

Harrington

HOSPITAL

Total Local Care

I, Lauren Monaco, a duly authorized agent of this facility, certify that the attached medical records and reports relating to the treatment of

Peter Frei are true, and genuine and

complete copies, signed under the pains and penalties of perjury this

2 day of March, 2012.

Dates of Service: 2/19/11-present

Number of pages: 14



Lauren Monaco

ROI Clerk

**HARRINGTON MEMORIAL HOSPITAL
100 SOUTH STREET
SOUTHBRIDGE, MA 01550
(508) 765-9771**

Emergency Care Center Physician Report

Patient: FREI,PETER
Date of Birth: 03/15/1951
Account #: H00018401109
Medical Record #: M000229315

Arrival Date: 02-19-2011

HPI:

02/19 This 59 years old Caucasian Male presents to ER via Walk-In sk
22:39 with complaints of Assault.

22:39 Event occurred prior to arrival. Assailant was unknown to sk
patient. was kicked in the back of his legs as he was walking
away. Since the event not applicable. Also reports headache,
no loss of consciousness, lower back and left hip pain.
Currently, the symptoms in the emergency department have
improved, markedly. The patient has not experienced similar
symptoms in the past. The patient has not recently seen a
physician. Patient was on his property, and was asking some
trespassers to leave. They had agreed, and the patient
started to walk away, when he was kicked repeatedly in the
back of his legs, causing him to fall to the ground on the
ice. He hit his head on the ground, but there was no LOC, he
was able to get up and walk home. After sitting for awhile,
he began to have a slight headache, which the patient feels
was more due to the stress of the situation than the fall. He
is also complaining of some mild lower back pain and left hip
pain. No changes in bowel or bladder, no numbness tingling or
weakness, no other acute complaints.

Historical:

- Allergies: No Known Drug Allergies;
- Home Meds:
 1. None
- PMHx: None;
- PSHx: None;
- Immunization history:: Flu vaccine is not up to date. Last
tetanus immunization: up to date. 2007.
- The history from nurses notes was reviewed: and I agree
with what is documented.
- Social history:: The patient/guardian denies using tobacco.
- Code Status:: Full code.

ROS:

22:42 Constitutional: Negative for fever, chills, and weight loss, sk

FREI,PETER

MR#: M000229315

Report #: 0219-0296

Harrington Memorial Hospital -

ENT: Negative for injury, pain, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration. Endocrine: Negative for neck swelling, polydipsia, polyuria, polyphagia, and marked weight changes. Back: Positive for injury or acute deformity, pain at rest, pain with movement, Negative for vertebral tenderness, costovertebral angle tenderness. GU: Negative for injury or acute deformity, acute changes. Neuro: Positive for headache.

Exam:

22:42 Constitutional: This is a well developed, well nourished sk patient who is awake, alert, and in no acute distress. Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No distension or tympany. No guarding or rebound. No evidence of tenderness throughout. Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis. MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait. Back: pain, that is very mild, of the low back area, left low back and right low back, ROM is normal, normal spinal alignment noted, CVA tenderness, is absent, vertebral tenderness, is not appreciated, muscle spasm, is not present.

22:43 Head/Face: Normocephalic, atraumatic. Chest/axilla: Normal sk chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated.

Vital Signs:

17:31 BP 150 / 80 LA Sitting (man/reg); Pulse 88; Resp 18; Temp ab 79.9; Weight 73Kg / 160.97Lbs(R); Height 6 ft. 0 in. (182.88 cm) (R); Pain 2/10;

FREI,PETER
MR#: M000229315
Report #: 0219-0296

Harrington Memorial Hospital -

Glasgow Coma Score:

22:45 Eye Response: spontaneous(4). Verbal Response: oriented(5). sk
Motor Response: obeys commands(6). Total: 15.

Trauma Score (Adult):

22:43 Eye Response: spontaneous(1); Verbal Response: oriented(1); sk
Motor Response: obeys commands(2); Systolic BP: > 89 mm
Hg(4); Respiratory Rate: 10 to 29 per min(4); Glasgow Score:
15; Trauma Score: 12

MDM:

21:15 Patient medically screened. sk
22:41 Data reviewed: vital signs, nurses notes. Test sk
interpretation: by ED physician or midlevel provider: plain
radiologic studies are negative.
22:43 Counseling: I had a detailed discussion with the patient sk
and/or guardian regarding: the historical points, exam
findings, and any diagnostic results supporting the
discharge/admit diagnosis, radiology results, the need for
outpatient follow up, a family practitioner.

