓ H.E.A.R.T.S.
- ✓ Home Program

Specify Protocol ______

Begin overhead throws.

ASSESSMENT: ✓ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 ✓ 75 to 100

PLAN: __ Continue with same regimen. __ Progress to Exercises __ Note to Physician (circled) Discharge Planning

Note:

Cont c̄ same general C/O.

Contact M.D. re: episodic Sx.

probable f/u ... follow visit to MD

Range of Motion

- __ Increased
- __ Unchanged
- __ Decreased

Quality

- __ Protected
- __ Natural

Actual every 4th visit

[signature] PT

Name H. Michael Titus

Date 1-9-04 Visit _____

DX _____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 2/10 **Pain** ___ **AROM** ___ **ADL's** _____

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ✓ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
✓ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

O: ? impingement c Applied to Back of head.
Palpation, rd tenderness @ origin. Symptoms

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min
✓ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: _____

Cont c TX's, Cont c H.E.P

Scapular Control better, but still tender depression c Sh Y

Albert Mullen P.T.

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name H. Michael Titus
Date 1-6-04 **Visit** _____
DX _____ **Cert** ____

Bodies In Balance
Physical Therapy Note

Subjective: 4/10 **Pain** __ **AROM** __ **ADL's** Arm hurts, neck hurts 20 ADL's @ home.

Objective: **MODALITIES** L-5 Trigger point hard.

MANUAL THERAPY

- ✓ Hot Pack
- __ Cold Pack
- __ Electric Stim
- __ Microcurrent
- __ Ultrasound
- __ Other Neck
- __ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- ✓ Myofascial Release
- __ Mobilization
- __ CranioSacral Therapy
- ✓ Manual Traction
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min

- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- ✓ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min

- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- ✓ Postural Awareness
- __ Other _____

THERAPEUTIC EXERCISE

Specify Time
- __ 15 min
- ✓ 30 min
- __ 45 min
- __ 60 min

- __ AROM
- ✓ PROM/AA
- __ Isometric Ex.
- ✓ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- ✓ Treadmill
- ✓ Total Gym
- __ H.E.A.R.T.S.
- __ Home Program

Specify Protocol _____

ASSESSMENT: ✓ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 __ 75 to 100

PLAN: ✓ Continue with same regimen. __ Progress to Exercises __ Note to Physician __ Discharge Planning

Note: _____

Range of Motion

- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every 4th visit

_____

Name H. Michael Titus

Date 1-5-03 Visit ____

DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: ___ Pain ___ AROM ___ ADL's ____________

Objective: **MODALITIES** **MANUAL THERAPY**

Modalities
- ✓ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Other ______
- Ø Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

Manual Therapy

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions ______

KINETIC ACTIVITIES **NEUROMOTOR RE-ED** **THERAPEUTIC EXERCISE**

Kinetic Activities

Specify Time
- ___ 15 min
- ___ 45 min
- ___ 30 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ✓ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

Neuromotor Re-Ed

Specify Time
- ___ 15 min
- ___ 45 min
- ___ 30 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ______

Therapeutic Exercise

Specify Time
- ___ 15 min
- ___ 45 min
- ✓ 30 min
- ___ 60 min
- ___ AROM
- ✓ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ✓ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol ______

T to Med/lg Ball.

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Sore since [illegible] 2° to working on furnace @ home. Cut [illegible] when [illegible]. Appt.

[signature]

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C13 CC

Date 12-29-03 Visit ____

DX Bicipital Tenosynovitis Cert ____

Bodies In Balance
Physical Therapy N... CC

Subjective: 3/10 Pain ___ AROM ___ ADL's ____

Objective:

MODALITIES

___ Hot Pack
✓ Cold Pack
✓ Electric Stim
___ Microcurrent
___ Ultrasound
___ Other ____

___ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage

MANUAL THERAPY

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CraniioSacral Therapy
___ Manual Traction ___ IntraOral MJ
Regions ____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other ____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
✓ 30 min ___ 60 min
___ AROM ___ Bike
✓ PROM/AA ___ Treadmill
___ Isometric Ex. ✓ Total Gym
✓ Isotonic Ex. ✓ T.R.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol ____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Accept every 4th visit

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: Cont c ex 25

Richard Mull PT.

