JANE DOE
MEDICAL CHRONOLOGY
DOL: 05/25/17

PROVIDER	*DATE OF SERVICE*	*CHART NOTES*
NWH NW Primary Care Vara Kraft, MD No recs – referral to PT in TA recs	06/16/17	**History** **Subjective Findings** **Objective Findings** **Diagnosis** MVA, restrained driver – ICD10: V89.2XXA. Neck muscle strain – ICD10: S16.1XXA. Lumbar strain – ICD10: S39.012A. **Treatment** Referral to physical therapy.
Therapeutic Associates Trevor Farm, PT Lindsey Russell, PT	06/26/17 – 07/25/19 27 Visits	**History** Referral from Dr. Vara Kraft and Dr. Rion Berg. Neck and back pain from MVA. Rear-ended 1 month ago from stopped position where large commercial truck hit her but at a pretty low speed. **Subjective Findings** No initial pain but by following day experienced stiffness and pain in cervical and lumbar spine. Has gotten better but still feeling irritated. Aleve and massages help but she still cannot sit for too long due to pain. Functional limitations with sitting, tennis, and driving. **Objective Findings** Trapezius and pectoralis major muscle hypertrophy. Increased cervical lordosis, lumbar lordosis, and thoracic kyphosis. Decreased cervical ROM in all planes with pain. Positive orthopedic testing results.

		Treatment Manual therapy. Therapeutic activities. Therapeutic exercise. Neuromuscular re-education. Home exercise program. **Discharge** Some relief after treatment but has not returned to normal activity. **Plan** Continue with treatment plan and progress exercise as tolerated. "I anticipate the next encounter will fall primarily in the segmental movement impairment treatment pathway."
Seattle's Elite Physical Therapy Adam Whitman, DPT	06/08/18 – 06/14/18 2 Visits	**History** Referred to therapy for neck pain by Dr. Seth Swank. Present since May 22, 2017. MVA in 2017. **Subjective Findings** Neck pain into shoulder. Difficulty sleeping and sitting at desk. Unable to do any rigorous activities. Previous treatments include massage, PT, and trigger point injection. Pain in 1/10 at best and 2/10 at worst. **Objective Findings** Severely positive median and radial provocation testing, neuro-postural imbalance, hyper-reflexia, and dysfunctional movement patterns. Demonstrates a pure median nerve slack position as a position of relief with cues or anatomical background to suggest she found this outside of anything other than slacking the peripheral neural system. Recommend return 2 times per week. **Treatment** Education on normal biomechanics and peripheral neuropathic concepts. Neuromuscular re-education.
Pains End Massage Therapy Clinic	06/08/18	**Subjective Findings** Neck and upper back pain.

Todd Picton, LMP		**Objective Findings** Hypertonicity in muscles of the lateral and anterior cervical spine, suboccipital, semispinalis, longissimus, splenius capitis, upper trapezius, levator scapulae, sternocleidomastoid, and others. Restricted range of cervical side-bending, rotation and extension. **Treatment** Manual therapy. **Plan** Continue to treat weekly, to bi-weekly, or per doctor's recommendation.
Northwest ENT Associates Nilesh Shah, MD	06/21/18	**History** Follow-up of tinnitus and oral lesion. **Subjective Findings** Presents with high pitch and pulsatile in both ears that began 6/11/18. Symptoms are not changed, have been severe and occur constantly. Recent Diclofenac use for arthritis. Ringing ranging from non-pulsatile to pulsatile (? Synchrony with heartbeat). 2 doses of Cyclobenzaprine on May 24, 1 week of Finnacea for rosacea. Oral lesion onset on 5/24/18, moderate to severe and unchanged. **Objective Findings** Tongue thrush. **Diagnosis** Tinnitus, bilateral, likely from Diclofenac use – ICD10: H93.13. Parageusia – ICD10: R43.2. Oral candidiasis – ICD10: B37.0. Dry mouth – ICD10: R68.2. **Plan** Continue Biotene. Consider minor salivary gland biopsy given h/o new onset dry eyes, as well as h/o of arthritis. See rheumatologist, plan to get serology to evaluate for Sjogren's. Nystatin for oral candidiasis. Audiogram to make sure no SNHL is present. Follow-up for test review.
Northwest Hearing & Tinnitus	07/02/18	**Treatment** Hearing Assessment.

