



February 2nd, 2023

Leslie Whynott
MacGillivray Law
134 Provost Street
New Glasgow, NS, B2H 5G2

Dear Leslie Whynott:

RE: Danielle Jessie MacDonald

As per your written request of January 30th, 2023, enclosed is a complete copy of Danielle Jessie MacDonald treatment record from January 1th, 2017, to present.

Please note that the enclosed copies include writing in abbreviated and/or script form. Statements, comments, or conclusions in these notes should not be interpreted as a definitive opinion. Translation and/or explanation of these notes by anyone other than the author could result in misinterpretation or misunderstanding.

If after reviewing this documentation you have any questions regarding this patient's file, please forward your inquiries to my attention in care of the clinic.

Sincerely,

Katherine MacAdam, BScKin, DC, MSc, FCCSS(C)



February 2nd, 2023

Leslie Whynott
MacGillivray Law
134 Provost Street
New Glasgow, NS, B2H 5G2

Dear Leslie Whynott:

RE: Danielle Jessie MacDonald

As per your written request of January 30th, 2023, enclosed is a complete copy of Danielle Jessie MacDonald treatment record from January 1st, 2017 to present.

We have prepared the file for you, and it is enclosed with this letter.

Please see the attached invoice for the file copies in the amount of \$86.25. Cheque may be payable to Dr. Katherine MacAdam Chiropractic Inc.

If after reviewing this documentation you have any questions regarding this patient's file, please forward your inquiries to my attention in care of the clinic.

Sincerely,

Katherine MacAdam, BScKin, DC, MSc, FCCSS(C)

Date: 2020/12/21
Examination Date: December 21, 2020
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Whiplash Associated Disorder I, II, III | <input checked="" type="checkbox"/> Mechanical Neck/Back Pain | <input checked="" type="checkbox"/> Myofascial Pain |
| <input type="checkbox"/> Radicular pain/paresthesia/numbness | <input type="checkbox"/> Cervicogenic Headaches | <input type="checkbox"/> Disc Injury |
| <input type="checkbox"/> Post Traumatic Facet Syndrome | <input checked="" type="checkbox"/> Soft Tissue Injuries | <input checked="" type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Traction | <input type="checkbox"/> Aerobic training | <input type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Ergonomic evaluation |
| <input type="checkbox"/> Taping | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Dry needling | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Core | <input type="checkbox"/> Proprioception | <input type="checkbox"/> Contrast bath | <input checked="" type="checkbox"/> Orthotics |
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Acupuncture | <input type="checkbox"/> Muscle stimulation | <input type="checkbox"/> Neuromobilization |
| <input type="checkbox"/> Graston | <input checked="" type="checkbox"/> Spinal manipulation | <input checked="" type="checkbox"/> Myofascial release/soft tissue technique | <input checked="" type="checkbox"/> Extremity manipulation |
| <input type="checkbox"/> Home exercise program | | <input type="checkbox"/> Active Release therapy | <input type="checkbox"/> Strength/endurance training |
| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|---------------------|----------------|
| Neck: | Current score: 6/10 | previous: 4/10 |
| Low Back: | Current score: 6/10 | previous: 5/10 |

FUNCTIONAL SCALES:

| | | |
|----------|-------------------|-------------------|
| | Current Score | Previous Score |
| Oswestry | 32% of disability | 36% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

- 0%-20%: Minimal disability
 - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

- 20%-40% Moderate disability
 - This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may well be off work. Personal care, and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
- 40%-60%: Severe disability
 - Pain remains the main problem in this group of patients, but travel, personal care, social life, and sleep are also affected. These patients require detailed investigation.
- 60%-80%: Crippled
 - Back pain impinges on all aspects of these patients' lives—both at home and at work—and positive intervention is required.
- 80%-100%
 - These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during medical examination.

Reference

Fairbank JCT & Pynsent, PB. (2008). "The Oswestry Disability Index". Spine: Nov 15: 25(22):2940-52

| | Current Score | Previous Score |
|-----|-------------------|-------------------|
| NDI | 12% of disability | 10% of disability |

The original report provided scoring intervals for interpretation, as follows:

0 - 4 = no disability
5 - 14 = mild
15 - 24 = moderate
25 - 34 = severe
Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: She was unable to attend treatment for months due to a case of bronchitis. As a result, her neck, back and hip P worsened.

OBJECTIVE: Spinal joint restrictions were noted throughout her c/s, t/s, l/s, hip, ROM decreased globally, myofascial tenderness was noted bilaterally in traps, erector spinae, gluteus medius, orthopedic testing for diagnosis was positive.

CURRENT STATUS:

☐ Improving ☐ Not improving ☐ Unknown ☐ Resolved ☐ Plateaued

RECOMMENDATIONS:

We are recommending that she continue with 1 chiropractic and 1 massage therapy treatment at a frequency of 1x/week for the next 8 weeks at which time we will provide you with an updated report with additional treatment recommendations.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

Date: 2021/08/23
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Whiplash Associated Disorder I, II, III | <input checked="" type="checkbox"/> Mechanical Neck/Back Pain | <input checked="" type="checkbox"/> Myofascial Pain |
| <input type="checkbox"/> Radicular pain/paresthesia/numbness | <input type="checkbox"/> Cervicogenic Headaches | <input type="checkbox"/> Disc Injury |
| <input type="checkbox"/> Post Traumatic Facet Syndrome | <input checked="" type="checkbox"/> Soft Tissue Injuries | <input checked="" type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Traction | <input type="checkbox"/> Aerobic training | <input checked="" type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input checked="" type="checkbox"/> Ergonomic evaluation |
| <input type="checkbox"/> Taping | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Dry needling | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Core | <input type="checkbox"/> Proprioception | <input type="checkbox"/> Contrast bath | <input type="checkbox"/> Orthotics |
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| <input checked="" type="checkbox"/> Home exercise program | | <input type="checkbox"/> Active Release therapy | <input checked="" type="checkbox"/> Strength/endurance training |
| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|--------------------|----------------|
| Neck: | Current score: /10 | previous: 5/10 |
| Low Back: | Current score: /10 | previous: 6/10 |

FUNCTIONAL SCALES:

| | | |
|----------|-----------------|-------------------|
| | Current Score | Previous Score |
| Oswestry | % of disability | 30% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

- 0%-20%: Minimal disability
 - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

- 20%-40% Moderate disability
 - This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may well be off work. Personal care, and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
- 40%-60%: Severe disability
 - Pain remains the main problem in this group of patients, but travel, personal care, social life, and sleep are also affected. These patients require detailed investigation.
- 60%-80%: Crippled
 - Back pain impinges on all aspects of these patients' lives—both at home and at work—and positive intervention is required.
- 80%-100%
 - These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during medical examination.

Reference

Fairbank JCT & Pynsent, PB. (2008). "The Oswestry Disability Index". Spine: Nov 15: 25(22):2940-52

| | Current Score | Previous Score |
|-----|-----------------|-------------------|
| NDI | % of disability | 10% of disability |

The original report provided scoring intervals for interpretation, as follows:

0 - 4 = no disability

5 - 14 = mild

15 - 24 = moderate

25 - 34 = severe

Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: The patient expressed that her MSK complaints from the MVA have resolved and that further treatment is no longer required.

CURRENT STATUS:

☐ Improving ☐ Not improving ☐ Unknown ☒ Resolved ☐ Plateaued

RECOMMENDATIONS: We discharged the patient based on her request.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

Name

Danielle MacDonald

Birthdate

Feb 20/93

Address

3673 St. Pauls Street

Apt A

Halifax, Nova Scotia Canada B3K 1H9

Phone Number

9027596325

Email

daniellejmacdonald@hotmail.com

Occupation

Paralegal

Employer

MacGillivray Law Office

Name_1

Jared O'Sullivan

Phone Number_1

902 754 1956

Relationship to you

Boyfriend

Who can we thank for referring you to us?

Google

Family Doctor

none

Phone Number_2

Health Card/MSI Number

Insurance Company

Desjardins

Plan Holder's Name

Danielle MacDonald

Policy/Plan Number

161174

Identification Number

047 848 171

Name on Card:

Danielle MacDonald

Card Number:

4724090275852141

Expiry

07/2023

CVV (3 digits on back of card)

693

Do you have any allergies? If so, please list and indicate severity

Please list your medications/vitamins/supplements.

Birth Control - Ilo

Have you had any prior surgeries?

No

Have you had any prior hospitalizations?

No

If yes to either, please elaborate

Do you smoke/vape?

No

If yes, how many per day?

Do you drink alcohol?

No

If yes, how many per week?

1 bottle of wine

Muscular (muscles, tendons, ligaments)

Skeletal (bones, joints)

Nervous (brain, nerves)

Endocrine (hormones)

Integumentary (Skin, hair, nails, sweat glands)

Immune

Circulatory (heart)

Urinary & Renal (kidneys, bladder)

Respiratory (lungs)

Reproductive

Digestive

Other

What health conditions occur in your family? (Grandparents, parents, siblings, children)

Are you currently pregnant?

No

Number of pregnancies

0

Number of children

0

Do you experience any of the following?.Severe menstrual cramps

1

Do you experience any of the following?.Irregular cycles

1

Primary Complaint(s):

Was in an accident on Jan 13, 2020 and then slipped and fell on Jan 19, 2020 - hurt neck and back in both

What makes your complaint better?

Heat

What makes your complaint worse?

Sitting too long

When did your complaint begin?

Jan 13, 2020

Rate your complaint (0=no pain, 10=excruciating pain):

5

Is your complaint worse in the

Evening

Is your complaint getting better or getting worse?

Better

Date:

Examination Date:

Patient Name: Danielle MacDonald

Date of MVA: 2020/01/13

Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso

Phone: 902-484-4697

Fax: 902-424-1230

Insurance: TD

DIAGNOSIS:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Whiplash Associated Disorder I, II, III | <input checked="" type="checkbox"/> Mechanical Neck/Back Pain | <input checked="" type="checkbox"/> Myofascial Pain |
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| <input type="checkbox"/> Post Traumatic Facet Syndrome | <input checked="" type="checkbox"/> Soft Tissue Injuries | <input checked="" type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Traction | <input type="checkbox"/> Aerobic training | <input type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Ergonomic evaluation |
| <input type="checkbox"/> Taping | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Dry needling | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Core | <input type="checkbox"/> Proprioception | <input type="checkbox"/> Contrast bath | <input checked="" type="checkbox"/> Orthotics |
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Acupuncture | <input type="checkbox"/> Muscle stimulation | <input type="checkbox"/> Neuromobilization |
| <input type="checkbox"/> Graston | <input checked="" type="checkbox"/> Spinal manipulation | <input checked="" type="checkbox"/> Myofascial release/soft tissue technique | <input checked="" type="checkbox"/> Extremity manipulation |
| <input type="checkbox"/> Home exercise program | | <input type="checkbox"/> Active Release therapy | <input type="checkbox"/> Strength/endurance training |
| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|--------------------|----------------|
| Neck: | Current score: /10 | previous: 5/10 |
| Low Back: | Current score: /10 | previous: 6/10 |

FUNCTIONAL SCALES:

| | | |
|----------|-----------------|-------------------|
| | Current Score | Previous Score |
| Oswestry | % of disability | 32% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

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difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

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Reference

Fairbank JCT & Pynsent, PB. (2008). "The Oswestry Disability Index". Spine: Nov 15: 25(22):2940-52

| | Current Score | Previous Score |
|-----|-----------------|-------------------|
| NDI | % of disability | 12% of disability |

The original report provided scoring intervals for interpretation, as follows:

0 - 4 = no disability
5 - 14 = mild
15 - 24 = moderate
25 - 34 = severe
Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: Hip pain is improving but still sore. Neck and back pain continue but they are also improving.

OBJECTIVE: Spinal joint restrictions improved, ROM improved, spinal tenderness improved, myofascial tenderness improved, orthopedic testing for diagnosis improving.