Name Michael Titus 2C1350
Date 12-23-03 **Visit** _____
DX Bicipital Tendosyn. **Cert** ____

Bodies In Balance
Physical Therapy Note

Subjective: ↓ Pain ↑ AROM ↑ ADL's Contr to note sx c initiation of Sh ↑ and placing arm behind head.

Objective: **MODALITIES**

MMT all planes OK.

___ Hot Pack	✓ Iontophoresis
✓ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
___ Ultrasound	___ Ice Massage
___ Other _____	_____

MANUAL THERAPY

Specify Time
✓ ___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Spray & Stretch	___ Myofascial Release
___ Mobilization	___ CranioSacral Therapy
✓ Manual Traction	___ IntraOral/ TMJ

Regions Arm pull, all planes

deep palpation ok to bicep. Sx in part of A (2)

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM	___ Bike
___ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
✓ Isotonic Ex.	___ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol 10# curls - 5# front raises

No problems noted

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ✓ Discharge Planning

Note: DC Ionto - Progress to X's
Self Stretch and Postural Awareness

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

_____

Name Michael Titus 2C1350 **Bodies In Balance**
Date 12-22-03 **Visit**_____ **Physical Therapy Note**
DX Bicipital Tendosyn. **Cert** ____

Subjective: ↓ **Pain** __ **AROM** __ **ADL's** sl ↓ in pain noted 3/10 ?

Objective:

MODALITIES

- __ Hot Pack
- ✓ Cold Pack
- __ Electric Stim
- __ Microcurrent
- __ Ultrasound
- ✓ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage
- __ Other bicep groove

MANUAL THERAPY

Specify Time

- ✗ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- __ Mobilization
- __ Manual Traction
- __ Myofascial Release
- __ CranioSacral Therapy
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time

- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Biomechanics
- __ Functional Activities
- __ Relaxation Training
- __ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- __ Postural Awareness
- __ Other_____

THERAPEUTIC EXERCISE

Specify Time

- ✗ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ AROM
- ✗ PROM/AA
- __ Isometric Ex.
- ✗ Isotonic Ex.
- ✗ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- ✗ H.E.A.R.T.S.
- __ Home Program

Specify Protocol pulleys / Green band. added pull down - Sh + Bicep

ASSESSMENT: __ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 __ 25 to 50 __ 50 to 75 __ 75 to 100

Range of Motion

- __ Increased
- __ Unchanged
- __ Decreased

Quality

- __ Protected
- __ Natural

Actual every 4th visit

PLAN: ✓ Continue with same regimen. __ Progress to Exercises
__ Note to Physician __ Discharge Planning

Note: seems to be getting better at Sup control.
Rec WFL for Shoulder

Robert Jacobson PT

Name Michael Titus 2C1350 **Bodies In Balance**
Date 12-19-03 **Visit**_____ **Physical Therapy Note**
DX Bicipital Tendosyn.**Cert** ____

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's** _____

Objective: **MODALITIES**

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ✓ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other as per protocol

MANUAL THERAPY

Specify Time
- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions Ant pull in Ext c IR+ End feel "good pull" in groove "released well.

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ✓ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other_____

THERAPEUTIC EXERCISE

Specify Time
- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ AROM
- ✓ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ✓ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ✓ Home Program

Specify Protocol_____

ASSESSMENT: ✓ ~~Tolerates~~ Plan Well ✓ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ✓ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Episodic Sx ↑ ↓ c ADL's more at work @ home.