Disposition Summary:

02/19 Discharged to Home/Self Care. Impression: Fall, Back Injury,
Hip Pain, Head Injury.

22:44 sk

- Condition is Stable.
- Discharge Instructions: Blunt Trauma, Head Injuries, Adult,
Back Pain & Injury, Hip Injury.
- Fax Form, Medication Reconciliation.
- Follow up: Private Physician; When: Next week; Reason:
Recheck today's complaints.
- Problem is new.
- Symptoms have improved.

Signatures:

Dispatcher MedHost	EDMS
Buzzell, Amy B., RN	RN ab
Keaney, Stephanie, MD	MD sk
Burlingame, Sarah, RN	RN sb2

FREI,PETER
MR#: M000229315
Report #: 0219-0296

HARRINGTON MEMORIAL HOSPITAL
100 SOUTH STREET
SOUTHBRIDGE, MA 01550
(508) 765-9771

Emergency Care Center Nursing Report

Patient: FREI,PETER
Date of Birth: 03/15/1951
Account #: H00018401109
Medical Record #: M000229315

Arrival Date: 02-19-2011

Presentation:

02/19 Method of Arrival: Walk-In, ab
17:31

17:31 Acuity: Semi-Urgent. ab

17:31 Presenting complaint: Patient states: STATES ASSAULTED IN OWN ab
YARD, KICKED FROM BEHIND AND FELL. COMPLAIN OF PAIN IN RIGHT
HIP AND BUTTOCKS. ABRASION TO LEFT HAND, HEADACHE. DENIES
LOC. Care prior to arrival: None. Method of arrival:
Ambulated without assistance. Acuity: semi-Urgent. Mechanism
of Injury: Aggravated assault with LEG by unknown person(s).

Triage Assessment:

17:31 General: Appears uncomfortable, Behavior is cooperative, ab
pleasant. Pain: Complains of pain in right gluteus maximus
and right hip Pain currently is 2 out of 10 on a pain scale.
At worst was 10 out of 10 on a pain scale. Musculoskeletal:
Reports pain in right gluteus maximus and right hip.

Historical:

- Allergies: No Known Drug Allergies;
- Home Meds:
 1. None
- PMHx: None;
- PSHx: None;
- Immunization history:: Flu vaccine is not up to date. Last
tetanus immunization: up to date. 2007.
- Social history:: The patient/guardian denies using tobacco.
- Code Status:: Full code.

Screening:

20:13 Abuse screen: Denies threats or abuse. Nutritional screening: sb2
No deficits noted. Fall Risk None identified.

Assessment:

20:13 Care plan: initiated adult ECC-M&S standard care plan. sb2

Vital Signs:

17:31 BP 150 / 80 LA Sitting (man/reg); Pulse 88; Resp 18; Temp ab
FREI,PETER

MR#: M000229315

Report #: 0219-0295

Harrington Memorial Hospital -

79.9; Weight 73Kg / 160.97Lbs(R); Height 6 ft. 0 in. (182.88 cm) (R); Pain 2/10;

Glasgow Coma Score:

22:45 Eye Response: spontaneous(4). Verbal Response: oriented(5). sk
Motor Response: obeys commands(6). Total: 15.

Trauma Score (Adult):

22:43 Eye Response: spontaneous(1); Verbal Response: oriented(1); sk
Motor Response: obeys commands(2); Systolic BP: > 89 mm Hg(4); Respiratory Rate: 10 to 29 per min(4); Glasgow Score: 15; Trauma Score: 12

ED Course:

17:31 Patient arrived in ED. ab
17:31 Patient moved to Main Waiting. ab
17:31 Patient placed in waiting room Patient notified of wait time. ab
17:41 Triage completed. ab
20:06 Patient moved to ECC2. sb2
20:06 Patient visited by Burlingame, Sarah, RN sb2
20:13 Cardiac monitor: not applicable. Disposition of valuables: sb2
not applicable.
21:15 Patient visited by Keaney, Stephanie, MD sk
21:15 Patient visited by Keaney, Stephanie, MD sk
22:19 Patient visited by Burlingame, Sarah, RN sb2

