

**CHRONOLOGICAL MEDICAL SUMMARY**

HEALIX SUPPORT - SAMPLE

<b>NAME</b>	[PATIENT NAME]
<b>DOB</b>	[DOB REDACTED]
<b>AGE</b>	52
<b>GENDER</b>	F
<b>DOI</b>	05/21/2025
<b>ALLERGIES</b>	Ciprofloxacin, Flagyl (Metronidazole), Morphine, and Iron.
<b>PMH</b>	<ul style="list-style-type: none"><li>• Asthma.</li><li>• High cholesterol.</li><li>• Ulcerative colitis.</li><li>• Uterine fibroids.</li><li>• Anemia.</li><li>• Migraines.</li><li>• Cervical disc degeneration at C5-C6.</li></ul>

HEALIX SUPPLY - SAMPLE

<p><b>PSH</b></p>	<ul style="list-style-type: none"> <li>• Injection, PRP, left hip and left knee (01/26/26).</li> <li>• Injection, corticosteroid, major joint/peripheral nerve (09/29/25).</li> <li>• Injection, PRP, left knee (date unknown).</li> <li>• Injection, corticosteroid, left shoulder (05/29/25).</li> <li>• Injection, corticosteroid, left shoulder (12/18/24).</li> <li>• Injection, Toradol IM (12/10/23).</li> <li>• Injection, Dexamethasone IM (07/16/22).</li> <li>• Injection, Solu-Medrol IV (03/06/22).</li> <li>• Endoscopy/ERCP with bile duct stents (03/04/22).</li> <li>• Injection, Dexamethasone IM (12/26/21).</li> <li>• Injection, Toradol IV (03/13/21).</li> <li>• Injection, Dexamethasone IM (11/11/20).</li> <li>• Stomach surgery (2020).</li> <li>• Tummy tuck (2015).</li> <li>• Cesarean section (2009).</li> <li>• Cesarean section (2006).</li> <li>• Gallbladder removal/Cholecystectomy (1997).</li> <li>• Tubal ligation (date unknown).</li> </ul>
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HEALIX SUPPLY

DATE	PROVIDER	DESCRIPTION
<b>Pre-Injury Records</b>		
01/16/2017	Monterey Park Hospital  [Name], MD  .PreIncident - Monterey Park Hospital.pdf, Page 1308-1309/1311	<b>Emergency Department Visit</b>  <b>Subjective:</b> Pt. presented with a cough that had persisted for seven days. Pt. had a history of asthma and reported the cough followed a recent sick contact. Symptoms were associated with wheezing and shortness of breath.  <b>Assessment:</b> <ul style="list-style-type: none"> <li>• Viral syndrome.</li> <li>• Acute bronchitis.</li> </ul> <b>Plan:</b> Pt. was prescribed a Z-pak, Motrin, and albuterol. Pt. was instructed to follow up with a primary care physician.
01/16/2017	Monterey Park Hospital  [Name], MD  .PreIncident - Monterey Park Hospital.pdf, Page 1300/1311	<b>Radiology Report</b>  <b>Examination:</b> X-ray of the chest, single view. <b>Indication:</b> Cough. <b>Impression:</b> No radiographic evidence of acute cardiopulmonary disease was noted.

04/19/2017	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1236-1246/1311, Page 1272-1275/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with left upper quadrant abdominal pain that began the previous day. Pt. rated the pain as an 8/10 in intensity and reported associated symptoms of cramping, nausea, and vomiting.</p> <p><b>Objective:</b> Examination revealed tenderness in the left upper quadrant and positive tenderness at the right costovertebral angle.</p> <p><b>Assessment:</b> Hematuria.</p> <p><b>Plan:</b> Pt. was administered intravenous fluids, Toradol, Zofran, and Rocephin. Pt. was prescribed a Z-Pak, Cipro 250 mg, and Gabapentin 600 mg. Pt. was instructed to follow up with a primary care physician.</p>
08/15/2017	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1232-1233/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a gradual onset of intermittent dysuria that had persisted for seven days.</p> <p><b>Assessment:</b> Urinary tract infection.</p> <p><b>Plan:</b> Pt. was prescribed Macrobid 100 mg and instructed to follow up with a primary care physician in two days.</p>