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

Richard Jones PT

Name Michael Titus 2C1350 **Bodies In Balance**
Date 12 18 03 **Visit**_____ **Physical Therapy Note**
DX Bicipital Tendosyn. **Cert** ____

Subjective: ___ **Pain** ___ **AROM** ___ **ADL's** Continue to c/o episodic pain c use

Objective: **MODALITIES** palpable tenderness in Bicipital Groove. Resisted Ob - Jergeson

___ Hot Pack	✓ Iontophoresis
✓ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
✓ Ultrasound	___ Ice Massage
___ Other _____	_____

MANUAL THERAPY

Specify	Time
✓	
___ 15 min	✓ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	___ Myofascial Release
___ Mobilization	___ CranioSacral Therapy
___ Manual Traction	___ IntraOral/ TMJ
Regions _____	_____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____

THERAPEUTIC EXERCISE

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM	___ Bike
___ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
___ Isotonic Ex.	___ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol 5# Curls

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ✓ 25 to 50 ___ 50 to 75 ✓ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: DC ultrasound 4 x's

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Robert Arnold PT

Name Michael Titus 2C1350 CC

Bodies In Balance CC
Physical Therapy Note

Date 12-16-03 Visit_____
DX Bicipital Tendosyn. Cert ____

Subjective: 4/10 **Pain** ___ **AROM** ___ **ADL's** f/u 1 A. Mobilization started 2nd TX (3)

Objective:

MODALITIES

___ Hot Pack
✓ Cold Pack
___ Electric Stim
___ Microcurrent
✓ Ultrasound
___ Other _____

✓ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
_____

MANUAL THERAPY

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ___ Myofascial Release
___ Mobilization ___ CranioSacral Therapy
___ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
✓ Plyometrics — Ball
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol_____
_____ _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: _____
See same & phys-
tol ok
Cont

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit
_____
_____
_____
_____
_____
_____

_____

Name H. Michael Titus
Date 12-11-03 Visit ____
DX ____ Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 4/10 **Pain** ___ **AROM** ___ **ADL's** getting sl. better control of soap dispenser

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ___ Ultrasound
- ___ Other ____
- ✓ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

MANUAL THERAPY

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions ____

KINETIC ACTIVITIES

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ____

THERAPEUTIC EXERCISE

Specify Time
- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ✓ AROM
- ✓ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ✓ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol Shoulder program
Bicep green/red

ASSESSMENT: ✓ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ✓ 50 to 75 ___ 75 to 100

Range of Motion
- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality
- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: plyometrics c next tell
next visit: Understand how

OT

Name MICHAEL TITUS 2C

Date 12-9-03 Visit ____

DX Bicipital Tenosynovitis Cert ____

Bodies In Balance
Physical Therapy Note

Subjective: 4/10 Pain ___ AROM ___ ADL's X 15 on own done, but ? technique

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ✓ Ultrasound
- ___ Other ____
- ✓ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage

MANUAL THERAPY

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ Spray & Stretch
- ___ Mobilization
- ✓ Manual Traction
- Regions Arm pulls, deep X to bicep Str Pec, Trap
- ✓ Myofascial Release
- ___ CranioSacral Therapy
- ___ Intraoral MT

KINETIC ACTIVITIES

Specify Time

- ___ 15 min ___ 45 min
- ___ 30 min ___ 60 min

- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

X Cont to Lash Scapular Control X

Specify Time

- ___ 15 min ___ 45 min
- ___ 30 min ___ 60 min

- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ____

THERAPEUTIC EXERCISE

Specify Time

- ___ 15 min
- ___ 30 min

- ___ AROM
- ___ PROM-AA
- ___ Isometric Ex.
- ___ Isotonic Ex.
- ___ Isokinetic Ex.
- Specify Protocol ____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ___ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note:

Scapular Clock X 15

Cardinal Plane X 15

Bicep X 15

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual Severity this visit

Name MICHAEL TITUS 2C1
Date 11.25.03 Visit ____
DX Bicipital Tenosynovitis Cert ___