CURRENT STATUS:

☒ Improving ☐ Not improving ☐ Unknown ☐ Resolved ☐ Plateaued

RECOMMENDATIONS:

We are recommending that she continue with 1 chiropractic and 1 massage therapy treatment at a frequency of 1x/week for the next 8 weeks at which time we will provide you with an updated report with additional treatment recommendations.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

Date: 2021/03/02
Examination Date: March 2, 2021
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Whiplash Associated Disorder I, II, III | <input checked="" type="checkbox"/> Mechanical Neck/Back Pain | <input checked="" type="checkbox"/> Myofascial Pain |
| <input type="checkbox"/> Radicular pain/paresthesia/numbness | <input type="checkbox"/> Cervicogenic Headaches | <input type="checkbox"/> Disc Injury |
| <input type="checkbox"/> Post Traumatic Facet Syndrome | <input checked="" type="checkbox"/> Soft Tissue Injuries | <input checked="" type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Traction | <input type="checkbox"/> Aerobic training | <input checked="" type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input checked="" type="checkbox"/> Ergonomic evaluation |
| <input type="checkbox"/> Taping | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Dry needling | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Core | <input type="checkbox"/> Proprioception | <input type="checkbox"/> Contrast bath | <input type="checkbox"/> Orthotics |
| <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Muscle stimulation | <input type="checkbox"/> Neuromobilization |
| <input type="checkbox"/> Graston | <input checked="" type="checkbox"/> Spinal manipulation | <input checked="" type="checkbox"/> Myofascial release/soft tissue technique | <input type="checkbox"/> Extremity manipulation |
| <input checked="" type="checkbox"/> Home exercise program | | <input type="checkbox"/> Active Release therapy | <input checked="" type="checkbox"/> Strength/endurance training |
| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|---------------------|----------------|
| Neck: | Current score: 5/10 | previous: 6/10 |
| Low Back: | Current score: 6/10 | previous: 6/10 |

FUNCTIONAL SCALES:

| | | |
|----------|-------------------|-------------------|
| | Current Score | Previous Score |
| Oswestry | 30% of disability | 32% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

- 0%-20%: Minimal disability
 - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

- 20%-40% Moderate disability
 - This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may well be off work. Personal care, and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
- 40%-60%: Severe disability
 - Pain remains the main problem in this group of patients, but travel, personal care, social life, and sleep are also affected. These patients require detailed investigation.
- 60%-80%: Crippled
 - Back pain impinges on all aspects of these patients' lives—both at home and at work—and positive intervention is required.
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 - These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during medical examination.

Reference

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| | Current Score | Previous Score |
|-----|-------------------|-------------------|
| NDI | 10% of disability | 12% of disability |

The original report provided scoring intervals for interpretation, as follows:

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5 - 14 = mild
15 - 24 = moderate
25 - 34 = severe
Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: She had an acute flare up of her hip and it "went out". It felt better post treatment. Her neck and upper back pain are improving.

OBJECTIVE: Spinal joint restrictions were noted throughout her c/s, t/s, l/s, hip, ROM decreased globally, myofascial tenderness was noted bilaterally in traps, erector spinae, gluteus medius, orthopedic testing for diagnosis was positive.

CURRENT STATUS:

☒ Improving ☐ Not improving ☐ Unknown ☐ Resolved ☐ Plateaued

RECOMMENDATIONS:

We are recommending that she continue with 1 chiropractic treatment at a frequency of 1x/week for the next 8 weeks at which time we will provide you with an updated report with additional treatment recommendations.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

Date: 2021/08/23
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

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| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|---|
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| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input checked="" type="checkbox"/> Ergonomic evaluation |
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| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|--------------------|----------------|
| Neck: | Current score: /10 | previous: 5/10 |
| Low Back: | Current score: /10 | previous: 6/10 |

FUNCTIONAL SCALES:

| | Current Score | Previous Score |
|----------|-----------------|-------------------|
| Oswestry | % of disability | 30% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

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 - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

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| | Current Score | Previous Score |
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| NDI | % of disability | 10% of disability |

The original report provided scoring intervals for interpretation, as follows:

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25 - 34 = severe

Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: The patient expressed that her MSK complaints from the MVA have resolved and that further treatment is no longer required.

CURRENT STATUS:

☐ Improving ☐ Not improving ☐ Unknown ☒ Resolved ☐ Plateaued

RECOMMENDATIONS: We discharged the patient based on her request.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

HP LaserJet MFP M426fdw

Fax Confirmation

24-Aug-2021 9:01AM

| Job | Date | Time | Type | Identification | Duration | Pages | Result |
|-----|------------|-----------|------|----------------|----------|-------|--------|
| 386 | 24/ 8/2021 | 8:52:35AM | Send | 9024241230 | 8:26 | 3 | OK |

Date: 2021/08/23
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

- ☒ Whiplash Associated Disorder I, II, III
☐ Radicular pain/paresthesia/numbness
☐ Post Traumatic Facet Syndrome
☐

- ☒ Mechanical Neck/Back Pain
☐ Cervicogenic Headaches
☒ Soft Tissue Injuries

- ☒ Myofascial Pain
☐ Disc Injury
☒ Sprain/Strain

TREATMENT:

- ☒ Heat
☐ Ice
☐ Taping
☐ Core
☒ Education
☐ Graston
☒ Home exercise program

- ☒ Traction
☐ Interferential
☐ Plyometrics
☐ Proprioception
☐ Acupuncture
☒ Spinal manipulation

- ☐ Aerobic training
☐ Mobilization
☐ Dry needling
☐ Contrast bath
☐ Muscle stimulation
☒ Myofascial release/soft tissue technique
☐ Active Release therapy

- ☒ Manual therapy
☒ Ergonomic evaluation
☐ Ultrasound
☐ Orthotics
☐ Neuromobilization
☐ Extremity manipulation
☒ Strength/endurance training

PAIN SCALE:

Neck: Current score: /10 previous: 5/10
Low Back: Current score: /10 previous: 6/10

FUNCTIONAL SCALES:

| | Current Score | Previous Score |
|----------|-----------------|-------------------|
| Oswestry | % of disability | 30% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

- 0%-20%: Minimal disability
This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

**Return this form to the
appropriate Insurer:**

Fax# (902) 424-1230

Treatment Plan (Form NS-2)

For accidents that occur on or after April 1, 2013

To be completed by the claimant/representative
or a Primary Health Care Practitioner

| | |
|-----------------------------------|----------|
| Insurance Company | TD |
| Policy Number: | 55584722 |
| Date of Accident: (DD MM YYYY) | 13/01/20 |

Part 1

Claimant
Information

| | | |
|---|------------------------|--------------------------------------|
| Last Name MacDonald | First Name Danielle | Date of Birth (DD/MM/YY) 20/02/93 |
| Date of Initial Assessment (DDMMYY) 25/01/2020 | | |

Part 2

Claimant's
Authorized
Representative

| | | |
|---|--|-----------------------------------|
| Last Name | First Name | Middle Name(s) |
| Address | | |
| City, town or county | Province | Postal Code |
| Relationship with Claimant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other | | |
| Home phone number (Include area code) | Work phone number (Include area code) | Fax number (Include area code) |

Part 3

Therapy
Status Report

(To be
completed by
Primary Health
Care Provider)

Diagnosis: WAD II, sprain/strain

Key Subjective/Physical Examination Findings:

Neck
VAS 5/10
NDI 13%
Back
VAS 4/10
Oswestry 40%

- spinal it restrictions
- myofascial restrictions
- ortho tests
- spinal it tenderness
- ↓ ROM

| Diagnosis | ICD-10-CA Injury Code* |
|--|------------------------|
| Sprain 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> | S13.41 |
| Strain 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> | S23 |
| WAD 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> | S33.5 |
| Other | |

Is the claimant employed or engaged in training activities?

☒ Full Time ☐ Part Time ☐ Seasonal ☐ Self-employed ☐ Retired ☐ Student ☐ Not employed

Functional Goals (outcome to be measured):

1. return to pre MVA status in terms of function
2. return to pre MVA activities of daily living in terms of restoring function
3. restore to pre-MVA levels in subjective and objective levels including pain scores, ROM, orthopedic tests

Comments

Expected Number of Visits

21

Do you expect these visits to be sufficient to meet functional goals?

☒ Yes ☐ No

Date of Expected Treatment Discharge (DDMMYYYY)

If no, please provide details of expected further assessment and treatment.

Do you expect to reassess within three weeks due to alerting factors?

☐ Yes ☒ No If yes, please describe.

* ICD-10-CA injury codes are only required for Sprains, Strains and WAD injuries. It is recommended, not required, that ICD-1-CA injury codes be used for other injuries when practical.

Part 4
Treatment
(To be completed
with reference to
the Diagnostic
and Treatment
Protocols
Regulation)

Treatment Provided
Spinal Manipulation
Spinal Mobilizations
Soft Tissue Therapy
Massage Therapy
Acupuncture
Electrical Modalities
Supervised Rehabilitation Program
Home Exercise Program

Do you expect the claimant to return to normal & essential activities? ☒ Yes ☐ No ☐ Unable to determine If Yes, date expected? _____

Part 5
Primary
Health Care
Practitioner
Information

| | | | |
|---|--|---|------------------------|
| Name of Primary Health Care Practitioner Dr. MacAdam | | Profession: <input type="checkbox"/> Medical Doctor <input checked="" type="checkbox"/> Chiropractor <input type="checkbox"/> Physical Therapist | |
| Address 6777 Quinpool Road | | | |
| City, town or county Halifax | | Province NS | Postal Code B3L 1C2 |
| Administrative Contact Name Kate | | Facility Name Dr. MacAdam & Associates | |
| Home phone number (Include area code) 902-407-3347 | | Fax number (Include area code) 902-407-3348 | |

Part 6
Signature
of Primary
Health Care
Practitioner

I certify that the information provided is true and correct to the best of my knowledge.

Name (Please Print) Dr. Katherine MacAdam

Signature _____ Date Jun 25/20

Part 7
Choice in
Following
Diagnostic
and
Treatment
Protocols

Please state your preference of treatment within or not within the Diagnostic & Treatment Protocols:

- ☒ I choose to be treated within the Diagnostic & Treatment Protocols as indicated on Form NS-1
- ☐ I choose not to be treated within the Diagnostic & Treatment Protocols

☒ I am the claimant ☐ I am the authorized representative of the claimant

I certify that the information provided is true and correct to the best of my knowledge.
I confirm that I have consented to the collection, use and disclosure of my personal information for my treatment and care and determination of my eligibility for accident and/or disability income benefits as outlined on Form NS-1.

Name (Please Print) _____

Signature _____ Date Jun 25/20



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College of Chiropractors

**Send this form to the
appropriate Insurer:**

Fax# (902) 424-1230

Notice of Loss & Proof of Claim Form (Form NS-1)

This form is effective on April 1, 2013 for accidents that occur on or after April 1, 2013

To be completed by Insurer

| | |
|-----------------------------------|------------|
| Claim Number | pending |
| Insurance Company | TD |
| Claim Representative | pending |
| Policy Number: | 55584722 |
| Date of Accident: (DD MM YYYY) | 13/01/2020 |

Section 1: Claimant Information

Part 1

Information
of Primary
Health Care
Practitioner

| | | | | | |
|---|--|--|----------------|--------------------------------|---|
| Last Name | MacDonald | First Name | Danielle | Middle Name(s) | J |
| Address 3673 St. Pauls St Apt A | | | | | |
| City, town or county Halifax | | | Province NS | Postal Code B3K3R1 | |
| Home Telephone Number (Include area code) 9027596375 | | Work Telephone Number (Include area code) 9024043853 | | Fax Number (Include area code) | |
| Date of Birth (DD/MM/YY) 20/2/93 | Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | You can best be reached: <input checked="" type="checkbox"/> By telephone <input type="checkbox"/> By personal visit <input type="checkbox"/> At home <input type="checkbox"/> At work <input type="checkbox"/> Other | | | |
| When is the best time to reach you? after 4:30 | | Day(s) of the week Monday - Friday | | | |
| Insurance Company TD INSURANCE | | Policy Number 55584722 | | | |
| Will this be a Nova Scotia Workers' Compensation Board Claim? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | Are Extended Health Care Benefits Available? (e.g., Blue Cross or similar Employee benefits plans) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Details: Desjardins | | | |
| Are you currently employed or engaged in training activities? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed | | If you are making a claim for disability benefits, please also complete Form NS-1a. | | | |