10/15/2017	<p>Monterey Park Hospital</p> <p>Tedman [Name], NP</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1192/1311, Page 1200-1201/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a cough that had persisted for four days, rated as a 5/10 in severity. Symptoms were associated with nasal congestion and a runny nose.</p> <p><b>Objective:</b> Physical examination showed a positive postnasal drip.</p> <p><b>Assessment:</b> Acute bronchospasm.</p> <p><b>Plan:</b> Pt. was administered Decadron and Duoneb. Pt. was prescribed a Z-Pack (Azithromycin 250 mg), Prelone, and a Proair HFA inhaler. Pt. was instructed to follow up with a primary care physician the following day.</p>
10/15/2017	<p>Monterey Park Hospital</p> <p>Vy [Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1190/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the chest, single view.</p> <p><b>Indication:</b> Cough.</p> <p><b>Impression:</b> No evidence of acute disease was noted.</p>

11/10/2017	<p>Monterey Park Hospital</p> <p>Fernando [Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1134-1149, Page 1163-1166/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of right flank pain that began that morning. Pt. rated the pain as a 7/10 in severity and described it as continuous and sharp. History was significant for ulcerative colitis and a recent fall involving trauma to the right flank area.</p> <p><b>Objective:</b> Examination revealed tenderness in the right flank and positive tenderness at the right costovertebral angle.</p> <p><b>Assessment:</b> Acute myofascial strain of the right flank.</p> <p><b>Plan:</b> Pt. was administered Toradol 60 mg intramuscularly. Pt. was prescribed Naprosyn 500 mg and Soma 350 mg for pain and muscle spasms. Pt. was instructed to apply ice packs for 48 hours and follow up with a primary care physician in two days.</p>
11/10/2017	<p>Monterey Park Hospital</p> <p>Vy [Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1142-1143/1311</p>	<p><b>Diagnostic Report</b></p> <p><b>Examination:</b> Ultrasound of the renal area.</p> <p><b>Indication:</b> Right sided flank pain.</p> <p><b>Impression:</b> There was no evidence of obstructive uropathy identified.</p>

<p>11/13/2017</p>	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1090-1091, Page 1098-1099, Page 1108-1109/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a cough and congestion that had persisted for four days. Pt. had a history of asthma and reported that the cough was nonproductive. Symptoms were associated with shortness of breath.</p> <p><b>Objective:</b> Pt. was noted to have wheezing and rhonchi upon examination. Pt. was also observed to be using accessory muscles for respiration.</p> <p><b>Assessment:</b> Acute asthma.</p> <p><b>Plan:</b> Pt. was administered a breathing treatment with albuterol and Atrovent in the facility. Pt. was prescribed albuterol sulfate, Proventil HFA, prednisone 50 mg, and azithromycin 250 mg. Pt. was also directed to continue taking Macrobid 100 mg. Pt. was instructed to follow up with a primary care physician in two days.</p>
<p>11/13/2017</p>	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1097/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the chest, single view.</p> <p><b>Indication:</b> Asthma exacerbation.</p> <p><b>Impression:</b> No evidence of acute disease was noted.</p>