Bodies In Balance
Physical Therapy Note

Subjective: 4/10 Pain ↓ AROM ___ ADL's Not at best pain, can lift arm in A.M. at better

Objective: **MODALITIES** Still bicipital groove pain. **MANUAL THERAPY**

___ Hot Pack	✓ Iontophoresis
✓ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
✓ Ultrasound	___ Ice Massage
___ Other ____	____

Specify	Time
✓ 15 min	___ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	✓ Myofascial Release
✓ Mobilization	___ CranioSacral Therapy
✓ Manual Traction	___ IntraOral/ TMJ
Regions ____	____

KINETIC ACTIVITIES

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM	___ Bike
___ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
___ Isotonic Ex.	___ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol____

ASSESSMENT: ✓ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50
✓ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ✓ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: Sx less ē deep pressure to bicep groove.
- Yergason + T Sx ē resisted Flex ECR

CT

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name MICHAEL TITUS 2C1[illegible]
Date 11-24-03 **Visit**_____
DX Bicipital Tenosynovitis **Cert**___

Bodies In Balance
Physical Therapy Note

Subjective: ↓ Pain ↑ AROM __ ADL's _____

Objective:

MODALITIES

- __ Hot Pack
- ✓ Cold Pack
- __ Electric Stim
- __ Microcurrent
- ✓ Ultrasound
- __ Other _____
- ✓ Iontophoresis
- __ Phonophoresis
- __ Back-Trac
- __ Paraffin Bath
- __ Ice Massage

MANUAL THERAPY

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Spray & Stretch
- ✓ Myofascial Release
- __ Mobilization
- __ CranioSacral Therapy
- ✓ Manual Traction
- __ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time
- ✓ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Biomechanics
- __ Functional Activities
- ✓ Relaxation Training
- ✓ Movement Awareness
- __ Closed Chain Activity
- __ Plyometrics
- __ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ Balance
- __ Coordination Ex.
- __ Stabilization Ex.
- __ Postural Awareness
- __ Other_____

THERAPEUTIC EXERCISE

Specify Time
- __ 15 min
- __ 30 min
- __ 45 min
- __ 60 min
- __ AROM
- __ PROM/AA
- __ Isometric Ex.
- __ Isotonic Ex.
- __ Isokinetic Ex.
- __ Bike
- __ Treadmill
- __ Total Gym
- __ H.E.A.R.T.S.
- __ Home Program

Specify Protocol_____

ASSESSMENT: __ Tolerates Plan Well __ Compliant with Program

Percent Change from initial visit: __ 0 to 25 ✓ 25 to 50 __ 50 to 75 ✓ 75 to 100

PLAN: ✓ Continue with same regimen. __ Progress to Exercises __ Note to Physician __ Discharge Planning

Note: Sx appears to be low but pt ant to c/o pain -

Range of Motion
- __ Increased
- __ Unchanged
- __ Decreased

Quality
- __ Protected
- __ Natural

Actual every 4th visit

[signature]

Name MICHAEL TITUS 2

Date 11-20-03 Visit ____

DX Bicipital Tenosynovitis Cert ___

Bodies In Balance

Physical Therapy Note

Subjective: ↓ Pain ↓ AROM ___ ADL's ____

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ✓ Ultrasound
- ✓ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other (L) SH ____

MANUAL THERAPY

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ___ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions ____

KINETIC ACTIVITIES

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other ____

THERAPEUTIC EXERCISE

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ___ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol ____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Cont to Rx

Physician signature

Name MICHAEL TITUS 2C135 **Bodies In Balance**
Date 11-18-03 **Visit** **Physical Therapy Note**
DX Bicipital Tenosynovitis **Cert**

Subjective: ↓ **Pain** ___ **AROM** ___ **ADL's** Sx stable c/o to be present

Objective: **MODALITIES** **MANUAL THERAPY**

___ Hot Pack	✓ Iontophoresis
✓ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
✓ Ultrasound	___ Ice Massage
___ Other 2EC	

Specify	Time
✓ 15 min	___ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	✓ Myofascial Release
✓ Mobilization	___ CranioSacral Therapy
___ Manual Traction	___ IntraOral/ TMJ

Regions TFM supine, UE pull.