Part 2

Claimant's
Authorized
Representative
Information
(if applicable)

| | | |
|--|---|--------------------------------|
| Last Name | First Name | Middle Name(s) |
| Address | | |
| City, town or county | Province | Postal Code |
| Relationship with Claimant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other | Relevant Documentation Attached? If no, please authorize your representative by completing part 5 of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| Home Telephone Number (Include area code) | Work Telephone Number (Include area code) | Fax Number (Include area code) |

Part 3

Claimant's
Accident
Details

| | | | |
|---|--|---|---|
| You were a: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other | | | |
| Time of Accident 8:20 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | Date of Accident (DD/MM/YY) 11/3/20 | Was the Accident Reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date Reported (DD/MM/YY) unknown other rep |
| City, town or county Halifax | Province NS | Postal Code | |
| Please provide a brief description of how the accident occurred and how you were injured. rearended the vehicle in front of me | | | |
| Have you seen a Medical Doctor, Physical Therapist, Chiropractor, Dentist or other health service provider for diagnosis, treatment and care for an injury related to this accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Appointment booked for: massage Jan 20 chiro Jan 25 | | | |
| Have you started treatment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Appointment booked for: Jun 25/2020 | | | |
| Are you currently receiving medical or rehabilitation benefits related to another motor vehicle accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Please provide a brief description of your injuries and the symptoms that you are currently experiencing: neck (P) mid back (P) thorax (P) upper back (P) shoulder (P) | | | |

Section 2: Certification and Consent to Share Information

Part 4 Information of Health Provider providing Ongoing Treatment and Care

| | | | |
|--|--|----------------------------|------------------------|
| Name of Primary Health Care Practitioner or Dentist Dr. Katherine MacAdam | | Profession Chiropractor | |
| Address 6777 Quinpool Road | | | |
| City, town or county Halifax | | Province Nova Scotia | Postal Code B3L 1C2 |
| Telephone Number (Include area code) (902) 407-3347 | Fax Number (Include area code) (902) 407-3348 | | |

Part 5 Authority to Act on Claimant's Behalf

(this section
should be
completed
only when the
claimant chooses
not to act on his/
her own behalf)

I, _____, hereby authorize _____ to act as my representative concerning the treatment and care of my injury, the submission and ongoing handling of my claim for accident and/or disability income benefits and the collection, use and disclosure of information concerning my injury, diagnosis, assessment, treatment or care resulting from the automobile accident referred to in Section 1 of this form.

I authorize my primary health care practitioner(s), dentist(s), other health service provider(s) and my insurance company, _____ and their insurance representatives, to collect relevant information concerning me and my accident from my representative as required. I further authorize primary health care practitioner(s), dentist(s), other health service provider(s) and my insurance company to disclose relevant information concerning my injury, diagnosis, assessment, treatment and care and my claim for accident and/or disability income benefits to my representative.

Signature of Claimant _____ Date _____

Signature of Authorized Representative _____ Date _____

Part 6 Certification and Consent to Share Information

(to be completed
by the claimant or
their authorized
representative)

I certify that the information provided is true and correct to the best of my knowledge.

I authorize all assessing Primary Health Care Practitioners, dentist(s), other health service provider(s) to collect, use and disclose any relevant information concerning my injury, including diagnosis, assessment, treatment or care resulting from the automobile accident referred to in Section 1 herein, for the purpose of providing ongoing treatment and care.

I further authorize all assessing or treating Primary Health Care Practitioners, dentist(s) or other health service providers to disclose my personal information to my insurance company, _____ and their agents that is relevant for the purpose of determining my eligibility for accident and disability benefits resulting from the automobile accident referred to in Section 1 and for the purpose of administering my claim.

I further authorize my insurance company and its agents to collect, use and disclose relevant information concerning my injury, diagnosis, assessment, treatment or care received as a result of the automobile accident referred to in Section 1 herein, including a treatment plan and services provided, for the purpose of determining my eligibility for accident and disability benefits resulting from the automobile accident referred to in Section 1 and administering my claim.

☒ I am the claimant or ☐ I am the authorized representative of the claimant

Signature [Signature] Date 25/01/20

SECTION 1: PAIN INTENSITY

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☒ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worse imaginable at the moment.

SECTION 6: CONCENTRATION

- ☐ I can concentrate fully when I want to with no difficulty.
- ☒ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating when I want to.
- ☐ I have a lot of difficulty in concentrating when I want to.
- ☐ I have a great deal of difficulty in concentrating when I want to.
- ☐ I cannot concentrate at all.

SECTION 2: PERSONAL CARE (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☒ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self-care.
- ☐ I do not get dressed; I wash with difficulty and stay in bed.

SECTION 7: WORK

- ☐ I can do as much work as I want to.
- ☒ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I can't do any work at all.

SECTION 3: LIFTING

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☒ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

SECTION 8: DRIVING

- ☐ I can drive my car without any neck pain.
- ☒ I can drive my car as long as I want with slight pain in my neck.
- ☐ I can drive my car as long as I want with moderate pain in my neck.
- ☐ I can't drive my car as long as I want because of moderate pain in my neck.
- ☐ I can hardly drive at all because of severe pain in my neck.
- ☐ I can't drive my car at all.

SECTION 4: READING

- ☐ I can read as much as I want with no pain in neck.
- ☒ I can read as much as I want with slight pain in my neck.
- ☐ I can read as much as I want with moderate pain in my neck.
- ☐ I can't read as much as I want because of moderate pain in my neck.
- ☐ I can hardly read at all because of severe pain in my neck.
- ☐ I cannot read at all.

SECTION 9: SLEEPING

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed (less than 1hr. sleeplessness).
- ☒ My sleep is mildly disturbed (1-2hrs. sleeplessness).
- ☐ My sleep is moderately disturbed (2-3hrs. sleeplessness).
- ☐ My sleep is greatly disturbed (3-5hrs. sleeplessness).
- ☐ My sleep is completely disturbed (5-6hrs. sleeplessness).

SECTION 5: HEADACHES

- ☒ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have headaches almost all the time.
- ☐ I have headaches all the time.

SECTION 10: RECREATION

- ☐ I am able to engage in all my recreation activities with no neck pain at all.
- ☐ I am able to engage in all my recreation activities with some pain in my neck.
- ☒ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- ☐ I am able to engage in a few of my usual recreation activities because of pain in my neck.
- ☐ I can hardly do any recreation activities because of pain in my neck.
- ☐ I can't do any recreation activities at all.

Pain Severity Scale: Rate the severity of your pain, 0 = no pain and 10 = excruciating pain

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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SECTION 1: PAIN INTENSITY

- ☐ The pain come and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☒ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

SECTION 2: PERSONAL CARE

- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☒ I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ Washing and dressing increase the pain but I manage not to change my way of doing it.
- ☐ Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing and dressing without help.

SECTION 3: LIFTING

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☒ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

SECTION 4: WALKING

- ☐ I have no pain on walking
- ☐ I have some pain on walking but it does not increase with distance.
- ☒ I cannot walk more than one mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk at all without increasing pain.

SECTION 5: SITTING

- ☐ I can sit in any chair as long as I like without pain.
- ☐ I can sit only in my favorite chair as long as I like.
- ☒ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ I avoid sitting because it increases pain immediately.

SECTION 6: STANDING

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain on standing but it does not increase with time.
- ☐ I cannot stand for longer than one hr. without increasing pain.
- ☒ I cannot stand for longer than ½ hr. without increasing pain.
- ☐ I cannot stand for longer than 10 min. without increasing pain.
- ☐ I avoid standing because it increases the pain straight away.

SECTION 7: SLEEPING

- ☐ I get no pain in bed.
- ☐ I get pain in bed but it does not prevent me from sleeping well.
- ☒ Because of my pain my normal night's sleep is reduced but less than ¼
- ☐ Because of my pain my normal night's sleep is reduced but less than ½.
- ☐ Because of my pain my normal night's sleep is reduced but less than ¾.
- ☐ Pain prevents me from sleeping at all.

SECTION 8: SOCIAL LIFE

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal but increases the degree of pain.
- ☒ Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing).
- ☐ Pain has restricted my social life and I do not go out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

SECTION 9: TRAVELLING

- ☐ I get no pain whilst travelling.
- ☐ I get some pain whilst travelling but none of my usual forms of travel make it any worse.
- ☒ I get extra pain whilst traveling but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain whilst travelling which compels me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

SECTION 10: CHANGING DEGREE OF PAIN

- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates but overall is definitely getting better.
- ☒ My pain seems to be getting better but improvement is slow at present.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

Pain Severity Scale: Rate the severity of your pain, 0 = no pain and 10= excruciating pain

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☒ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

40

Mandatory



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College of Chiropractors

**Send this form to the
appropriate insurer:**

Fax# () 424-1230

Concluding Report (Form NS-4) For accidents that occur on or after April 1, 2013

This part to be completed by the claimant or their
representative or a Primary Health Care Practitioner

Insurance Company

TD

Policy Number:

RG/MVA 55584722

Date of Accident:
(DD MM YYYY)

Jun 13/2020

Part 1 Claimant Information

Last Name **MacDonald**

First Name **Daniello**

Date of Birth
(DD/MM/YY) **Feb 20, 1993**

Date of Initial Assessment
(DDMMYY) **Jun 25/2020**

Part 2 Information of Primary Health Care Practitioner

Name of Professional (Please Print)

Dr. Katherine MacAdam

Profession

Chiropractor

Address

6777 Quinpool Road

City, town or county

Halifax

Province

Nova Scotia

Postal Code

B3L 1C2

Administrative Contact Name

Kate

Facility Name

Dr. MacAdam & Associates

Telephone Number
(Include area code)

(902) 407 - 3347

Fax Number
(Include area code)

(902) 407 - 3348

Part 3 Assessment Status

Diagnosis at Initial Assessment:

**WAD II
Sprain/Strain**

Key Subjective and Physical Examination Findings at the last visit:

Subjective:

VAS neck 5/10 NDI 12%

VAS back 6/10 Oswestry 32%

**hip @ improving but still sore
neck & back @ continue but
improving**

Objective:

spinal joint restrictions improved, ROM improved, spinal tenderness improved, myofascial tenderness improved, orthopedic testing for diagnosis improving

Functional Goals:

1. Return to pre-MVA function, restore pre-MVA ADLs
2. Decrease pain from ROM
3. Decrease muscle tension and increase core strength

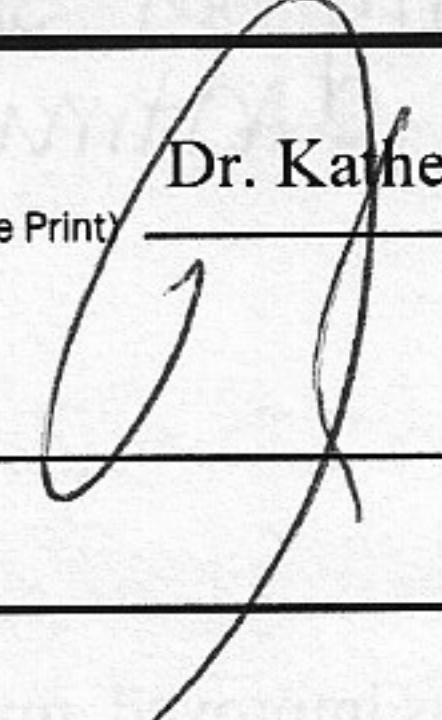
Progress towards goals

- ☐ Regressed
- ☐ Improved minimally
- ☒ Improved significantly
- ☐ Resolved
- ☐ Plateaued
- ☐ Other (please describe)

| | | | | |
|------------------------------------|----------------------------|--------------------------------|-------------------------------|---------------------------------|
| Part 4 Treatment Summary | Total Number of Treatments | Date of First Visit (DD/MM/YY) | Date of Last Visit (DD/MM/YY) | Total Cancelled / Missed Visits |
| | 21 | Jun 25 / 2020 | July 14 / 2020 | 0 |

| | | | |
|---|--|--|-------------------------|
| Part 5 Reason for Discharge or need for ongoing Treatment | <input type="checkbox"/> Full Recovery <input checked="" type="checkbox"/> Partial Recovery <input type="checkbox"/> Plateaued <input type="checkbox"/> No Progress | <input type="checkbox"/> Transferred to another treatment site <input type="checkbox"/> Non-attendance <input type="checkbox"/> Poor Compliance <input type="checkbox"/> No Contact | Other (please describe) |
| | | | |

| | | | |
|-----------------------------------|---|--|---|
| Part 6 Discharge Status | Is the Claimant now working? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Are they employed or engaged in training activities? <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed | Work or training restrictions? <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes If Yes: <input type="checkbox"/> Temporary Restrictions <input type="checkbox"/> Permanent Restrictions |
| | Has the Claimant returned to a pre-accident level of activity outside work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Did you refer the claimant to any other health care provider(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? MT | |
| | Discharge Comments (residual symptoms, signs, prognosis, details of exercise program, etc): Recommending that the patient continue with chiropractic and massage therapy at a frequency of 1x/week for 8 weeks at which time we will re-assess and provide another report with additional treatment recommendations. | | |

| | |
|--|---|
| Part 7 Signature of Primary Health Care Practitioner | Name (Please Print) Dr. Katherine MacAdam |
| | Signature  Date July 16 / 2020 |