02/06/2018	<p>Kaiser Permanente</p> <p>[Name] Sr, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1067-1068/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a throbbing headache for 2 weeks. Pt. rated the pain at 8/10 and denied any recent trauma.</p> <p><b>Assessment:</b> Frontal headache.</p> <p><b>Plan:</b> Pt. was administered Decadron and prescribed Prednisone. Pt. was instructed to follow up with her primary care physician.</p>
04/10/2018	<p>Kaiser Permanente</p> <p>[Name] Sr, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 984, Page 1002-1006/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with shortness of breath and a history of asthma. Pt. reported symptoms of moderate severity but denied chest pain or palpitations.</p> <p><b>Objective:</b> Lung auscultation revealed rhonchi.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Anemia.</li> <li>• Bronchitis.</li> </ul> <p><b>Plan:</b> Pt. was administered Rocephin and Solu-Medrol. Pt. was prescribed a Z-Pak and iron supplements. Pt. was instructed to follow up with her primary care physician.</p>

04/10/2018	Kaiser Permanente  Wayne M. [Name], MD  .PreIncident - Monterey Park Hospital.pdf, Page 980- 981/1311	<b>Radiology Report</b>  <b>Examination:</b> CT scan of the chest without intravenous contrast. <b>Indication:</b> Asthma exacerbation. <b>Impression:</b> Clustered small nodules in the right upper lobe and right middle lobe were noted, which may have represented early infection.
04/10/2018	Kaiser Permanente  [Name] Sr, MD  .PreIncident - Monterey Park Hospital.pdf, Page 901- 902/1311	<b>Diagnostic Study</b>  <b>Examination:</b> Electrocardiogram. <b>Indication:</b> Shortness of breath. <b>Impression:</b> Normal sinus rhythm was noted with a possible right ventricular conduction delay.

04/14/2018	<p>Kaiser Permanente</p> <p>Tedman [Name], NP</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 953-955/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with right arm pain for 4 days, described as a burning sensation rated 4/10 in severity. Pt. reported accompanying tingling and numbness.</p> <p><b>Objective:</b> A small bruise was noted on the right wrist. Sensory deficits were noted on neurological examination.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Acute hematoma.</li> <li>• Acute neuropathy.</li> </ul> <p><b>Plan:</b> Pt. was prescribed Tylenol for pain management and instructed to follow up with her primary care physician in 1-3 days.</p>
04/14/2018	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 947/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound of the bilateral upper extremity veins.</p> <p><b>Indication:</b> Pain.</p> <p><b>Impression:</b> No evidence of deep venous thrombosis was noted in the bilateral upper extremity veins.</p>

<p>11/14/2018</p>	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 878- 881/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a fever and sore throat for 2 days accompanied by chills.</p> <p><b>Objective:</b> Examination of the throat revealed pharyngeal erythema and tonsillar exudates.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Acute pharyngitis, unspecified.</li> <li>• Fever.</li> </ul> <p><b>Plan:</b> Pt. was administered Decadron and prescribed Keflex. Pt. was instructed to follow up with her primary care physician.</p>
<p>02/16/2019</p>	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 807- 844/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with heavy menstrual bleeding for 2 weeks and lightheadedness. Pt. reported a history of anemia and uterine fibroids.</p> <p><b>Objective:</b> Pelvic examination confirmed heavy vaginal bleeding.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Dysfunctional uterine bleeding.</li> <li>• Uterine fibroids.</li> <li>• Anemia.</li> </ul> <p><b>Plan:</b> Pt. was prescribed iron supplements and Colace. Pt. was instructed to follow up with an obstetrician/gynecologist within 2 days for further evaluation and management.</p>

02/16/2019	<p>Kaiser Permanente</p> <p>Salar [Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 828/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound of the pelvis (transabdominal and transvaginal).</p> <p><b>Indication:</b> Vaginal bleeding.</p> <p><b>Impression:</b> A suspected 3.5 cm uterine fibroid was noted.</p>
09/18/2019	<p>Kaiser Permanente</p> <p>[Name] Sr, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 780-795/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with low back pain and radicular pain radiating to the right lower extremity for 2 days. Pt. rated the pain at 5/10, increasing to 7/10 with ambulation and weight-bearing. Pt. denied any fall or trauma.</p> <p><b>Objective:</b> Pain scale was 8/10 located in the right leg.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Lumbar sprain.</li> <li>• Sciatica of the right leg.</li> </ul> <p><b>Plan:</b> Pt. was prescribed Motrin and Flexeril. Pt. was instructed to follow up with her primary care physician in 3-5 days.</p>