KINETIC ACTIVITIES

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
✓ Relaxation Training
✓ Movement Awareness
✓ Closed Chain Activity
___ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM	___ Bike
___ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
___ Isotonic Ex.	___ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: Cont c Rx. - X'd OK

Range of Motion

___ Increased
___ Unchanged
___ Decreased

Quality
___ Protected
___ Natural

Actual every 4th visit

Name MICHAEL TITUS 20.35

Date 11-17-03 Visit _____

DX Bicipital Tenosynovitis Cert ___

Bodies In Balance

Physical Therapy Note

Subjective: 7/10 **Pain** ___ **AROM** ___ **ADL's** Bicep Tendon remains tender.

Objective:

MODALITIES

- ___ Hot Pack
- ✓ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- ✓ Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other _____

MANUAL THERAPY

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ✓ Mobilization
- ✓ Manual Traction
- ✓ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions _____

KINETIC ACTIVITIES

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ___ Closed Chain Activity
- ___ Plyometrics
- ___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- ___ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ___ Stabilization Ex.
- ___ Postural Awareness
- ___ Other _____

THERAPEUTIC EXERCISE

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol 5# Curls.

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ___ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual every 4th visit

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: PR helps symptomatically. Cast or splint.

Name MICHAEL TITUS 2C1351
Date 11-11-03 Visit ____
DX Bicipital Tenosynovitis Cert ___

Bodies In Balance
Physical Therapy Note

Subjective: 7/10 Pain ___ AROM ___ ADL's

Objective:

MODALITIES

___ Hot Pack
✓ Cold Pack
___ Electric Stim
___ Microcurrent
✓ Ultrasound
✓ Iontophoresis
___ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
___ Other _____ _____

MANUAL THERAPY

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch ✓ Myofascial Release
✓ Mobilization ___ CranioSacral Therapy
✓ Manual Traction ___ IntraOral/ TMJ
Regions _____ _____

KINETIC ACTIVITIES

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
___ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
___ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min

___ AROM ___ Bike
___ PROM/AA ___ Treadmill
___ Isometric Ex. ___ Total Gym
___ Isotonic Ex. ___ H.E.A.R.T.S.
___ Isokinetic Ex. ___ Home Program
Specify Protocol _____

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: Cont as ordered

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

Name MICHAEL TITUS 2C1351 **Bodies In Balance**
Date 11-10-03 **Visit** _____ **Physical Therapy Note**
DX Bicipital Tenosynovitis **Cert** ___

Subjective: ✓ **Pain** ✓ **AROM** ___ **ADL's** Pt. fell broke chest. Instant fall

Objective: **MODALITIES** arm. **MANUAL THERAPY**

___ Hot Pack	✓ Iontophoresis
✓ Cold Pack	___ Phonophoresis
___ Electric Stim	___ Back-Trac
___ Microcurrent	___ Paraffin Bath
___ Ultrasound	___ Ice Massage
___ Other _____	_____

Specify Time

✓ 15 min	___ 45 min
___ 30 min	___ 60 min
___ Spray & Stretch	___ Myofascial Release
✓ Mobilization	___ CranioSacral Therapy
___ Manual Traction	___ IntraOral/ TMJ
Regions _____	_____

KINETIC ACTIVITIES **NEUROMOTOR RE-ED** **THERAPEUTIC EXERCISE**

Specify Time

✓ 15 min	___ 45 min
___ 30 min	___ 60 min

___ Biomechanics
___ Functional Activities
___ Relaxation Training
✓ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
✓ Home Program Instruction

Pain Self Stabilization

Specify Time

___ 15 min	___ 45 min
___ 30 min	___ 60 min

___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other _____

Specify Time

___ 15 min	___ 45 min
___ 30 min	___ 60 min

___ AROM	___ Bike
___ PROM/AA	___ Treadmill
___ Isometric Ex.	___ Total Gym
___ Isotonic Ex.	___ H.E.A.R.T.S.
___ Isokinetic Ex.	___ Home Program

Specify Protocol _____

ASSESSMENT: ___ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises
___ Note to Physician ___ Discharge Planning

Note: Cont to Rx as ordered.