Date: 2020/10/07
Examination Date: October 7, 2020
Patient Name: Danielle MacDonald
Date of MVA: 2020/01/13
Claim: 029910295



DR. MACADAM
AND ASSOCIATES

Adjuster: Carolyn Taraso
Phone: 902-484-4697
Fax: 902-424-1230
Insurance: TD

DIAGNOSIS:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Whiplash Associated Disorder I, II, III | <input checked="" type="checkbox"/> Mechanical Neck/Back Pain | <input checked="" type="checkbox"/> Myofascial Pain |
| <input type="checkbox"/> Radicular pain/paresthesia/numbness | <input type="checkbox"/> Cervicogenic Headaches | <input type="checkbox"/> Disc Injury |
| <input type="checkbox"/> Post Traumatic Facet Syndrome | <input checked="" type="checkbox"/> Soft Tissue Injuries | <input checked="" type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> | | |

TREATMENT:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Traction | <input type="checkbox"/> Aerobic training | <input type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Interferential | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Ergonomic evaluation |
| <input type="checkbox"/> Taping | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Dry needling | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Core | <input type="checkbox"/> Proprioception | <input type="checkbox"/> Contrast bath | <input checked="" type="checkbox"/> Orthotics |
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Acupuncture | <input type="checkbox"/> Muscle stimulation | <input type="checkbox"/> Neuromobilization |
| <input type="checkbox"/> Graston | <input checked="" type="checkbox"/> Spinal manipulation | <input checked="" type="checkbox"/> Myofascial release/soft tissue technique | <input checked="" type="checkbox"/> Extremity manipulation |
| <input type="checkbox"/> Home exercise program | | <input type="checkbox"/> Active Release therapy | <input type="checkbox"/> Strength/endurance training |
| <input type="checkbox"/> Mobility/flexibility | | | |
| <input type="checkbox"/> Toggle board technique | | | |

PAIN SCALE:

| | | |
|-----------|---------------------|----------------|
| Neck: | Current score: 4/10 | previous: 5/10 |
| Low Back: | Current score: 5/10 | previous: 6/10 |

FUNCTIONAL SCALES:

| | | |
|----------|-------------------|-------------------|
| | Current Score | Previous Score |
| Oswestry | 28% of disability | 32% of disability |

Oswestry Disability Index

The following interpretation of disability scores is excerpted from the developers of the Oswestry system:

- 0%-20%: Minimal disability
 - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet. In this group some patients have particular

difficulty with sitting, and this may be important if their occupation is sedentary, e.g., a typist or truck driver.

- 20%-40% Moderate disability
 - This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may well be off work. Personal care, and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
- 40%-60%: Severe disability
 - Pain remains the main problem in this group of patients, but travel, personal care, social life, and sleep are also affected. These patients require detailed investigation.
- 60%-80%: Crippled
 - Back pain impinges on all aspects of these patients' lives—both at home and at work—and positive intervention is required.
- 80%-100%
 - These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during medical examination.

Reference

Fairbank JCT & Pynsent, PB. (2008). "The Oswestry Disability Index". Spine: Nov 15: 25(22):2940-52

| | Current Score | Previous Score |
|-----|-------------------|-------------------|
| NDI | 10% of disability | 12% of disability |

The original report provided scoring intervals for interpretation, as follows:

0 - 4 = no disability
5 - 14 = mild
15 - 24 = moderate
25 - 34 = severe
Above 34 = complete

Reference

Vernon, H. (2008). "The Neck Disability Index: state-of -the-art, 1991-2008." J Manipulative Physio Ther 31(7): 491-502.

SUBJECTIVE: Hip pain is improving but still sore. Neck and back pain continue but they are also improving.

OBJECTIVE: Spinal joint restrictions improved, ROM improved, spinal tenderness improved, myofascial tenderness improved, orthopedic testing for diagnosis improving.

CURRENT STATUS:

☒ Improving ☐ Not improving ☐ Unknown ☐ Resolved ☐ Plateaued

RECOMMENDATIONS:

We are recommending that she continue with 1 chiropractic and 1 massage therapy treatment at a frequency of 1x/week for the next 8 weeks at which time we will provide you with an updated report with additional treatment recommendations.

Respectfully submitted,

Dr. Katherine MacAdam, BscKin, DC, MSc, ACC, FCCSS(C)

Danielle MacDonald

DOB 20 Feb 1993
Occupation Paralegal, MacGillivray Law Office
From 1 Jan 2017
To 2 Feb 2023

Treatment Notes

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 7 Jul 2021, 5:15PM

Patient Progress

Subjective

R hip was sore

Objective

R glute tender
c/s tender
t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted

☒

orthopedic tests positive for diagnosis

☒

Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities

☐ Heating pad

☐ Ice

☐ K tape

☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L

☐ C2-3 L

☐ C3-4 L

☐ C4-5 L

☐ C1-2 R

☐ C5-6 L

☐ C2-3 R

☐ C6-7 L

☒ C3-4 R

☐ C1-7

☐ C4-5 R

☐ C5-6 R

☐ C6-7 R

Thoracic SMT

☐ T8-9

☐ T9-10

☐ T10-11

☐ T11-12

☐ T1-2

☒ T1-12

☐ T2-3

☐ T3-4

☐ T4-5

☐ T5-6

☐ T6-7

☐ T7-8

Lumbar SMT

☐ L2-3 L

☐ L3-4 L

☐ L4-5 L

☐ L5-S1 L

☐ L1-2 R

☒ L1-S1

☐ L2-3 R

☐ L3-4 R

☐ L4-5 R

☐ L5-S1 R

☐ L1-2 L

SIJ SMT

☒ Right

☒ Left

Additional Adjustments

☐ Joint mobilization
 ☐ Spinal mobilization
 ☐ Activator/Impulse
 ☐ Drop piece
 ☐ Joint manipulation

Adjustment Specifics**Soft Tissue**

☐ Trigger point therapy
 ☐ Mechanopercussive Technique
 ☐ ART
 ☒ Soft tissue
 ☐ Graston
 ☒ Myofascial release

Soft tissue specifics**Acupuncture****Exercises given****Treatment frequency**

☐ PRN
 ☐ 1x/week
 ☐ 2-5x/week
 ☐ 1x every 2-3 weeks
 ☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 23 Jun 2021, 4:45PM

Patient Progress**Subjective**

R hip was sore

Objective

R glute tender
c/s tender
t/s tender

Spinal joint restrictions noted**Myofascial restrictions noted****orthopedic tests positive for diagnosis****Diagnosis****Diagnosis**

WAD II, sprain/strain

Contra Indications**Treatment****Modalities**

☐ Heating pad
 ☐ Ice
 ☐ K tape
 ☐ Mechanopercussive technique

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☐ C1-7

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☐ T1-12 ☐ ☐ ☐ ☐ ☐

☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☐ L1-S1 ☐ ☐ ☐ ☐

☒ Right ☒ Left

☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

☐ Joint mobilization ☐ Spinal mobilization

☐ ART ☒ Soft tissue ☐ Graston ☒ Myofascial release

☐ Trigger point therapy ☐ Mechanopercussive Technique

Exercises given

☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

☐ PRN

Myofascial restrictions noted ☒orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 RThoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 LSIJ SMT ☒ Right ☒ LeftAdditional Adjustments ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation
☐ Joint mobilization ☐ Spinal mobilization

Adjustment Specifics

Soft Tissue ☐ ART ☒ Soft tissue ☐ Graston ☒ Myofascial release
☐ Trigger point therapy ☐ Mechanopercussive Technique

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months
☐ PRN

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam
Appointment: 26 May 2021, 5:15PM

Patient Progress

Subjective R hip sore

Objective R glute tender
c/s tender
t/s tender

Spinal joint restrictions noted ☒

Myofascial restrictions noted ☒

orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT ☒ Right ☒ Left

Additional Adjustments ☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue ☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☒ Soft tissue ☐ Graston ☒ Myofascial release

Soft tissue specifics

Acupuncture**Exercises given****Treatment frequency**☐ PRN☐ 1x/week☐ 2-5x/week☐ 1x every 2-3 weeks☐ 1x every months**Body Chart****Body Chart****Subsequent Treatment Notes****Practitioner:** Kate MacAdam**Appointment:** 19 May 2021, 5:00PM**Patient Progress****Subjective**has feeling good
hip feels good
neck has been sore**Objective**c/s tender
t/s tender**Spinal joint restrictions noted**☒**Myofascial restrictions noted**☒**orthopedic tests positive for diagnosis**☒**Diagnosis****Diagnosis**

WAD II, sprain/strain

Contra Indications**Treatment****Modalities**☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique**Modality specifics****Cervical SMT**☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☒ C1-7 ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R**Thoracic SMT**☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

| | |
|--|--|
| Lumbar SMT <input type="checkbox"/> L2-3 L <input type="checkbox"/> L3-4 L <input type="checkbox"/> L4-5 L <input type="checkbox"/> L5-S1 L <input checked="" type="checkbox"/> L1-S1 <input type="checkbox"/> L1-2 R <input type="checkbox"/> L2-3 R <input type="checkbox"/> L3-4 R <input type="checkbox"/> L4-5 R <input type="checkbox"/> L5-S1 R <input type="checkbox"/> L1-2 L | |
| SIJ SMT <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left | |
| Additional Adjustments <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input type="checkbox"/> Joint manipulation | |
| Adjustment Specifics | |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input checked="" type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input checked="" type="checkbox"/> Myofascial release | |
| Soft tissue specifics | |
| Acupuncture | |
| Exercises given | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | |
| Body Chart Body Chart | |

| Subsequent Treatment Notes | |
|---|-------------------------------------|
| Practitioner: Kate MacAdam Appointment: 8 Mar 2021, 6:00PM | |
| Patient Progress | |
| Subjective | R hip continues to give out |
| Objective | c/s tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis Diagnosis WAD II, sprain/strain | |
| Contra Indications | |

Treatment

Modalities

☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R
☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7

Thoracic SMT

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8
☒ T1-12

Lumbar SMT

☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L
☐ L5-S1 L ☒ L1-S1

SIJ SMT

☒ Right ☒ Left

Additional Adjustments

☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue

☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 2 Mar 2021, 5:30PM

Patient Progress

Subjective

Objective

c/s tender
t/s tender

Spinal joint restrictions noted ☒

Myofascial restrictions noted ☒

orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT ☒ Right ☒ Left

Additional Adjustments
☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue
☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency
☐ PRN ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam
Appointment: 16 Feb 2021, 5:30PM

Patient Progress

Subjective

Objective c/s tender
t/s tender

Spinal joint restrictions noted ☒

Myofascial restrictions noted ☒

orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT ☒ Right ☒ Left

Additional Adjustments ☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue ☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN☐ 1x/week☐ 2-5x/week☐ 1x every 2-3 weeks☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 1 Feb 2021, 5:30PM