Ashley Al-Izzi, Au.D.		**Impression** Word Recognition: 60/100 dBHL – bilateral. Speech Audiometry: 15 SRT/SAT and 60 MCL – left. 20 SRT/SAT and 60 MCL – right.
Northwest ENT Associates Nilesh Shah, MD	07/09/18	**History** Follow-up of tinnitus and oral lesion. **Subjective Findings** Presents with high pitch and pulsatile in both ears that began 1 month ago. Symptoms are not changed, have been moderate and occur constantly. Is also experiencing difficulty concentrating and fullness in ear. Audio shows high frequency symmetric SNHL starting at 6000 hz, mild negative ME pressure AU. Onset of oral lesion was 5/24/18. Severity is moderate-severe and improving. Mouth still dry but improving. **Objective Findings** Normal. **Diagnosis** Tinnitus, bilateral – ICD10: H93.13. Dry mouth – ICD10: R68.2. **Plan** Trial of nasal steroids for possible pulsatile tinnitus. Consider vascular studies if no further improvement. Follow-up in 3 weeks.
Northwest ENT Associates Nilesh Shah, MD	07/27/18	**History** Follow-up of tinnitus and dry mouth. **Subjective Findings** Presents with high pitch and pulsatile in both ears. Symptoms are not changed, have been moderate and occur constantly. Is also experiencing difficulty concentrating and hearing loss. Dry mouth began 2 months ago. Symptoms reported as moderate and occur constantly. She states the symptoms are chronic. Worsening dry mouth since starting Flonase. **Objective Findings** Normal. **Diagnosis** Tinnitus, bilateral – ICD10: H93.13.

		Parageusia – ICD10: R43.2. Dry mouth – ICD10: R68.2. **Plan** Schedule MRA head/neck and MRI brain. Stop Flonase. Consider minor salivary gland biopsy in office. Follow-up for test review.
Northwest ENT Associates Nilesh Shah, MD	08/23/18	**Phone Call** Left message with patient saying that MRI brain and MRA brain/neck did not show any abnormalities to explain tinnitus. Recommended UW Tinnitus Clinic.
Northwest ENT Associates Nilesh Shah, MD	11/09/18	**History** Follow-up of tinnitus. **Subjective Findings** Presents with high pitch and pulsatile in both ears. Symptoms are not changed and have been moderate. No history of anemia, hypertension, or noise exposure. Symptoms are improved with environmental masking. Patient is also experiencing difficulty concentrating and hearing loss. Recently found Homedics Deep Sleep to be good masking tool. Tinnitus pulsatile in both ears when upright, non-pulsatile AD when lying down. MRI and MRA brain again reviewed with patient. **Objective Findings** Normal. **Diagnosis** Tinnitus, bilateral – ICD10: H93.13. **Plan** CT TBones to evaluate for superior semicircular canal dehiscence. Referral to Dr. Melanie Hecker or UW Tinnitus Clinic for further tinnitus management. Follow-up for CT scan review.
Northwest ENT Associates Nilesh Shah, MD	12/05/18	**History** Follow-up of tinnitus in both ears that began months ago.

		<u>Subjective Findings</u> Symptoms have not changed, have been moderate and occur constantly. No aggravating factors. Also experiencing difficulty concentrating and fullness in ear. Reports no headache, vertigo, or vision changes. Symptoms are reported as mild. She states the symptoms are chronic and stable. Less dry mouth over the past few months – no more bad taste in mouth. **<u>Objective Findings</u>** Normal. **<u>Diagnosis</u>** Dry mouth – ICD10: R68.2. Tinnitus, bilateral – ICD10: H93.13. **<u>Treatment</u>** Recommend use of Biotene before bed. **<u>Plan</u>** Referral to Dr. Jay Rubenstein at UW Tinnitus Clinic for second opinion. Follow-up as needed.
Conscious Body Pilates Alex Grossman Lindsay Thomas	01/25/19 – 07/25/19 24 Visits	**<u>History</u>** Chronic neck and shoulder pain since MVA. **<u>Subjective Findings</u>** Normally active and plays tennis but unable to play since the accident. **<u>Treatment</u>** Pilates.
UW Neighborhood Clinics – Ravenna Urgent Care Caesar Pizano, MD No recs – referral to PT in TA recs	06/17/19	**<u>History</u>** **<u>Subjective Findings</u>** **<u>Objective Findings</u>** **<u>Diagnosis</u>** Strain of thoracic region – ICD10: S29.019A. **<u>Treatment</u>** Referral to physical therapy.

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Therapeutic Associates Zachary Bauling, PT, DPT There is not a complete set of records for these DOS.	01/16/15 – 07/14/15 13 Visits	**History** Referred by Dr. Rion Berg. **Subjective Findings** Left shoulder pain and right hip pain. **Objective Findings** **Doctor Diagnoses** Hip pain – ICD9: 719.45. Disorder of shoulder – ICD9: 726.2. Achilles's tendinitis – ICD9: 726.71. **Treatment** Manual therapy. Therapeutic Activities. Home exercise instruction. **Discharge** All goals have been met except for return to sport or recreation. Continue with HEP.