Name MICHAEL TITUS 2C13
Date 10-17-03 Visit 5
DX Bicipital Tenosynovitis Cert 6

Bodies In Balance
Physical Therapy Note

Subjective: ↑ Pain ↓ AROM ___ ADL's Sks ↑ for NAR

Objective:

MODALITIES

___ Hot Pack
___ Cold Pack
___ Electric Stim
___ Microcurrent
___ Ultrasound
___ Other _____

___ Iontophoresis
✓ Phonophoresis
___ Back-Trac
___ Paraffin Bath
___ Ice Massage
_____

MANUAL THERAPY

Specify Time
✓ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Spray & Stretch
✓ Mobilization
✓ Manual Traction
___ Myofascial Release
___ CranioSacral Therapy
___ IntraOral/ TMJ
Regions Arm pull, Bicep, Delt

KINETIC ACTIVITIES

✓ Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
Scapular Control
___ Biomechanics
___ Functional Activities
___ Relaxation Training
✗ Movement Awareness
___ Closed Chain Activity
___ Plyometrics
✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ Balance
___ Coordination Ex.
___ Stabilization Ex.
___ Postural Awareness
___ Other_____
_____

THERAPEUTIC EXERCISE

Specify Time
___ 15 min ___ 45 min
___ 30 min ___ 60 min
___ AROM
___ PROM/AA
___ Isometric Ex.
___ Isotonic Ex.
___ Isokinetic Ex.
___ Bike
___ Treadmill
___ Total Gym
___ H.E.A.R.T.S.
___ Home Program
Specify Protocol_____
_____ _____

ASSESSMENT: ✓ Tolerates Plan Well ✓ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note:_____

Range of Motion

___ Increased
___ Unchanged
___ Decreased
Quality
___ Protected
___ Natural
Actual every 4th visit
_____

Robert Mollura PT

Name MICHAEL TITUS 2C1351

Date 10-16-03 Visit 4

DX Bicipital Tenosynovitis Cert ___

Bodies In Balance
Physical Therapy Note

Subjective: ↓ Pain ↑ AROM ___ ADL's better - clear c/o pain

Objective:

MODALITIES

- X Hot Pack
- ___ Cold Pack
- ___ Electric Stim
- ___ Microcurrent
- X Ultrasound
- ___ Iontophoresis
- ___ Phonophoresis
- ___ Back-Trac
- ___ Paraffin Bath
- ___ Ice Massage
- ___ Other Deep Tissue

MANUAL THERAPY

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Spray & Stretch
- ___ Mobilization
- ✓ Manual Traction
- ___ Myofascial Release
- ___ CranioSacral Therapy
- ___ IntraOral/ TMJ

Regions Rem OL, Deep

KINETIC ACTIVITIES

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Biomechanics
- ___ Functional Activities
- ___ Relaxation Training
- ___ Movement Awareness
- ✓ Closed Chain Activity
- ___ Plyometrics
- ✓ Home Program Instruction

NEUROMOTOR RE-ED

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ Balance
- ___ Coordination Ex.
- ✓ Stabilization Ex.
- ✓ Postural Awareness
- ___ Other ___

THERAPEUTIC EXERCISE

Specify Time

- ✓ 15 min
- ___ 30 min
- ___ 45 min
- ___ 60 min
- ___ AROM
- ___ PROM/AA
- ___ Isometric Ex.
- ✓ Isotonic Ex.
- ___ Isokinetic Ex.
- ___ Bike
- ___ Treadmill
- ___ Total Gym
- ___ H.E.A.R.T.S.
- ___ Home Program