Patient Progress

Subjective

Objective

c/s tender

t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted

☒

orthopedic tests positive for diagnosis

☒

Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities

☐ Heating pad☐ Ice☐ K tape☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L☐ C2-3 L☐ C3-4 L☐ C4-5 L☐ C1-2 R☐ C2-3 R☐ C3-4 R☒ C4-5 R☐ C5-6 R☐ C6-7 R

Thoracic SMT

☐ T8-9☐ T9-10☐ T10-11☐ T11-12☐ T1-2☒ T2-3☐ T3-4☐ T4-5☐ T5-6☐ T6-7☐ T7-8

Lumbar SMT

☐ L2-3 L☐ L3-4 L☐ L4-5 L☐ L5-S1 L☐ L1-2 R☒ L2-3 R☐ L3-4 R☐ L4-5 R☐ L5-S1 R☐ L1-2 L

| | | | |
|--|--|---|--|
| SIJ SMT | | <input checked="" type="checkbox"/> Right | <input checked="" type="checkbox"/> Left |
| Additional Adjustments <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input type="checkbox"/> Joint manipulation | | | |
| Adjustment Specifics | | | |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | | | |
| Soft tissue specifics | | | |
| Acupuncture | | | |
| Exercises given | | | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | | | |
| Body Chart Body Chart | | | |

| | |
|--|--|
| Subsequent Treatment Notes | |
| Practitioner: Kate MacAdam Appointment: 25 Jan 2021, 5:30PM | |
| Patient Progress | |
| Subjective | |
| Objective | c/s tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis | |
| Diagnosis | WAD II, sprain/strain |
| Contra Indications | |
| Treatment | |
| Modalities | <input type="checkbox"/> Heating pad <input type="checkbox"/> Ice <input type="checkbox"/> K tape <input type="checkbox"/> Mechanopercussive technique |

Modality specifics

Cervical SMT

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT

☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT

☒ Right ☒ Left

Additional Adjustments

☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue

☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 18 Jan 2021, 5:30PM

Patient Progress

Subjective

Objective

c/s tender
t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted



orthopedic tests positive for diagnosis



Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities



Heating pad



Ice



K tape



Mechanopercussive technique

Modality specifics

Cervical SMT



C1-2 L



C2-3 L



C3-4 L



C4-5 L



C5-6 L



C6-7 L



C1-7



C1-2 R



C2-3 R



C3-4 R



C4-5 R



C5-6 R



C6-7 R

Thoracic SMT



T8-9



T9-10



T10-11



T11-12



T1-12



T2-3



T3-4



T4-5



T5-6



T6-7



T7-8



T1-2



T2-3



T3-4



T4-5



T5-6



T6-7



T7-8

Lumbar SMT



L2-3 L



L3-4 L



L4-5 L



L5-S1 L



L1-S1



L1-2 R



L2-3 R



L3-4 R



L4-5 R



L5-S1 R



L1-2 L



L1-2 R



L2-3 R



L3-4 R



L4-5 R



L5-S1 R



L1-2 L

SIJ SMT



Right



Left

Additional Adjustments



Joint mobilization



Spinal mobilization



Activator/Impulse



Drop piece



Joint manipulation

Adjustment Specifics

Soft Tissue



Trigger point therapy



Mechanopercussive Technique



ART



Soft tissue



Graston



Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency



PRN



1x/week



2-5x/week



1x every 2-3 weeks



1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 12 Jan 2021, 6:00PM

Patient Progress

Subjective

Objective c/s tender
t/s tender

Spinal joint restrictions noted ☒

Myofascial restrictions noted ☒

orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R
☐ C5-6 L ☐ C6-7 L ☒ C1-7

Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8
☒ T1-2

Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L
☒ L1-S1

SIJ SMT ☒ Right ☒ Left

Additional Adjustments
☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue
☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN☐ 1x/week☐ 2-5x/week☐ 1x every 2-3 weeks☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 4 Jan 2021, 5:30PM

Patient Progress

Subjective

Objective

c/s tender

t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted

☒

orthopedic tests positive for diagnosis

☒

Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities

☐ Heating pad☐ Ice☐ K tape☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L☐ C2-3 L☐ C3-4 L☐ C4-5 L☐ C1-2 R☐ C2-3 R☐ C3-4 R☐ C4-5 R☐ C5-6 R☐ C6-7 R☒ C1-7

Thoracic SMT

☐ T8-9☐ T9-10☐ T10-11☐ T11-12☐ T1-2☒ T2-3☐ T3-4☐ T4-5☐ T5-6☐ T6-7☐ T7-8

Lumbar SMT

☐ L2-3 L☐ L3-4 L☐ L4-5 L☐ L5-S1 L☐ L1-2 R☒ L2-3 R☐ L3-4 R☐ L4-5 R☐ L5-S1 R☐ L1-2 L☒ L1-S1

SIJ SMT

☒ Right☒ Left

| | |
|--|--|
| Additional Adjustments <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input type="checkbox"/> Joint manipulation | |
| Adjustment Specifics | |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | |
| Soft tissue specifics | |
| Acupuncture | |
| Exercises given | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | |
| Body Chart Body Chart | |

| Subsequent Treatment Notes | |
|--|--|
| Practitioner: Kate MacAdam Appointment: 30 Dec 2020, 5:00PM | |
| Patient Progress | |
| Subjective | |
| Objective | c/s tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis | |
| Diagnosis | WAD II, sprain/strain |
| Contra Indications | |
| Treatment | |
| Modalities | <input type="checkbox"/> Heating pad <input type="checkbox"/> Ice <input type="checkbox"/> K tape <input type="checkbox"/> Mechanopercussive technique |
| Modality specifics | |

Cervical SMT

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R
☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7

Thoracic SMT

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT

☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L1-2 R ☒ L1-S1 ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT

☒ Right ☒ Left

Additional Adjustments

☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics**Soft Tissue**

☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics**Acupuncture****Exercises given****Treatment frequency**

☐ PRN ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart**Body Chart****Subsequent Treatment Notes**

Practitioner: Kate MacAdam

Appointment: 21 Dec 2020, 5:30PM

Patient Progress**Subjective****Objective**

c/s tender
t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted

☒

orthopedic tests positive for diagnosis



Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique**Modality specifics****Cervical SMT**☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R ☐ C5-6 L ☐ C6-7 L ☒ C1-7**Thoracic SMT**☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8 ☒ T1-12**Lumbar SMT**☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L ☒ L1-S1**SIJ SMT**☒ Right ☒ Left**Additional Adjustments**☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation**Adjustment Specifics****Soft Tissue**☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release**Soft tissue specifics****Acupuncture****Exercises given****Treatment frequency**☐ PRN ☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam**Appointment:** 7 Oct 2020, 6:45PM

Patient Progress

Subjective really sore neck and upper back
hip improving

Objective c/s tender
t/s tender

Spinal joint restrictions noted ☒

Myofascial restrictions noted ☒

orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT ☒ Right ☒ Left

Additional Adjustments
☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☐ Joint manipulation

Adjustment Specifics

Soft Tissue
☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN☐ 1x/week☐ 2-5x/week☐ 1x every 2-3 weeks☐ 1x every months

Body Chart

Body Chart

Massage Treatment Note

Practitioner: Adam Blackwood

Appointment: 2 Jul 2020, 7:00PM

Patient Progress

Subjective

May have slight Scoliosis. MVA Jan 13th. The accident caused P in the L neck and shoulder and MB between the shoulder blades. Then she fell on ice a week later, hitting her R sit bone, this made the MVA symptoms worse and also added hip P bi lat.

Today: neck is sore and hips

Objective

Treated pelvic iliac fascia R. Main focus was c/s. During the previous treatment i noticed that texture of the tissue at the base of the skull was very dry. This has improved and general mm tone has improved.

- Head still really wants to SBr and it still feels dural. Did a lot of fascial work around the base and along the ant SCM. C0C1 decompaction using other fascial chains released suboccipitals. Cranial work released really well. L OM

Today: c/s is extremely rigid and needs a lot more work. passive rom c/s is very hard

Treatment

Modalities

☒ Suboccipital Release☒ Lumbar Spine Traction☐ M2T Blade☐ Cupping☒ Laminar Groove Clean☐ Subtalar Traction☒ Passive Assisted Stretching☒ Cervical Spine Traction☐ Carpal Traction☐ Cold☐ Post Isometric Relaxation☐ Psoas Release☐ Tapotement☒ Craniosacral Technique☐ Heating Pad☐ Sidelying Position☐ Seated Position☐ Positional Release☐ Rib Release☐ Diaphragmatic Breathing☐☐☐☐☐

Modality specifics

General Swedish Massage

☐ Anterior Legs☐ Hands☐ Feet☐ Chest☐ Abdomen☒ H/N/S☒ Back☐ Arms & Forearms☐ Posterior Legs

Kneading

☒ Finger tip kneading☒ Knuckles☒ Forearm☒ Elbow

Trigger Point Release

Deep Muscle Stripping

☒ Piriformis (Lateral Rotators of the Hip)☒ Gluteals☐ Hip flexors - Quadriceps, TFL and Iliopsoas☐ Hamstrings☐ Gastrocnemius & Soleus☐ Tibialis Anterior☐ Deltoid☐ Biceps Brachii☐ Brachioradialis☒ Trapezius☒ Erector Spinae☒ Quadratus Lumborum

☐ Adductors ☒ Rotator Cuff Muscles (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis) ☒ Rhomboids
☐ Forearm Flexors & Extensors ☒ Levator Scapula

Myofascial Release

☒ Low Back ☒ Mid Back ☒ Upper Back ☐ Bicep & Tricep ☐ Pectoralis Major ☐ Rotator Cuff
☐ Lateral Compartment of Leg ☐ Anterior Compartment of Leg ☐ Posterior Compartment of Leg
☐ Iliotibial Band ☐ Interosseous Membrane ☐ Hip Flexors ☐ Abdomen ☐ Hip Extensors

Dynamic Muscle Strip**Post Treatment Results****Homecare Provided****Subsequent Treatment Notes****Practitioner:** Kate MacAdam**Appointment:** 23 Jun 2020, 1:15PM**Patient Progress****Subjective**

really sore neck and upper back
hip improving

Objective

c/s tender
t/s tender

Spinal joint restrictions noted**Myofascial restrictions noted****orthopedic tests positive for diagnosis****Diagnosis****Diagnosis**

WAD II, sprain/strain

Contra Indications**Treatment****Modalities**

☐ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics**Cervical SMT**

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

| | | | | | | | | | | | | | |
|-------------------------------|--|--|---------------------------------|--|--|--|---------------------------------|---|---------------------------------|---|----------------------------------|---|--|
| Lumbar SMT | | <input type="checkbox"/> L2-3 L | <input type="checkbox"/> L3-4 L | <input type="checkbox"/> L4-5 L | <input type="checkbox"/> L5-S1 L | <input checked="" type="checkbox"/> L1-S1 | <input type="checkbox"/> L1-2 R | <input type="checkbox"/> L2-3 R | <input type="checkbox"/> L3-4 R | <input type="checkbox"/> L4-5 R | <input type="checkbox"/> L5-S1 R | <input type="checkbox"/> L1-2 L | |
| SIJ SMT | | | | <input checked="" type="checkbox"/> Right | <input checked="" type="checkbox"/> Left | | | | | | | | |
| Additional Adjustments | | <input type="checkbox"/> Joint mobilization | | <input type="checkbox"/> Spinal mobilization | | <input type="checkbox"/> Activator/Impulse | | <input type="checkbox"/> Drop piece | | <input type="checkbox"/> Joint manipulation | | | |
| Adjustment Specifics | | | | | | | | | | | | | |
| Soft Tissue | | <input type="checkbox"/> Trigger point therapy | | <input type="checkbox"/> Mechanopercussive Technique | | <input type="checkbox"/> ART | | <input type="checkbox"/> Soft tissue | | <input type="checkbox"/> Graston | | <input type="checkbox"/> Myofascial release | |
| Soft tissue specifics | | | | | | | | | | | | | |
| Acupuncture | | | | | | | | | | | | | |
| Exercises given | | | | | | | | | | | | | |
| Treatment frequency | | <input type="checkbox"/> PRN | | <input type="checkbox"/> 1x/week | | <input type="checkbox"/> 2-5x/week | | <input type="checkbox"/> 1x every 2-3 weeks | | <input type="checkbox"/> 1x every months | | | |
| Body Chart | | | | | | | | | | | | | |
| Body Chart | | | | | | | | | | | | | |

| Subsequent Treatment Notes | |
|--|--|
| Practitioner: Kate MacAdam Appointment: 29 Jun 2020, 1:15PM | |
| Patient Progress | |
| Subjective | really sore neck and upper back hip improving |
| Objective | c/s tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis | |
| Diagnosis | WAD II, sprain/strain |