Outcome:

20:13 Condition: stable. Total length of IV Infusions: 31-90 sb2
minutes.
22:44 Discharge ordered by MD. sk
22:49 Discharged to home ambulatory. Discharge instructions given sb2
to patient, Instructed on discharge instructions, follow up
and referral plans. Demonstrated understanding of
instructions.
22:50 Patient left the ED. sb2

Signatures:

Buzzell, Amy B., RN RN ab
Keaney, Stephanie, MD MD sk
Burlingame, Sarah, RN RN sb2

FREI, PETER
MR#: M000229315
Report #: 0219-0295

Harrington

HEALTHCARE SYSTEM

Total Local Care

FREI,PETER
 H00018401109
 HILLIKER,KEITH R
 59 03/15/1951 02/19/1102/19/11
 MR# M000229315 M ER
 LAVOIE,MARSHA A MD



Harrington Hospital 100 South Street Southbridge MA 508-765-9771	Harrington Healthcare at Hubbard 340 Thompson Road Webster MA 01570 508-949-8702
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Discharge Instructions for: **Frei, Peter**
Arrival Date: **Saturday, February 19, 2011**

Thank you for choosing **Harrington Healthcare** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Keaney, Stephanie, MD

Diagnosis: Fall; Back Injury; Head Injury; Hip Pain

DISCHARGE INSTRUCTIONS	FORMS
Blunt Trauma Head Injuries, Adult Back Pain & Injury Hip Injury	Medication Reconciliation Fax Form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: Next week; Reason: Recheck today's complaints	None
SPECIAL NOTES	
None	

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

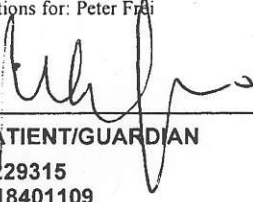
If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

FOLLOW UP:

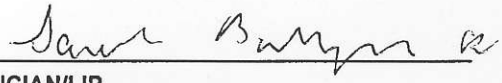
If you do not have a Private Physician, please call the Physician Referral Service at (508)765-3145.

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Discharge Instructions for: Peter Frei



Peter Frei PATIENT/GUARDIAN
RN # M000229315
ACCT # H00018401109



PHYSICIAN/LIP
2/16/11

DATE

Chart Copy

FREI, PETER
H00018401109
HILLIKER, KEITH R
59 03/15/1951 02/19/11 02/19/11
MR# M000229315 M ER
LAVOIE, MARSHA A MD



DATE: 06/30/11 @ 0830

Harrington Memorial SCH *LIVE*

PAGE 1

USER: RDOMIJAN

Harrington Hospital Standard Facesheet

Patient Name: FREI,PETER F

Patient Acct Number: H00019052695

Room and Bed:

Admit DR Name:

Attend DR Name: LAVOIE,MARSHA A MD

PCP DR Name: LAVOIE,MARSHA A MD

Family DR Name:

ER DR Name:

Other DR Name:

MR Number: M000229315

DOB: 03/15/1951

SS Number: 018-78-6852 Device: REHAB1

Age: 60 Appt Date:

Pt.home phone: (413)245-4660

Pt. Street: 101 MAYBROOK RD

Pt. Street2:

Pt. City: HOLLAND

PT. ST: MA

Pt. Zip: 01521

Marital Status: S

Adm/serv date: 06/28/11

Reservation Date: 06/28/11

Adm/serv time: 0900

Discharge/Depart Date:

Last Visit Date:

06/24/11

Discharge/Depart Time:

Discharge/Depart Disp:

Sex: M

Race: CA

Religion: NO

Affiliation:

Patient Status: REG RCR

Patient Service:

Patient Location: PT

Patient FC: WU

Patient Accommodation:

Admit Source: PHY

Admit Priority: EL

Admit Clerk Initials: BLALIBER

Maiden Other Name:

Adm dx:

Diag Code: 724.2 Secondary Diag Code:

Comments: NETWORK EVAL THEN FAX NO COPAY W. NANCY

NOK name: MANNING,DANA

NOK home phone: (508)864-3290

NOK work phone:

NOK relationship: SG

Notify name: MANNING,DANA

Notify home phone: (508)864-3290

Notify work phone:

Notify relationship: SG

EMP name: SELF EMPLOYED

EMP street:

EMP street2:

EMP city:

EMP St:

EMP zip:

EMP phone:

Occupation:

GUAR name: FREI,PETER

DATE: 06/30/11 @ 0830

Harrington Memorial SCH *LIVE*

PAGE 2

USER: RDOMIJAN

Harrington Hospital Standard Facesheet

GUAR street: 101 MAYBROOK RD
GUAR street2:
GUAR city: HOLLAND
GUAR St: MA
GUAR zip: 01521
GUAR home phone: (413)245-4660
GUAR PT relationship: SP
GUAR EMP name: SELF EMPLOYED
GUAR EMP street:
GUAR EMP street2:
GUAR EMP city:
GUAR EMP St:
GUAR EMP zip:
GUAR EMP phone:
INS name1: NETWORK COMMONWEALTH CARE
Insured name1: FREI,PETER

AUTH #1: R152336

INS group number1:
INS policy number1: N00507099
Insured rel1: SP
Insured subs1: FREI,PETER
INS name2:
INS group number2:
INS policy number2:
Insured name2:
Insured rel2:
Insured subs2: FREI,PETER
Reason for visit (literal): LBP
Occur Type: 35
Occur Date: 06/07/11
Clergy and Visitors:
NOK cell number:
PTN cell number:
Primary language: ENG
Ethnicity: AM AMERCN
ADV Direct: N
Organ Donor: Y
POA:

AUTH #2:

Guardianship

MRSA: N

VRE: N

Active TB: N

Bar Code Acct Number:



ROB: 03/10/08

Age/Sex: 60 M Attending: LAVOIE, MARSHA A MD
Unit #: M000229315 Account #: H00019052695

FREI, PETER

Status: DIS RCR Admitted:
Location: PT Room/Bed:

Activity	Occurred	Recorded	Sts	Freq/Target	Pri	Change	From
Type	Date	Time By	Date	Time By	Doc Units		

Activity	Occurred	Recorded	Sts	Freq/Target	Pri	Change	From
Type	Date	Time By	Date	Time by	Doc Units		

Additional Plan of Care

Problem: **KND - Knowledge Deficit** [D]

May be related to:
Recent diagnosis
Ineffective past teaching/learning
New medication
New treatment

Possibly evidenced by:
Requests for information
Verbalizing inaccurate information
Inaccurate task performance
Denying need to learn

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

LT Outcome: **PT Increase Knowledge** [D] 07/07/11
The patient will; be indep. with HEP; demo self mgmt techniques

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Target 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

Problem: **PAIN - Pain** [D]

May be related to:
Disease process
Surgery
Trauma
Injury
Diagnostic procedures

Possibly evidenced by:
Patient statement of pain
Guarding behaviors
Self-focused behavior
Absence of causative factors
Communicating pain description
Psychological factors
Sociocultural factors
Environmental factors

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

LT Outcome: **PT Report Pain at a Tolerable Level** [D] 07/07/11
Decrease pain to; range 0/10 to 3/10

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Target 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

LT Outcome: **PT Report Pain at a Tolerable Level** [D] 07/07/11
bend forward without pain to dress/undress

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Target 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

Problem: **ROM: SPINE - Limited ROM - Spine** [D]

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

PROB: ROM: SPINE OTCM: PT: ROM: LUM

LT Outcome: **PT Increase Lumbar Spine AROM** [D] 07/07/11
WFL; for all activities

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Target 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

Problem: **STRENGTH - Limited LS Strength** [D]

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

LT Outcome: **PT Improved LS Strength** [D] 07/07/11
left; hip; abduction; incr. strength to WFL

Create 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Target 06/07/11 1051 NJO 06/07/11 1051 NJO
Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

Date: 06/07/11 1012

0256501 **PT Back Evaluation** [A] [PE]

Create 06/07/11 1012 NJO 06/07/11 1012 NJO
Document 06/07/11 1012 NJO 06/07/11 1047 NJO PT History Assmnt - Eval