Specify Protocol ___

ASSESSMENT: ✓ Tolerates Plan Well ___ Compliant with Program

Percent Change from initial visit: ___ 0 to 25 ___ 25 to 50 ___ 50 to 75 ___ 75 to 100

Range of Motion

- ✓ Increased
- ___ Unchanged
- ___ Decreased

Quality

- ___ Protected
- ___ Natural

Actual every 4th visit

Shoulder all WFL

PLAN: ✓ Continue with same regimen. ___ Progress to Exercises ___ Note to Physician ___ Discharge Planning

Note: ___

Richard Jones

SHOULDER EXAMINATION

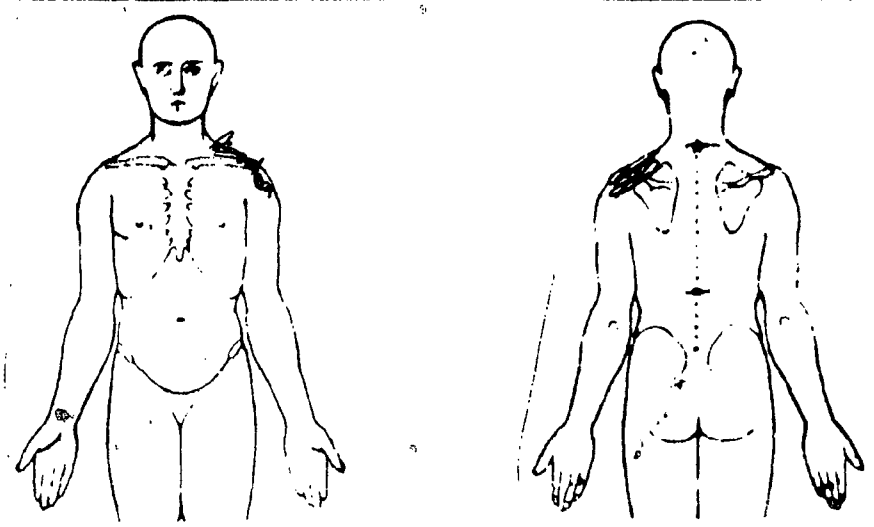
NAME: H Michael Titus

CHIEF COMPLAINT: _____

ONSET: Insidious ( ) Traumatic (✓) Other ( ) MVA

PAST MED. SURG. HX.: _____

PAIN:



SLEEPS ON ARM AT NIGHT?: Yes ( ) No (✓)

INSPECTION: Subluxation? Yes ( ) No (✓)

Atrophy? yes mild Ant + mild Deltoid

Other _____

EXAM:

1. Positive upper quarter screen findings: Painful arc scapular substitution
2. Active elevation: 160°, arc? yes (✓) no ( )
3. Passive elevation: 180°, P. R. , E.F. open
4. Passive G-H abduction: 165°, P. R. , E.F. _____
5. Passive ext. rotation: 45°, P. R. , E.F. _____
6. Passive int. rotation: WNL, P. R. , E.F. _____
7. Resisted abduction: Painful ✓ Painless _ Strong ✓ Weak _
8. Resisted adduction: Painful _ Painless ✓ Strong ✓ Weak _
9. Resisted ext. rotation: Painful _ Painless ✓ Strong _ Weak ✓
10. Resisted int. rotation: Painful _ Painless ✓ Strong _ Weak _
11. Resisted biceps: Painful ✓ Painless _ Strong ✓ Weak _
12. Resisted triceps: Painful _ Painless ✓ Strong ✓ Weak _

IMPRESSION: S/P MVA complaints, impingement 2° inflammation

PLAN: A+P Rom, Thera-Ex per Shoulder program as tolerated

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1/90