05/18/2020	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 742-757/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with heavy vaginal bleeding for 3 days and a headache. Pt. reported a history of uterine fibroids and ovarian cysts. Headache pain was rated 4/10.</p> <p><b>Objective:</b> Pelvic examination showed heavy vaginal bleeding.</p> <p><b>Assessment:</b> Dysfunctional uterine bleeding.</p> <p><b>Plan:</b> Pt. was administered Norco for pain management. Pt. was instructed to follow up with an obstetrician/gynecologist within 2 days for further evaluation. Pt. was advised to return to the emergency department for worsening symptoms.</p>
08/05/2020	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 698-712/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with right flank pain and painful urination for 3 days. Pt. reported a history of asthma and ulcerative colitis.</p> <p><b>Assessment:</b> Urinary tract infection.</p> <p><b>Plan:</b> Pt. was prescribed Bactrim DS, Pyridium, and Omeprazole 20 mg. Pt. was instructed to follow up with a primary care physician in 1-3 days.</p>

09/24/2020	<p>Kaiser Permanente</p> <p>Fernando [Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 661-679/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with abdominal pain and diarrhea for 3 weeks. Pt. reported nausea and sharp pains rated 5/10. Pt. reported a history of gastritis and asthma.</p> <p><b>Objective:</b> Pt. exhibited epigastric pain.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Suspected COVID-19 gastrointestinal virus.</li> <li>• Anemia.</li> </ul> <p><b>Plan:</b> Pt. was administered a corona nasal swab. Pt. was prescribed Ciprofloxacin, Flagyl, Motrin, Ferrous Sulfate, and Zofran. Pt. was instructed to increase fluid intake and follow up with a primary care physician in 1-3 days.</p>
09/24/2020	<p>Kaiser Permanente</p> <p>Muntasir Hoque, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 663/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the chest, 1-view.</p> <p><b>Indication:</b> Acute chest pain.</p> <p><b>Impression:</b> No evidence of acute disease was noted.</p>

11/11/2020	<p>Kaiser Permanente</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 620-636/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a cough and shortness of breath for 3 days. Pt. reported a history of asthma and stated her symptoms were worsening with position changes and deep inspiration.</p> <p><b>Objective:</b> Respiratory examination showed wheezing and crackles. Pt.'s skin appeared pink.</p> <p><b>Assessment:</b> Asthma exacerbation.</p> <p><b>Plan:</b> Pt. was administered Albuterol 2.5 mg and Atrovent 0.5 mg via mask. Pt. was also administered Dexamethasone 10 mg intravenously. Pt. was instructed to avoid smokers, refill her Ventolin prescription, and follow up with her primary care physician this week.</p>
03/13/2021	<p>Kaiser Permanente</p> <p>Li Cui, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 592-596/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with sharp, intermittent right flank pain for 2 days.</p> <p><b>Objective:</b> Tenderness was noted in the right lower quadrant. Imaging findings confirmed uterine enlargement.</p> <p><b>Assessment:</b> Pyelonephritis.</p> <p><b>Plan:</b> Pt. was prescribed Cipro 500 mg twice daily for 7 days and Zofran 4 mg as needed for nausea. Pt. was instructed to follow up with a primary care physician in 1-2 days.</p>