Evaluation Status.....Initial
Primary Diagnosis.....LBP
Treatment Diagnosis.....LBP
Reason For Referral.....relief of pain
History of Present Illness.....
Pain started Feb 19, 2011 he was accidentally kicked from behind the knees and fell on the ice. He injured his R elbow and his back
Describe illness/injury
Prior Treatment For This Diagnosis.....N
include date and location
Pertinent Past Medical History.....Noncontributory
Precautions/ Limitations.....Standard
Lives With.....Alone
Mental Status.....Cooperative
.....Pleasant
SS Mental Status Orientation.....Oriented X 3
Communication Status.....Normal
Speech Eval ADL Prior Level of Function.....Independent
Prior IADL Level of Function.....Independent
In-Home Mobility Prior Level of Function.....Independent
Community Mobility Prior Level of Function.....Independent
Work Activities Prior Level of Function.....antique dealer
Leisure Activities Prior Level of Function.....
very busy all of the time. involved in politics
ADL Current Level of Function.....Independent
IADL Current Level of Function.....Independent
In-Home Mobility Current Level of Function.....Independent
Community Mobility Current Level of Function.....Independent
Work Activities Current Level of Function.....same
Leisure Activities Current Level of Function.....same
Home Assessment/Barriers to Safety.....has stairs in an out building
Document 06/07/11 1012 NJO 06/07/11 1047 NJO Pain Assessment
Reason for Pain Assessment.....Initial
Pain Location Body Site Modifier.....Left
Pain Location Body Site.....buttock
Pain Description.....Chronic
Pain Intensity (0/10).....6

Age/Sex: 60 M Attending: LAVOIE, MARSHA A MD
Unit #: M000229315 Account #: H00019052695

FREI, PETER

Status: DIS RCR Admitted:
Location: PT Room/Bed:

INT:0256501

Activity Type	Occurred Date	Recorded Date	Time By	Sts	Freq/Target	Pri	Change	From
PT Back Evaluation				A				ES
Pain Scale Used.....Verbal								
Pain Radiation Location.....L buttock								
Alleviating Factors Comment.....								
avoiding treadmill								
Pain Aggravating Factor Comment....								
seems to be worse in the morning, difficulty running on the treadmill > 5 min (usually able to go 30 min). bending forward								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Lumbar Spine Goniometric ROM			
Lumbar Spine Movement Direction.....Flexion								
Lumbar Spine Active Flexion Range of Motion.....80 degrees								
Lumbar Spine Active Extension Range of Motion.....20 degrees								
Lumbar Spine Lateral Flexion Active Range of Motion...30 degrees								
Lumbar Spine ROM Comments.....30 SB L, 20 SB R								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Hip Gross Strength			
Hip Muscle Strength Location....Left								
Hip Flexion Strength Grade....5 Normal								
Hip Extension Strength Grade...5 Normal								
Hip Abduction Strength Grade...3+ Fair+								
Hip Muscle Strength Location....Right								
Hip Flexion Strength Grade....5 Normal								
Hip Extension Strength Grade...5 Normal								
Hip Abduction Strength Grade...5 Normal								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Knee Gross Strength			
Knee Location.....Left								
Knee Flexion Strength Grade....5 Normal								
Knee Extension Strength Grade...5 Normal								
Knee Location.....Right								
Knee Flexion Strength Grade....5 Normal								
Knee Extension Strength Grade...5 Normal								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Ankle/Foot Gross Strength			
Ankle Strength Location.....Left								
Ankle Dorsiflexion Strength Grade....5 Normal								
Ankle Plantarflexion Strength Grade...4 Good								
Ankle Strength Location.....Right								
Ankle Dorsiflexion Strength Grade....5 Normal								
Ankle Plantarflexion Strength Grade...5 Normal								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			L-Spine & Hip Special Tests			
Hip Sitting Root Test.....Negative Left								
.....Negative Right								
Unilateral Straight Leg Raise (Lasegue) Test.....Negative Left								
.....Negative Right								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Sensation Assessment			
CSM Modifier.....Left								
Sensation Location.....Leg								
Sensation Description.....Normal								
Sensation Assessment Summary Comments....denies numbness, tingling								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			PT CPT Codes			
PT CPT Codes....97001 Evaluation								
....97010 Hot/Cold Pack								
....97140 Manual Therapy								
....97002 Re-Evaluation								
....97110 Ther Ex								
....97035 Ultrasound								
....PT Outpatient Visit								
....PT New Outpatient								