Contra Indications

Treatment

Modalities

☐ Heating pad
 ☐ Ice
 ☐ K tape
 ☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L

 ☐ C2-3 L

 ☐ C3-4 L

 ☐ C4-5 L

 ☐ C5-6 L

 ☐ C6-7 L

☒ C1-7

☐ C1-2 R

☐ C2-3 R

☐ C3-4 R

☐ C4-5 R

☐ C5-6 R

☐ C6-7 R

Thoracic SMT

☐ T8-9

☐ T9-10

☐ T10-11

☐ T11-12

☒ T1-12

☐ T2-3

☐ T3-4

☐ T4-5

☐ T5-6

☐ T6-7

☐ T7-8

Lumbar SMT

☐ L2-3 L

☐ L3-4 L

☐ L4-5 L

☐ L5-S1 L

☒ L1-S1

☐ L1-2 R

☐ L2-3 R

☐ L3-4 R

☐ L4-5 R

☐ L5-S1 R

☐ L1-2 L

SIJ SMT

☒ Right

☒ Left

Additional Adjustments

☐ Joint mobilization

☐ Spinal mobilization

☐ Activator/Impulse

☐ Drop piece

☐ Joint manipulation

Adjustment Specifics

Soft Tissue

☐ Trigger point therapy

☐ Mechanopercussive Technique

☐ ART

☐ Soft tissue

☐ Graston

☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN

☐ 1x/week

☐ 2-5x/week

☐ 1x every 2-3 weeks

☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 17 Jun 2020, 4:15PM

Patient Progress

Subjective

 high stress at work
 upper back/neck P

| | |
|---|---|
| Objective | R hip tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis | |
| Diagnosis | WAD II, sprain/strain |
| Contra Indications | |
| Treatment | |
| Modalities | <input checked="" type="checkbox"/> Heating pad <input type="checkbox"/> Ice <input type="checkbox"/> K tape <input type="checkbox"/> Mechanopercussive technique |
| Modality specifics | |
| Cervical SMT <input type="checkbox"/> C1-2 L <input type="checkbox"/> C2-3 L <input type="checkbox"/> C3-4 L <input type="checkbox"/> C4-5 L <input type="checkbox"/> C5-6 L <input type="checkbox"/> C6-7 L <input checked="" type="checkbox"/> C1-7 <input type="checkbox"/> C1-2 R <input type="checkbox"/> C2-3 R <input type="checkbox"/> C3-4 R <input type="checkbox"/> C4-5 R <input type="checkbox"/> C5-6 R <input type="checkbox"/> C6-7 R | |
| Thoracic SMT <input type="checkbox"/> T8-9 <input type="checkbox"/> T9-10 <input type="checkbox"/> T10-11 <input type="checkbox"/> T11-12 <input checked="" type="checkbox"/> T1-12 <input type="checkbox"/> T1-2 <input type="checkbox"/> T2-3 <input type="checkbox"/> T3-4 <input type="checkbox"/> T4-5 <input type="checkbox"/> T5-6 <input type="checkbox"/> T6-7 <input type="checkbox"/> T7-8 | |
| Lumbar SMT <input type="checkbox"/> L2-3 L <input type="checkbox"/> L3-4 L <input type="checkbox"/> L4-5 L <input type="checkbox"/> L5-S1 L <input checked="" type="checkbox"/> L1-S1 <input type="checkbox"/> L1-2 R <input type="checkbox"/> L2-3 R <input type="checkbox"/> L3-4 R <input type="checkbox"/> L4-5 R <input type="checkbox"/> L5-S1 R <input type="checkbox"/> L1-2 L | |
| SIJ SMT <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left | |
| Additional Adjustments <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input checked="" type="checkbox"/> Joint manipulation | |
| Adjustment Specifics hips | |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | |
| Soft tissue specifics | |
| Acupuncture | |
| Exercises given | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | |
| Body Chart | |
| Body Chart | |

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 5 Jun 2020, 1:00PM

Patient Progress

Subjective sore/tight

Objective R hip tender
t/s tenderSpinal joint restrictions noted ☒Myofascial restrictions noted ☒orthopedic tests positive for diagnosis ☒

Diagnosis

Diagnosis WAD II, sprain/strain

Contra Indications

Treatment

Modalities ☒ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT
☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R ☒ C1-7Thoracic SMT
☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8Lumbar SMT
☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 LSIJ SMT ☒ Right ☒ LeftAdditional Adjustments
☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☒ Joint manipulation

Adjustment Specifics hips

Soft Tissue
☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN☐ 1x/week ☐ 2-5x/week ☐ 1x every 2-3 weeks ☐ 1x every months

Body Chart

Body Chart

Massage Treatment Note

Practitioner: Adam Blackwood

Appointment: 8 Jun 2020, 5:00PM

Patient Progress

Subjective

May have slight Scoliosis. MVA Jan 13th. The accident caused P in the L neck and shoulder and MB between the shoulder blades. Then she fell on ice a week later, hitting her R sit bone, this made the MVA symptoms worse and also added hip P bi lat.

Today: req general massage back HNS.

Objective

Treated pelvic iliac fascia R. Main focus was c/s. During the previous treatment i noticed that texture of the tissue at the base of the skull was very dry. This has improved and general mm tone has improved.

- Head still really wants to SBr and it still feels dural. Did a lot of fascial work today around the base and along the ant SCM. COC1 decompaction using other fascial chains released suboccipitals. Cranial work released really well. L OM

Today: GSM mm tone is feeling really good

Treatment

Modalities

☒ Suboccipital Release ☒ Lumbar Spine Traction ☐ M2T Blade ☐ Cupping ☒ Laminar Groove Clean
☐ Subtalar Traction ☒ Passive Assisted Stretching ☐ Cervical Spine Traction ☐ Carpal Traction
☐ Cold ☐ Post Isometric Relaxation ☐ Psoas Release ☐ Tapotement ☒ Craniosacral Technique ☐ Heating Pad
☐ Sidelying Position ☐ Seated Position ☐ Positional Release ☐ Rib Release ☐ Diaphragmatic Breathing
☐ ☐ ☐ ☐ BRT ☐ FET

Modality specifics

General Swedish Massage

☐ Anterior Legs ☐ Hands ☐ Feet ☒ H/N/S ☒ Back ☐ Arms & Forearms ☐ Posterior Legs
☐ Chest ☐ Abdomen

Kneading

☒ Finger tip kneading ☒ Knuckles ☒ Forearm ☒ Elbow

Trigger Point Release**Deep Muscle Stripping**

- ☒ Piriformis (Lateral Rotators of the Hip)
 ☒ Erector Spinae
 ☒ Quadratus Lumborum
 ☐ Gluteals
 ☐ Hip flexors - Quadriceps, TFL and Iliopsoas
 ☐ Hamstrings
 ☐ Gastrocnemius & Soleus
 ☐ Tibialis Anterior
 ☐ Deltoid
 ☐ Biceps Brachii
 ☐ Brachioradialis
 ☒ Trapezius
 ☐ Adductors
 ☒ Rotator Cuff Muscles (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis)
 ☒ Rhomboids
 ☐ Forearm Flexors & Extensors
 ☒ Levator Scapula

Myofascial Release

- ☒ Low Back
 ☒ Mid Back
 ☒ Upper Back
 ☐ Bicep & Tricep
 ☐ Pectoralis Major
 ☐ Rotator Cuff
 ☐ Lateral Compartment of Leg
 ☐ Anterior Compartment of Leg
 ☐ Posterior Compartment of Leg
 ☐ Hip Flexors
 ☐ Abdomen
 ☐ Hip Extensors
 ☐ Iliotibial Band
 ☐ Interosseous Membrane

Dynamic Muscle Strip**Post Treatment Results****Homecare Provided****Massage Treatment Note****Practitioner:** Adam Blackwood**Appointment:** 25 Feb 2020, 6:15PM**Patient Progress****Subjective**

May have slight Scoliosis. MVA Jan 13th. The accident caused P in the L neck and shoulder and MB between the shoulder blades. Then she fell on ice a week later, hitting her R sit bone, this made the MVA symptoms worse and also added hip P bi lat.

Today: req maintenance post body to prepare for long 32H flight to Australia

Objective

Treated pelvic iliac fascia R. Main focus was c/s. During the previous treatment i noticed that texture of the tissue at the base of the skull was very dry. This has improved and general mm tone has improved.

- Head still really wants to SBr and it still feels dural. Did a lot of fascial work today around the base and along the ant SCM. COC1 decompaction using other fascial chains released suboccipitals. Cranial work released really well. L OM

Today: GSM back, HNS and neck. neck mm tonne is feeling good but needs a lot more work around upper C.

Treatment**Modalities**

- ☒ Suboccipital Release
 ☒ Lumbar Spine Traction
 ☐ M2T Blade
 ☐ Cupping
 ☒ Laminar Groove Clean
 ☐ Subtalar Traction
 ☒ Passive Assisted Stretching
 ☐ Cervical Spine Traction
 ☐ Carpal Traction
 ☐ Cold
 ☐ Post Isometric Relaxation
 ☐ Psoas Release
 ☐ Tapotement
 ☒ Craniosacral Technique
 ☐ Heating Pad
 ☐ Sidelying Position
 ☐ Seated Position
 ☐ Positional Release
 ☐ Rib Release
 ☐ Diaphragmatic Breathing
 ☐ BRT
 ☐ FET

Modality specifics

General Swedish Massage

☐ Anterior Legs
 ☐ Hands
 ☐ Feet
 ☒ H/N/S
 ☒ Back
 ☐ Arms & Forearms
 ☐ Posterior Legs
 ☐ Chest
 ☐ Abdomen

Kneading

☒ Finger tip kneading
 ☒ Knuckles
 ☒ Forearm
 ☒ Elbow

Trigger Point Release

Deep Muscle Stripping

☒ Piriformis (Lateral Rotators of the Hip)
 ☒ Erector Spinae
 ☒ Quadratus Lumborum
 ☒ Gluteals
 ☐ Hip flexors - Quadriceps, TFL and Iliopsoas
 ☐ Hamstrings
 ☐ Gastrocnemius & Soleus
 ☐ Tibialis Anterior
 ☐ Deltoid
 ☐ Biceps Brachii
 ☐ Brachioradialis
 ☒ Trapezius
 ☐ Adductors
 ☒ Rotator Cuff Muscles (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis)
 ☒ Rhomboids
 ☐ Forearm Flexors & Extensors
 ☒ Levator Scapula

Myofascial Release

☒ Low Back
 ☒ Mid Back
 ☒ Upper Back
 ☒ Posterior Cervical Triangle
 ☐ Pectoralis Major
 ☐ Rotator Cuff
 ☐ Bicep & Tricep
 ☐ Posterior Compartment of Leg
 ☐ Lateral Compartment of Leg
 ☐ Anterior Compartment of Leg
 ☐ Hip Flexors
 ☐ Abdomen
 ☐ Hip Extensors
 ☐ Iliotibial Band
 ☐ Interosseous membrane

Dynamic Muscle Strip

Post Treatment Results

Homecare Provided

Massage Treatment Note

Practitioner: Adam Blackwood

Appointment: 12 Feb 2020, 6:00PM

Patient Progress

Subjective

May have slight Scoliosis. MVA Jan 13th. The accident caused P in the L neck and shoulder and MB between the shoulder blades. Then she fell on ice a week later, hitting her R sit bone, this made the MVA symptoms worse and also added hip P bi lat.

Today: P has improved a lot since last Tx. continuing work

Objective

Treated pelvic iliac fascia R. Main focus was c/s. During the previous treatment i noticed that texture of the tissue at the base of the skull was very dry. This has improved and general mm tone has improved.