03/13/2021	<p>Kaiser Permanente</p> <p>Jason Van Rompaey, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 577-578/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> CT scan of the abdomen and pelvis.</p> <p><b>Indication:</b> Right flank pain.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• No acute process within the abdomen or pelvis was noted.</li> <li>• Enlarged uterus was noted; consideration of fibroids was recommended. An ultrasound or MRI of the pelvis was suggested for further evaluation.</li> </ul>
06/30/2021	<p>Kaiser Permanente</p> <p>Li Cui, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 548-550/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with lightheadedness and a headache for several minutes. Pt. reported that she was driving when the episode occurred, requiring her to rest her head back. Pt. reported no previous history of similar episodes.</p> <p><b>Objective:</b> Abnormal findings included tonsillar exudates and pharyngeal erythema. Pt. appeared anxious. Sensory deficits were noted on neurological examination.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Tension headache.</li> <li>• Urinary tract infection.</li> </ul> <p><b>Plan:</b> Pt. was diagnosed with mild anemia but deemed not requiring an emergent transfusion. Pt. was prescribed Keflex 500 mg every 6 hours for 7 days. Pt. was instructed to follow up with a primary care physician or Los Angeles County USC Medical Center within 1-2 days. Pt. was advised to return to the emergency department for worsening symptoms.</p>

09/02/2021	<p>Monterey Park Hospital</p> <p>John Levin, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 512-513/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with a request for an albuterol inhaler refill.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Prescription refill.</li> <li>• Viral syndrome.</li> <li>• History of asthma.</li> </ul> <p><b>Plan:</b> Pt. was provided with an albuterol refill and was instructed to follow up with a primary care physician.</p>
12/26/2021	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 473-477/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of a cough, wheezing, and pleuritic chest discomfort for several days. Pt. reported a history of asthma and ulcerative colitis.</p> <p><b>Objective:</b> Pt. was alert and well-nourished. Vital signs showed a blood pressure of 122/59 and an oxygen saturation of 98 percent. Breath sounds were noted to be diminished in all lobes.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Asthma exacerbation.</li> <li>• COVID-19 infection.</li> </ul> <p><b>Plan:</b> Pt. received an intravenous infusion of Regeneron (Casirivimab and Imdevimab). Pt. was prescribed ProAir, Prednisone, and Zithromax. Pt. was instructed to follow up with a primary care physician in one to two days.</p>

12/26/2021	<p>Monterey Park Hospital</p> <p>Jason Van Rompaey, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 463/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Chest X-ray, single view.</p> <p><b>Indication:</b> Chest pain.</p> <p><b>Impression:</b> No acute cardiopulmonary pathology was noted.</p>
12/26/2021	<p>Monterey Park Hospital</p> <p>Amelia Young, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 456-457/1311, Page 464/1311</p>	<p><b>Diagnostic Report</b></p> <p><b>Examination:</b> Electrocardiogram (EKG).</p> <p><b>Impression:</b> Sinus rhythm was noted. The electrocardiogram was normal.</p>

03/06/2022	<p>Monterey Park Hospital</p> <p>Rio Ong, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 401-411/1311, Page 423-425/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of chest pain, cough, and fever. Pt. reported the chest pain was worse when taking a deep breath.</p> <p><b>Objective:</b> Pt. was noted to have right upper quadrant abdominal tenderness and crackles upon auscultation. Pt. was febrile with a temperature of 100.8 degrees Fahrenheit.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Fever - urinary tract infection.</li> <li>• Right upper quadrant abdominal pain - status post endoscopic retrograde cholangiopancreatography for removal of stent.</li> <li>• Chest pain and shortness of breath - exacerbation of asthma.</li> <li>• Uterine fibroid.</li> </ul> <p><b>Plan:</b> Pt. was treated with Toradol and Acetaminophen. Pt. was discharged with prescriptions for Keflex 500 mg, Albuterol, and a Medrol Dosepak.</p>
03/06/2022	<p>Monterey Park Hospital</p> <p>Miguel Palos, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 394/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Chest X-ray, single view.</p> <p><b>Indication:</b> Cough and pneumonia.</p> <p><b>Impression:</b> No focal pulmonary infiltrate or consolidation was identified.</p>