INT:0256501

Activity Type	Occurred Date	Recorded Date	Time By	Sts	Freq/Target	Pri	Change	From
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			Rehab TX Plan - Eval			
Rehab Problem List.....Knowledge Deficit								
.....Pain								
.....Limited ROM - Spine								
.....Limited LE Strength								
Patient's Goals.....get well								
Prognosis/Motivation to Achieve Goals.....Good								
Identified Barriers to Goal Achievement...No barriers								
Rehab Potential.....Good								
Recommended Plan.....								
ultrasound, manual therapy, ther ex re-eval								
Therapy Frequency/Duration per Session...2 x per week for 5 weeks								
Plan Discussed With.....Patient								
Understands Plan of Care.....Y								
Agree With Plan of Care.....Y								
Treatment Plan Comment.....								
PT would benefit from skilled PT to address issues of pain, spasm, decr trunk ROM, decr strength LLE								
Document	06/07/11 1012 NJO	06/07/11 1047 NJO			PT Charges			
PT Charges.....Outpatient Evaluation								
.....Outpatient Visit								
.....New Outpatient								
Total PT Evaluation Time...60.0 Minutes								
Date: 06/14/11 0949								
1255000	PT Daily Progress Note			A				PS
Create	06/14/11 0949 BDO	06/14/11 0949 BDO						
1750175	PT Therapeutic Exercises			A				PS
Create	06/14/11 0949 BDO	06/14/11 0949 BDO						
Date: 06/14/11 0950								
1255000	PT Daily Progress Note			A				PS
Document	06/14/11 0950 BDO	06/14/11 1002 BDO			Rehab # Visits/Visits.....2			
Rehab Approval End Date.....6/30/11								
Treatment Diagnosis.....LBP								
Precautions/ Limitations...Standard								
Pain Intensity (0/10).....3								
Pain Comment...								
..IF HE TWISTS AT THE WAIST IT WILL CAUSE PAIN								
Ultrasound Location Modifier.....Left								
Ultrasound Treatment Location.....LOW BACK								
Ultrasound Treatment Patient Position.....Prone								
Ultrasound Coupling Medium.....Ultrasound Lotion								
Ultrasound Mode Setting.....Continuous								
Ultrasound Intensity Setting.....1.2 w/cm2								
Ultrasound Treatment Duration.....7 minutes								
Ultrasound Treatment Tolerance.....Good								
Massage Location Modifier.....Left								
Massage Treatment Location.....Lower Back								
Patient Position for Massage.....Prone								
Massage Technique.....Myofascial Release								
.....STM								
.....With Biofreeze								
Massage Treatment Response.....Increased Flexibility								
.....Decreased Pain								
Manual Treatment Comment.....								
MY BACK FEELS COMFORTABLE AFTER THE TREATMENT								

Age/Sex: 60 M Attending: LAVOIE, MARSHA A MD
 Unit #: M000229315 Account #: H00019052695

FREI, PETER

Status: DIS RCR Admitted:
 Location: PT Room/Bed:

INT:1255000
 Activity Occurred Recorded Sts Freq/Target Pri Change From
 Type Date Time By Date Time By Doc Units

1255000 PT Daily Progress Note [A] [PS]
 Ed Results 06/14/11 0950 BDO 06/21/11 0940 NJO

PT Charges.....Outpatient Visit
 Ultrasound Units.....1 units
 15 Minutes = 1 Unit
 Manual Therapy Units.....1 units
 15 Minutes = 1 Unit

1750175 PT Therapeutic Exercises [A] [PS]

Document 06/14/11 0950 BDO 06/14/11 1002 BDO Back Exercise
 Back Exercise Location.....Low
 Back Exercise Name.....Piriformis Stretch
Single Knee to Chest
Lower Trunk Rotation
Prone Lift of UE/LE
 Back Exercises # Repetitions...10
 Back Exercise # Sets.....1
 Back Exercise Tolerance.....Excellent
 Back Exercise Limitations.....Pain
 Back Exercise Comment.....