- Head still really wants to SBr and it still feels dural. Did a lot of fascial work today around the base and along the ant SCM. COC1 decompaction using other fascial chains released suboccipitals. Cranial work released really well. L OM

Treatment

Modalities

☐ M2T Blade
 ☐ Cupping
 ☒ Laminar Groove Clean

- ☒ Suboccipital Release
 ☒ Lumbar Spine Traction
 ☒ Cervical Spine Traction
 ☐ Carpal Traction
☐ Subtalar Traction
 ☒ Passive Assisted Stretching
 ☐ Tapotement
 ☒ Craniosacral Technique
 ☐ Heating Pad
☐ Cold
 ☐ Post Isometric Relaxation
 ☐ Psoas Release
 ☐ Rib Release
 ☐ Diaphragmatic Breathing
☐ Sidelying Position
 ☐ Seated Position
 ☐ Positional Release
 ☐ BRT
 ☐ FET

Modality specifics

- General Swedish Massage**
☒ H/N/S
 ☒ Back
 ☐ Arms & Forearms
 ☐ Posterior Legs
☐ Anterior Legs
 ☐ Hands
 ☐ Feet
 ☐ Chest
 ☐ Abdomen

Kneading

- ☒ Finger tip kneading
 ☒ Knuckles
 ☒ Forearm
 ☒ Elbow

Trigger Point Release

- Deep Muscle Stripping**
☒ Erector Spinae
 ☒ Quadratus Lumborum
☒ Piriformis (Lateral Rotators of the Hip)
 ☒ Gluteals
 ☐ Hip flexors - Quadriceps, TFL and Iliopsoas
 ☐ Hamstrings
☐ Gastrocnemius & Soleus
 ☐ Tibialis Anterior
 ☐ Deltoid
 ☐ Biceps Brachii
 ☐ Brachioradialis
 ☒ Trapezius
☐ Adductors
 ☒ Rotator Cuff Muscles (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis)
 ☒ Rhomboids
☐ Forearm Flexors & Extensors
 ☒ Levator Scapula

Myofascial Release

- ☒ Posterior Cervical Triangle
 ☐ Pectoralis Major
 ☐ Rotator Cuff
☒ Low Back
 ☒ Mid Back
 ☒ Upper Back
 ☐ Bicep & Tricep
 ☐ Posterior Compartment of Leg
☐ Lateral Compartment of Leg
 ☐ Anterior Compartment of Leg
 ☐ Hip Flexors
 ☐ Abdomen
 ☐ Hip Extensors
☐ Iliotibial Band
 ☐ Interosseous Membrane

Dynamic Muscle Strip

Post Treatment Results

Homecare Provided

Subsequent Treatment Notes

Practitioner: Kate MacAdam
Appointment: 10 Feb 2020, 6:30PM

Patient Progress

- Subjective** sore/tight
- Objective** R hip tender
t/s tender
- Spinal joint restrictions noted** ☒
- Myofascial restrictions noted** ☒
- orthopedic tests positive for diagnosis** ☒

Diagnosis

| | |
|---|---|
| Diagnosis | WAD II, sprain/strain |
| Contra Indications | |
| Treatment | |
| Modalities | <input checked="" type="checkbox"/> Heating pad <input type="checkbox"/> Ice <input type="checkbox"/> K tape <input type="checkbox"/> Mechanopercussive technique |
| Modality specifics | |
| Cervical SMT <input type="checkbox"/> C1-2 L <input type="checkbox"/> C2-3 L <input type="checkbox"/> C3-4 L <input type="checkbox"/> C4-5 L <input type="checkbox"/> C5-6 L <input type="checkbox"/> C6-7 L <input checked="" type="checkbox"/> C1-7 <input type="checkbox"/> C1-2 R <input type="checkbox"/> C2-3 R <input type="checkbox"/> C3-4 R <input type="checkbox"/> C4-5 R <input type="checkbox"/> C5-6 R <input type="checkbox"/> C6-7 R | |
| Thoracic SMT <input type="checkbox"/> T8-9 <input type="checkbox"/> T9-10 <input type="checkbox"/> T10-11 <input type="checkbox"/> T11-12 <input checked="" type="checkbox"/> T1-12 <input type="checkbox"/> T1-2 <input type="checkbox"/> T2-3 <input type="checkbox"/> T3-4 <input type="checkbox"/> T4-5 <input type="checkbox"/> T5-6 <input type="checkbox"/> T6-7 <input type="checkbox"/> T7-8 | |
| Lumbar SMT <input type="checkbox"/> L2-3 L <input type="checkbox"/> L3-4 L <input type="checkbox"/> L4-5 L <input type="checkbox"/> L5-S1 L <input checked="" type="checkbox"/> L1-S1 <input type="checkbox"/> L1-2 R <input type="checkbox"/> L2-3 R <input type="checkbox"/> L3-4 R <input type="checkbox"/> L4-5 R <input type="checkbox"/> L5-S1 R <input type="checkbox"/> L1-2 L | |
| SIJ SMT <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left | |
| Additional Adjustments <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input checked="" type="checkbox"/> Joint manipulation | |
| Adjustment Specifics hips | |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | |
| Soft tissue specifics | |
| Acupuncture | |
| Exercises given | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | |
| Body Chart | |
| Body Chart | |

Massage Treatment Note

Practitioner: Adam Blackwood
Appointment: 6 Feb 2020, 5:45PM

Patient Progress

Subjective

New patient. May have slight Scoliosis. MVA Jan 13th. The accident caused P in the L neck and shoulder and MB between the shoulder blades. Then she fell on ice a week later, hitting her R sit bone, this made the MVA symptoms worse and also added hip P bi lat.

Objective

No upslip R. L hip is up. R gossip pos. Pubic lesion R. Deep GSM back and shoulders. R upper ribs restricted. C/s very restricted. Mm guarding present. Head is in forced SB r. Deep dural pull. Cranial work helped.

* check pelvic fascia R, needs a lot more neck work

Treatment**Modalities**

- ☒ Suboccipital Release ☒ Lumbar Spine Traction ☐ M2T Blade ☐ Cupping ☒ Laminar Groove Clean
☐ Subtalar Traction ☒ Passive Assisted Stretching ☒ Cervical Spine Traction ☐ Carpal Traction
☐ Cold ☐ Post Isometric Relaxation ☐ Psoas Release ☐ Tapotement ☒ Craniosacral Technique ☐ Heating Pad
☐ Sidelying Position ☐ Seated Position ☐ Positional Release ☐ Rib Release ☐ Diaphragmatic Breathing
☐ ☐ ☐ ☐ BRT ☐ FET

Modality specifics**General Swedish Massage**

- ☒ H/N/S ☒ Back ☐ Arms & Forearms ☐ Posterior Legs
☐ Anterior Legs ☐ Hands ☐ Feet ☐ Chest ☐ Abdomen

Kneading

- ☒ Finger tip kneading ☒ Knuckles ☒ Forearm ☒ Elbow

Trigger Point Release**Deep Muscle Stripping**

- ☒ Piriformis (Lateral Rotators of the Hip) ☒ Erector Spinae ☒ Quadratus Lumborum
☐ Gastrocnemius & Soleus ☐ Tibialis Anterior ☐ Hip flexors - Quadriceps, TFL and Iliopsoas ☐ Hamstrings
☐ Adductors ☒ Rotator Cuff Muscles (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis) ☐ Brachioradialis ☒ Trapezius
☐ Forearm Flexors & Extensors ☒ Levator Scapula ☐ Rhomboids

Myofascial Release

- ☒ Low Back ☒ Mid Back ☒ Upper Back ☒ Posterior Cervical Triangle ☐ Pectoralis Major ☐ Rotator Cuff
☐ Lateral Compartment of Leg ☐ Bicep & Tricep ☐ Posterior Compartment of Leg
☐ Iliotibial Band ☐ Anterior Compartment of Leg ☐ Hip Flexors ☐ Abdomen ☐ Hip Extensors
☐ Interosseous Membrane

Dynamic Muscle Strip**Post Treatment Results****Homecare Provided****Subsequent Treatment Notes**

Practitioner: Kate MacAdam

Appointment: 5 Feb 2020, 12:45PM

Patient Progress

Subjective

sore back and hips
P with getting out of bed
trouble sitting

Objective

R hip tender
t/s tender

Spinal joint restrictions noted



Myofascial restrictions noted



orthopedic tests positive for diagnosis



Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities

☒ Heating pad ☐ Ice ☐ K tape ☐ Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L ☐ C2-3 L ☐ C3-4 L ☐ C4-5 L ☐ C5-6 L ☐ C6-7 L ☒ C1-7 ☐ C1-2 R ☐ C2-3 R ☐ C3-4 R ☐ C4-5 R ☐ C5-6 R ☐ C6-7 R

Thoracic SMT

☐ T8-9 ☐ T9-10 ☐ T10-11 ☐ T11-12 ☒ T1-12 ☐ T1-2 ☐ T2-3 ☐ T3-4 ☐ T4-5 ☐ T5-6 ☐ T6-7 ☐ T7-8

Lumbar SMT

☐ L2-3 L ☐ L3-4 L ☐ L4-5 L ☐ L5-S1 L ☒ L1-S1 ☐ L1-2 R ☐ L2-3 R ☐ L3-4 R ☐ L4-5 R ☐ L5-S1 R ☐ L1-2 L

SIJ SMT

☒ Right ☒ Left

Additional Adjustments

☐ Joint mobilization ☐ Spinal mobilization ☐ Activator/Impulse ☐ Drop piece ☒ Joint manipulation

Adjustment Specifics

hips

Soft Tissue

☐ Trigger point therapy ☐ Mechanopercussive Technique ☐ ART ☐ Soft tissue ☐ Graston ☐ Myofascial release

Soft tissue specifics

Acupuncture

Exercises given

Treatment frequency

☐ PRN☐ 1x/week☐ 2-5x/week☐ 1x every 2-3 weeks☐ 1x every months

Body Chart

Body Chart

Subsequent Treatment Notes

Practitioner: Kate MacAdam

Appointment: 4 Feb 2020, 12:45PM

Patient Progress

Subjective

Objective

R hip tender
t/s tender

Spinal joint restrictions noted

☒

Myofascial restrictions noted

☒

orthopedic tests positive for diagnosis

☒

Diagnosis

Diagnosis

WAD II, sprain/strain

Contra Indications

Treatment

Modalities

☒

Heating pad

☐

Ice

☐

K tape

☐

Mechanopercussive technique

Modality specifics

Cervical SMT

☐ C1-2 L☐ C2-3 L☐ C3-4 L☐ C4-5 L☐ C5-6 L☐ C6-7 L☒ C1-7☐ C4-5 R☐ C5-6 R☐ C6-7 R

Thoracic SMT

☐ T8-9☐ T9-10☐ T10-11☐ T11-12☒ T1-12☐ T2-3☐ T3-4☐ T4-5☐ T5-6☐ T6-7☐ T7-8

Lumbar SMT

☐ L2-3 L☐ L3-4 L☐ L4-5 L☐ L5-S1 L☒ L1-S1☐ L1-2 R☐ L2-3 R☐ L3-4 R☐ L4-5 R☐ L5-S1 R☐ L1-2 L

SIJ SMT

☒

Right

☒

Left

Additional Adjustments

☐ Joint mobilization☐ Spinal mobilization☐

Activator/Impulse

☐

Drop piece

☒

Joint manipulation

| | |
|--|------|
| Adjustment Specifics | hips |
| Soft Tissue <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | |
| Soft tissue specifics | |
| Acupuncture | |
| Exercises given | |
| Treatment frequency <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | |
| Body Chart Body Chart | |