03/06/2022	<p>Monterey Park Hospital</p> <p>Jason Van Rompaey, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 397/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound of the gallbladder.  <b>Indication:</b> Right upper quadrant pain.  <b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Gallbladder was surgically removed.</li> <li>• Common bile duct was within normal limits.</li> </ul>
04/25/2022	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 338-347/1311, Page 351-355/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of vaginal bleeding for two weeks. Pt. reported a history of uterine fibroids. Pt. rated her pain at 0/10.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Prolonged menstruation.</li> <li>• Uterine fibroids.</li> <li>• Anemia.</li> </ul> <p><b>Plan:</b> Pt. was treated with Premarin 25 mg. Pt. was instructed to follow up with a gynecologist and was provided with prescriptions for Premarin and Keflex 500 mg.</p>
04/25/2022	<p>Monterey Park Hospital</p> <p>Kenneth Tan, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 336-337/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound of the pelvis, transabdominal and transvaginal.  <b>Indication:</b> Vaginal bleeding.  <b>Impression:</b></p> <ul style="list-style-type: none"> <li>• No left ovarian torsion was noted.</li> <li>• The uterus was enlarged, measuring 11.6 x 4.4 x 7.3 cm, with multiple echogenic foci consistent with fibroids, the largest measuring 3.1 cm.</li> <li>• A 3.1 cm cyst was noted in the left ovary.</li> </ul>

07/16/2022	<p>Monterey Park Hospital</p> <p>Rio Ong, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 283-311/1311, Page 317-321/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of body aches, cough, fever, headaches, and shortness of breath. Pt. reported testing positive for COVID-19 earlier that day and noted using albuterol with no relief.</p> <p><b>Objective:</b> Pt. was noted to have decreased breath sounds and crackles.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• COVID-19 positive.</li> <li>• Acute bronchitis.</li> <li>• Exacerbation of asthma.</li> </ul> <p><b>Plan:</b> Pt. was treated with albuterol and albuterol/atrovent nebulizer treatments and Decadron 10 mg. Pt. was discharged with prescriptions for Paxlovid, a Z-pak, and albuterol. Pt. was instructed to isolate for 10 days and follow up with a primary care physician.</p>
11/22/2022	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 262-281/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of a cough and congestion for five days. Pt. reported a history of asthma and smoking. Pt. denied any injury or trauma.</p> <p><b>Objective:</b> Breath sounds were diminished in the right upper lobe, right lower lobe, left upper lobe, and left lower lobe.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Acute bronchitis.</li> <li>• Suspected bacterial bronchitis.</li> </ul> <p><b>Plan:</b> Pt. was prescribed a Medrol Dosepak, Zithromax, and Guaifenesin DM. Pt. was instructed to follow up with a primary care physician in one to two days.</p>

11/22/2022	<p>Monterey Park Hospital</p> <p>Andrew Kuei, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 266/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Chest X-ray, single view.</p> <p><b>Indication:</b> Abdominal pain.</p> <p><b>Impression:</b> No acute cardiopulmonary findings were noted.</p>
04/10/2023	<p>Monterey Park Hospital</p> <p>Mai Anh, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 220-224/1311, Page 233-235/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of pain in the middle part of her back for two days. Pt. denied any specific injury. Pt. reported a history of asthma and ulcerative colitis.</p> <p><b>Objective:</b> Pt. was alert and well-nourished. Pain was rated at 8/10.</p> <p><b>Assessment:</b> Dorsalgia, unspecified.</p> <p><b>Plan:</b> Pt. was treated with Tylenol and instructed to follow up with her primary care physician.</p>
05/22/2023	<p>Monterey Park Hospital</p> <p>Charlotte Roy, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 209, Page 215-218/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of right side pelvic pain and right lower quadrant pain that had been intermittent for three days and constant since the previous night. Pt. reported a history of asthma and ulcerative colitis.</p> <p><b>Objective:</b> Right lower quadrant tenderness was noted. Pt. rated her pain at 8/10.</p> <p><b>Assessment:</b> Uterine fibroid.</p> <p><b>Plan:</b> Pt. was prescribed Tylenol for pain and instructed to follow up with her primary care physician.</p>