Pt is very flexible--has no problem with any of the ex given to him

Date: 06/17/11 1002

1255000 PT Daily Progress Note [A] [PS]

Document 06/17/11 1002 NJO 06/17/11 1003 NJO
 Rehab # Visits/Visits.....3
 Rehab Approval End Date.....6/30/11
 Treatment Diagnosis.....LBP
 Precautions/ Limitations...Standard
 Pain Intensity (0/10).....3
 Ultrasound Location Modifier.....Left
 Ultrasound Treatment Location.....LOW BACK
 Ultrasound Treatment Patient Position.....Prone
 Ultrasound Coupling Medium.....Ultrasound Lotion
 Ultrasound Mode Setting.....Continuous
 Ultrasound Intensity Setting.....1.2 w/cm2
 Ultrasound Treatment Duration.....7 minutes
 Ultrasound Treatment Tolerance.....Good
 Message Location Modifier.....Left
 Message Treatment Location.....Lower Back
 Patient Position for Massage.....Prone
 Message Technique.....Myofascial Release
STM
With Biofreeze
 Message Treatment Response.....Increased Flexibility
Decreased Pain

Ed Results 06/17/11 1002 NJO 06/21/11 0941 NJO

PT Charges.....Outpatient Visit
 Ultrasound Units.....1 units
 15 Minutes = 1 Unit
 Manual Therapy Units.....1 units
 15 Minutes = 1 Unit

1750175 PT Therapeutic Exercises [A] [PS]

Document 06/17/11 1002 NJO 06/17/11 1003 NJO Back Exercise
 Back Exercise Location.....Low
 Back Exercise Name.....Single Knee to Chest
Lower Trunk Rotation
Double Knee to Chest
 Back Exercises # Repetitions...10

INT:1750175
 Activity Occurred Recorded Sts Freq/Target Pri Change From
 Type Date Time By Date Time by Doc Units

Back Exercise # Sets.....1
 Back Exercise Tolerance.....Excellent
 Date: 06/21/11 0930

1255000 PT Daily Progress Note [A] [PS]

Document 06/21/11 0930 NJO 06/21/11 0932 NJO
 Rehab # Visits/Visits.....4
 Rehab Approval End Date.....6/30/11
 Treatment Diagnosis.....LBP
 Precautions/ Limitations...Standard
 Pain Intensity (0/10).....4
 Pain Comment.....L low back and buttock
 Subjective Comments.....incr pain since he woke up this mornng
 Ultrasound Location Modifier.....Left
 Ultrasound Treatment Location.....LOW BACK
 Ultrasound Treatment Patient Position.....Prone
 Ultrasound Coupling Medium.....Ultrasound Lotion
 Ultrasound Mode Setting.....Continuous
 Ultrasound Intensity Setting.....1.2 w/cm2
 Ultrasound Treatment Duration.....7 minutes
 Ultrasound Treatment Tolerance.....Good
 Message Location Modifier.....Left
 Message Treatment Location.....Lower Back
 Patient Position for Massage.....Prone
 Message Technique.....Myofascial Release
STM
With Biofreeze
 Message Treatment Response.....Decreased Pain

Ed Results 06/21/11 0930 NJO 06/21/11 0941 NJO

PT Charges.....Outpatient Visit
 Ultrasound Units.....1 units
 15 Minutes = 1 Unit
 Manual Therapy Units.....1 units
 15 Minutes = 1 Unit

1750175 PT Therapeutic Exercises [A] [PS]

Document 06/21/11 0930 NJO 06/21/11 0932 NJO Back Exercise
 Back Exercise Location.....Low
 Back Exercise Name.....Single Knee to Chest
Lower Trunk Rotation
Double Knee to Chest
 Back Exercises # Repetitions...10
 Back Exercise # Sets.....1
 Back Exercise Tolerance.....Excellent
 Back Exercise Comment.....added prone heel squeeze and hooklying pillow squeeze

Date: 06/24/11 1001

1255000 PT Daily Progress Note [A] [PS]

Document 06/24/11 1001 NJO 06/24/11 1002 NJO
 Appointment Comment.....no ex today - pt late for appointment
 Rehab # Visits/Visits.....5
 Rehab Approval End Date.....6/30/11
 Treatment Diagnosis.....LBP
 Precautions/ Limitations...Standard
 Pain Intensity (0/10).....0
 Ultrasound Location Modifier.....Left
 Ultrasound Treatment Location.....LOW BACK
 Ultrasound Treatment Patient Position.....Prone
 Ultrasound Coupling Medium.....Ultrasound Lotion
 Ultrasound Mode Setting.....Continuous