| | |
|--|---|
| Subsequent Treatment Notes | |
| Practitioner: Kate MacAdam Appointment: 27 Jan 2020, 6:45PM | |
| Patient Progress | |
| Subjective | P moved to L shoulder blade heating pad helped |
| Objective | R hip tender t/s tender |
| Spinal joint restrictions noted | <input checked="" type="checkbox"/> |
| Myofascial restrictions noted | <input checked="" type="checkbox"/> |
| orthopedic tests positive for diagnosis | <input checked="" type="checkbox"/> |
| Diagnosis | |
| Diagnosis | WAD II, sprain/strain |
| Contra Indications | |
| Treatment | |
| Modalities | <input checked="" type="checkbox"/> Heating pad <input type="checkbox"/> Ice <input type="checkbox"/> K tape <input type="checkbox"/> Mechanopercussive technique |
| Modality specifics | |

| | | | | | | | | | | | | | | |
|-------------------------------------|--|--|---------------------------------|---------------------------------|----------------------------------|---|---------------------------------|--|---------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Cervical SMT | | <input type="checkbox"/> C1-2 L | <input type="checkbox"/> C2-3 L | <input type="checkbox"/> C3-4 L | <input type="checkbox"/> C4-5 L | <input type="checkbox"/> C5-6 L | <input type="checkbox"/> C6-7 L | <input checked="" type="checkbox"/> C1-7 | <input type="checkbox"/> C1-2 R | <input type="checkbox"/> C2-3 R | <input type="checkbox"/> C3-4 R | <input type="checkbox"/> C4-5 R | <input type="checkbox"/> C5-6 R | <input type="checkbox"/> C6-7 R |
| Thoracic SMT | | <input type="checkbox"/> T8-9 | <input type="checkbox"/> T9-10 | <input type="checkbox"/> T10-11 | <input type="checkbox"/> T11-12 | <input checked="" type="checkbox"/> T1-12 | <input type="checkbox"/> T2-3 | <input type="checkbox"/> T3-4 | <input type="checkbox"/> T4-5 | <input type="checkbox"/> T5-6 | <input type="checkbox"/> T6-7 | <input type="checkbox"/> T7-8 | | |
| Lumbar SMT | | <input type="checkbox"/> L2-3 L | <input type="checkbox"/> L3-4 L | <input type="checkbox"/> L4-5 L | <input type="checkbox"/> L5-S1 L | <input checked="" type="checkbox"/> L1-S1 | <input type="checkbox"/> L1-2 R | <input type="checkbox"/> L2-3 R | <input type="checkbox"/> L3-4 R | <input type="checkbox"/> L4-5 R | <input type="checkbox"/> L5-S1 R | <input type="checkbox"/> L1-2 L | | |
| SIJ SMT | | <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left | | | | | | | | | | | | |
| Additional Adjustments | | <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Spinal mobilization <input type="checkbox"/> Activator/Impulse <input type="checkbox"/> Drop piece <input checked="" type="checkbox"/> Joint manipulation | | | | | | | | | | | | |
| Adjustment Specifics | | hips | | | | | | | | | | | | |
| Soft Tissue | | <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Mechanopercussive Technique <input type="checkbox"/> ART <input type="checkbox"/> Soft tissue <input type="checkbox"/> Graston <input type="checkbox"/> Myofascial release | | | | | | | | | | | | |
| Soft tissue specifics | | | | | | | | | | | | | | |
| Acupuncture | | | | | | | | | | | | | | |
| Exercises given | | | | | | | | | | | | | | |
| Treatment frequency | | <input type="checkbox"/> PRN <input type="checkbox"/> 1x/week <input type="checkbox"/> 2-5x/week <input type="checkbox"/> 1x every 2-3 weeks <input type="checkbox"/> 1x every months | | | | | | | | | | | | |
| Body Chart Body Chart | | | | | | | | | | | | | | |

Clinic Policies

Practitioner: Kate MacAdam
Appointment: 27 Jan 2020, 6:45PM

Clinic Policies

Clinic Policies

We are a fee for service clinic and we require payment at the time of your visit, apart from companies for which direct billing is available. Many services are covered wholly or partially by third party insurance; however, it is the responsibility of the patient to ensure payment is made at time of service. Our recommendations for care are based upon our desire to see you get and stay well, despite your level of coverage. Insurance plans or coverage maximums are in no way related to your health, but rather are functions of a financial arrangement between you and your insurance provider.

Insurance Coverage

Your insurance policy is a contract between you and your insurance company, not between your insurance company and our clinic. Please verify your coverage with your insurance company by contacting them prior to your first visit. Please inquire about and

obtain any specific insurer medical prescriptions for service. We will email you your receipts.

Motor Vehicle Accident

We are a proud MVA NS provider clinic. In order to provide direct billing service under the NS MVA Act, you must abide by the requirements of the approved Section B protocol, which may involve exhaustion of your private insurance coverage. If for any reason, your Insurance company will not accept your claim, you shall be responsible for all charges.

Worker's Compensation

We are a proud WCB NS provider clinic. If you have a workplace injury, you will need to notify your employer of the accident and see your chiropractor for an assessment in order to obtain a WCB claim. If for any reason, WCB will not accept your claim, you shall be responsible for all charges.

When booking an appointment, we require a credit card be left on file to process payments.

On the day of your appointment once your insurance has been processed we will run your credit card and email you the receipt to you.

I understand and agree that health/accident insurance policies are between an insurance carrier and myself.

I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment.

I understand that if I suspend or terminate my care/treatment any fees for professional services rendered to me will be immediately due and payable.

IF YOU NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT, WE REQUIRE 24 HOURS NOTICE, OTHERWISE YOU WILL BE CHARGED FOR THE FULL AMOUNT OF THE APPOINTMENT.

Chiropractic Consent Form

Practitioner: Kate MacAdam

Appointment: 27 Jan 2020, 6:45PM

Canadian Chiropractic Protective Association Consent to Chiropractic Treatment

Procedural Consent

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic Treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related

tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasms. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment

The risks include:

- Temporary worsening of symptoms – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days
- Skin irritation or burn—Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar
- Sprain or strain— Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Rib fracture—While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention
- Injury or aggravation of a disc—Over the course of a lifetime, spinal discs may degenerate or become as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed

- Stroke— Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe treatment or exercise with or

without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractors attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

☒ I accept

Initial Consultation/Re-examination

Practitioner: Kate MacAdam

Appointment: 25 Jan 2020, 9:00AM

Presenting complaint

MVA Jan 13
driver Agricola
30 km/h
front end impacted other car's bumper
no police
reported
neck and upper back P
also L sided upper lip cold sore

damage to car

then fall on ice Jan 20
hips sore since
fall on the ice
no bruising
Advil
couldn't move after a rest
lateral R hip
L low back

Pain intensity

☐ 10

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

When did your complaint begin?

see MVA notes

Timing of pain

☐ Morning ☐ Daytime ☐ Evening ☐ During night ☐ Same all day

Better with:

heat, Advil

Worse with:

work

Medical history**Family History****Red Flags**

- ☐ Unexplained Weight Loss
 ☐ Night Pain
 ☐ Cancer
 ☐ Fever
 ☐ Night Sweats
 ☐ Risk for Infection
 ☐ Saddle Anesthesia
 ☐ Uncontrolled bowel/bladder
 ☐ Family Hx Inflammatory Arthritides

Physical examination

anterior head carriage
rounded shoulders

Blood Pressure**Cervical orthopedic tests**

- ☒ Compression (+)
 ☐ Compression (-)
 ☐ Distraction (+)
 ☐ Distraction (-)
 ☐ Valsalva (+)
 ☐ Valsalva (-)
 ☒ Spurling's (+)
 ☐ Spurling's (-)
 ☒ Jackson's (+)
 ☐ Jackson's (-)
 ☐ Kemp's (+)
 ☐ Kemp's (-)
 ☐ ULTT (+)
 ☐ ULTT (-)
 ☒ spinal joint restrictions
 ☒ myofascial restrictions

Cervical Notes**Lumbar orthopedic tests**

- ☒ Kemps (+)
 ☐ Kemps (-)
 ☐ SLR (+)
 ☐ SLR (-)
 ☐ Faber's (+)
 ☐ Faber's (-)
 ☐ Thigh thrust (+)
 ☐ Thigh thrust (-)
 ☐ Sacral compression (+)
 ☐ Sacral compression (-)
 ☐ Valsalva (+)
 ☐ Valsalva (-)
 ☐ Open Book (+)
 ☐ Open Book (-)
 ☒ spinal joint restrictions
 ☒ myofascial restrictions

Lumbar Notes**Shoulder orthopedic tests**

- ☐ Empty can (+)
 ☐ Empty can (-)
 ☐ HK (+)
 ☐ HK (-)
 ☐ Speeds (+)
 ☐ Speeds (-)
 ☐ Lift off (+)
 ☐ Lift off (-)
 ☐ O'Briens (+)
 ☐ O'Briens (-)
 ☐ Yergason's (+)
 ☐ Yergason's (-)
 ☐ Neer (+)
 ☐ Neer (-)

Shoulder Notes**Elbow orthopedic tests**

- ☐ Valgus Test (+)
 ☐ Valgus Test (-)
 ☐ Varus Test (+)
 ☐ Varus Test (-)
 ☐ Cozen's (+)
 ☐ Cozen's (-)
 ☐ Mill's Test (+)
 ☐ Mill's Test (-)
 ☐ Resisted Wrist Flexion (+)
 ☐ Resisted Wrist Flexion (-)
 ☐ Phalen's (+)
 ☐ Phalen's (-)

Elbow Notes**Wrist Notes****Hip orthopedic tests**

- ☐ Scour Test (+)
 ☐ Scour Test (-)
 ☐ FAI Test (+)
 ☐ FAI Test (-)
 ☐ Log Roll (+)
 ☐ Log Roll (-)
 ☐ Anterior Labrum (+)
 ☐ Anterior Labrum (-)
 ☐ Posterior Labrum (+)
 ☐ Posterior Labrum (-)
 ☐ Ober's Test (+)
 ☐ Ober's Test (-)
 ☐ Hibb's Test (+)
 ☐ Hibb's Test (-)

Hip Notes**Knee orthopedic tests**

- ☐ Anterior Drawer (+)
 ☐ Anterior Drawer (-)
 ☐ Lachman Test (+)
 ☐ Lachman Test (-)
 ☐ Valgus Stress Test (+)
 ☐ Valgus Stress Test (-)
 ☐ Varus Stress Test (+)
 ☐ Varus Stress Test (-)
 ☐ Thessaly Test (+)
 ☐ Thessaly Test (-)
 ☐ McMurray's Test (+)
 ☐ McMurray's Test (-)
 ☐ Ege's Test (+)

- ☐ Ege's Test (-) ☐ Posterior Drawer (+) ☐ Posterior Drawer (-) ☐ Apprehension Test (+) ☐ Apprehension Test (-)
☐ Compression (+) ☐ Compression (-) ☐ Swipe Test (+) ☐ Swipe Test (-) ☐ Noble Compression (+)
☐ Noble Compression (-) ☐ Joint Line Tenderness (+) ☐ Joint Line Tenderness (-)

Knee Notes**Ankle orthopedic tests**

- ☐ Anterior Drawer (+) ☐ Anterior Drawer (-) ☐ Inversion Talar Tilt (+)
☐ Inversion Talar Tilt (-) ☐ Eversion Talar Tilt (+) ☐ Eversion Talar Tilt (-) ☐ Kleiger's Test (+) ☐ Kleiger's Test (-)
☐ Squeeze Test (High Ankle Sprain) (+) ☐ Squeeze Test (High Ankle Sprain) (-) ☐ Homan's Test (+) ☐ Homan's Test (-)
☐ Synovial Impingement Test (+) ☐ Synovial Impingement Test (-) ☐ Tinel's at Tarsal Tunnel (+)
☐ Tinel's at Tarsal Tunnel (-) ☐

Ankle Notes**Neurological examination**☒ Lower limb neuro unremarkable☐ Neuro exam not indicated at this time☒ Upper limb neuro unremarkable**Neurological findings****Deep Tendon Reflexes (R)**
☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Deep Tendon Reflexes (L)
☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Motor (R)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Motor (L)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Pathological Reflexes
☐ Babinski (+) ☐ Babinski (-) ☐ Hoffman's (+) ☐ Hoffman's (-)
Diagnosis

WAD II, Sprain/strain

Plan of management

chiro, massage, rehab

Treatment frequency

2x/week

Today treatment

full spine mobs, full spine SMT

Contraindications