05/22/2023	<p>Monterey Park Hospital</p> <p>Victor Le, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 200-201/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> CT abdomen and pelvis with contrast.</p> <p><b>Indication:</b> Right lower quadrant pain.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• No CT evidence of acute abdominopelvic abnormality was identified.</li> <li>• The appendix was unremarkable.</li> <li>• No radiopaque nephrolithiasis or obstructive nephropathy was seen.</li> <li>• Scatter colonic diverticulosis was noted.</li> <li>• Status post cholecystectomy was noted.</li> <li>• Injection granuloma within the gluteal subcutaneous tissue from a probable prior cosmetic procedure was suggested.</li> </ul>
05/22/2023	<p>Monterey Park Hospital</p> <p>Michael Khalili, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 202/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound pelvis transabdominal and transvaginal.</p> <p><b>Indication:</b> Pain.</p> <p><b>Impression:</b> A 2.1 cm fibroid was identified at the left lateral wall/fundus.</p>

10/02/2023	<p>Wellness on Western</p> <p>Saba Sadat Khansari, PA</p> <p>.PreIncident - AHF Wellness.pdf, Page 14/15</p>	<p><b>Follow-up Consultation</b></p> <p><b>Subjective:</b> Pt. endorsed abnormal vaginal discharge. Pt. reported that she was recently treated with azithromycin and experienced similar symptoms status post antibiotic treatment. Pt. noted that multiple previous attempts at testing for bacterial vaginosis and yeast were made, but the samples were rejected.</p> <p><b>Assessment:</b> Vaginal yeast infection.</p> <p><b>Plan:</b> Pt. was prescribed Fluconazole 150 mg. Pt. was instructed to follow up in one week if symptoms continued.</p>
10/09/2023	<p>Wellness on Western</p> <p>Saba Sadat Khansari, PA</p> <p>.PreIncident - AHF Wellness.pdf, Page 15/15</p>	<p><b>Follow-up Consultation</b></p> <p><b>Subjective:</b> Pt. followed up regarding bacterial vaginosis testing results from 09/27/2023.</p> <p><b>Assessment:</b> Bacterial vaginosis.</p> <p><b>Plan:</b> Pt. was prescribed Cleocin 2% vaginal cream.</p>

11/27/2023	<p>Monterey Park Hospital</p> <p>Rio Ong, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 163-166/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of a sore throat, cough, and shortness of breath for three weeks. Pt. reported yellow productive coughing and a history of asthma. Pt. noted her symptoms were worse with activity.</p> <p><b>Objective:</b> Pt. appeared well-nourished and alert. Breath sounds were noted to be diminished in the right upper lobe, right lower lobe, left upper lobe, and left lower lobe. Pt. rated her pain at 7/10.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Acute bronchitis.</li> <li>• Exacerbation of asthma.</li> </ul> <p><b>Plan:</b> Pt. was prescribed a Z-Pak, Medrol Pak, Acetaminophen, and Albuterol. Pt. was instructed to follow up with her primary care physician in one to two days.</p>
11/27/2023	<p>Monterey Park Hospital</p> <p>Shingo Kihira, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 154/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Chest X-ray, single view.</p> <p><b>Indication:</b> Cough.</p> <p><b>Impression:</b> The chest radiograph was within normal limits.</p>