Age/Sex 60 M Attending LAVOIE, MARSHA A MD
Unit # M000229315 Account # H00019052695

FREI, PETER

Status DIS RCR Admitted
Location PT Room/Bed

INT:1255000
Activity Occurred Recorded Sts Freq/Target Pri Change From
Type Date Time By Date Time By Doc Units

INT:5501001
Activity Occurred Recorded Sts Freq/Target Pri Change From
Type Date Time By Date Time by Doc Units

1255000 PT Daily Progress Note [A] [PS]
Ultrasound Intensity Setting.....1.2 w/cm2
Ultrasound Treatment Duration.....7 minutes
Ultrasound Treatment Tolerance.....Good
Massage Location Modifier.....Left
Massage Treatment Location.....Lower Back
Patient Position for Massage.....Prone
Massage Technique.....Myofascial Release
.....STM
.....With Biofreeze
Massage Treatment Response.....Decreased Pain
PT Charges.....Outpatient Visit
Ultrasound Units.....1 units
15 Minutes = 1 Unit
Manual Therapy Units.....1 units
15 Minutes = 1 Unit

Date: 06/28/11 0928

1255000 PT Daily Progress Note [A] [PS]

Document 06/28/11 0928 NJO 06/28/11 0929 NJO
Rehab # Visits/Visits.....6
Rehab Approval End Date.....6/30/11
Treatment Diagnosis.....LBP
Precautions/ Limitations...Standard
Pain Intensity (0/10).....1
Subjective Comments.....Had incr pain on Saturday. Now resolved
Ultrasound Location Modifier.....Left
Ultrasound Treatment Location.....LOW BACK
Ultrasound Treatment Patient Position.....Prone
Ultrasound Coupling Medium.....Ultrasound Lotion
Ultrasound Mode Setting.....Continuous
Ultrasound Intensity Setting.....1.2 w/cm2
Ultrasound Treatment Duration.....7 minutes
Ultrasound Treatment Tolerance.....Good
Massage Location Modifier.....Left
Massage Treatment Location.....Lower Back
Patient Position for Massage.....Prone
Massage Technique.....Myofascial Release
.....STM
.....With Biofreeze
Massage Treatment Response.....Decreased Pain
PT Charges.....Outpatient Visit
Ultrasound Units.....1 units
15 Minutes = 1 Unit
Manual Therapy Units.....1 units
15 Minutes = 1 Unit

Date: 06/30/11 0831

0256501 PT Back Evaluation [D] [PS]

Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

1255000 PT Daily Progress Note [D] [PS]

Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

1750175 PT Therapeutic Exercises [D] [PS]

Ed Status 06/30/11 0831 his 06/30/11 0831 his A->D

Date: 06/30/11 0928

5501001 PT Discharge Summary [A] [PS]

Create 06/30/11 0928 NJO 06/30/11 0928 NJO

Date: 06/30/11 0930

5501001 PT Discharge Summary [A] [PS]

Document 06/30/11 0930 NJO 06/30/11 0934 NJO
Treatment Diagnosis.....LBP
Evaluation Date.....June 7, 2011
Rehab D/C Summary Discharge Date.....06/28/11
Number Visits Attended.....6 visits
Appointments Attended.....All Appointments
Rehab Patient Compliance.....Good
Therapeutic Exercise and Activities.....Active ROM
.....Core Stability
PT D/C Summary Manual Therapy.....STM
PT D/C Summary Modalities.....Ultrasound
Functional Status at Time of Discharge.....
Pain reduced to 0-1/10. He currently has Network Health Forward as his insurance provider. However, beginning July 1, 2011 Harrington Hospital will no longer be accepting this insurance. He has been notified of this change. In order to continue to receive PT at this facility, he would have to apply to one of the other Network Health plans. He prefers not to do so at this time. He is discharged from our service.
Rehab D/C Summary Goal Status.....Good Progress Noted
Rehab D/C Summary Patient Instructed in HEP...Y

Date: 07/01/11 0421

5501001 PT Discharge Summary [D] [PS]

Ed Status 07/01/11 0421 his 07/01/11 0421 his A->D

User Key			
Monogram	Initials	Name	Care Provider Type
BDQ	BDQOLTT	BEVERLY DOOLITTLE, PTA	PTA
NJO	NJONES	NANCY JONES, PT	PT
his		automatic by program	