12/10/2023	<p>Monterey Park Hospital</p> <p>Vineet Kumar Sharma, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 126-129/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of pressure and pain in the lower abdomen, dysuria, and hematuria that began two hours prior. Pt. reported a history of kidney stones.</p> <p><b>Objective:</b> Pt. was alert and well-nourished. Suprapubic tenderness and CVA tenderness were noted bilaterally. Pt. rated her pain at 8/10.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Dysuria.</li> <li>• Hematuria.</li> </ul> <p><b>Plan:</b> Pt. was prescribed Macrobid 100 mg and Tamsulosin 0.4 mg. Pt. was administered a 30 mg intramuscular (IM) injection of Toradol (Ketorolac) into her left deltoid. Pt. was instructed to follow up with her primary care doctor for re-evaluation.</p>
05/15/2024	<p>Monterey Park Hospital</p> <p>John Levin, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 88-90/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of heavy vaginal bleeding for the past eight days accompanied by pain. Pt. reported a history of colitis and asthma. Pt. noted her last menstrual period was one year ago and reported irregular menses for one year.</p> <p><b>Objective:</b> Pt. was alert and well-nourished. Suprapubic tenderness was noted. Pt. rated her pain at 6/10.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Dysfunctional uterine bleeding.</li> <li>• Chronic anemia.</li> </ul> <p><b>Plan:</b> Pt. was instructed to follow up with her obstetrician-gynecologist within one to two days.</p>

05/15/2024	<p>Monterey Park Hospital</p> <p>Michael Khalili, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 78/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound pelvis transabdominal and transvaginal.</p> <p><b>Indication:</b> Pain.</p> <p><b>Impression:</b> A 1.2 cm posterior wall fibroid was noted.</p>
08/01/2024	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 28/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. complained of left arm pain for six weeks and reported being unable to pick the arm up.</p> <p><b>Objective:</b> Pt. exhibited limited range of motion in the shoulder.</p> <p><b>Assessment:</b> Shoulder pain.</p> <p><b>Plan:</b> Pt. was prescribed Voltaren 1% gel to be applied to the affected area twice daily. An X-ray of the shoulder was ordered.</p>

08/01/2024	<p>Monterey Park Hospital</p> <p>Alexander Cruise, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 60-62/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of left shoulder and arm pain starting today after hitting her arm on a cabinet. Pt. reported her arm was numb and noted a history of a fall six weeks prior where her arm was yanked at a bar. Pt. reported a tingling sensation to her left upper extremity.</p> <p><b>Objective:</b> Pt. demonstrated limited range of motion. Pain was rated at 6/10 in the left arm.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Degenerative disc disease.</li> <li>• Radiculopathy.</li> </ul> <p><b>Plan:</b> Pt. was discharged with a short course of Prednisone 20 mg. Pt. was instructed to follow up with her primary care physician in one to two days and to see a dermatologist for a skin lesion.</p>
08/01/2024	<p>Monterey Park Hospital</p> <p>Kenneth Tan, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 52-53/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> CT cervical spine without contrast.</p> <p><b>Indication:</b> Shoulder tingling.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Moderate loss of disc height and vacuum disc phenomenon were noted at C5-C6.</li> <li>• A moderate broad-based disc osteophyte complex was noted at C5-C6.</li> <li>• Mild disc bulging was noted at C6-C7.</li> <li>• Degenerative changes were present as detailed.</li> </ul>

08/05/2024	<p>Liberty Pacific Advanced Imaging</p> <p>Ranjiv Saini, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 1/31</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the left shoulder, minimum 2 views.</p> <p><b>Indication:</b> Pain.</p> <p><b>Impression:</b> No acute fracture or other acute abnormality was noted.</p>
08/08/2024	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 26/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. presented to discuss laboratory results. Pt. reported she was allergic to iron.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Hyperlipidemia.</li> <li>• Anemia.</li> <li>• Vitamin D deficiency.</li> <li>• Urinary tract infection.</li> <li>• Prediabetes.</li> </ul> <p><b>Plan:</b> Lifestyle modifications were recommended, including a diet low in fat, cholesterol, and sugar. Pt. was advised to increase fluid intake and avoid caffeinated drinks. Pt. was prescribed Vitamin D3 50,000 units once weekly for 12 weeks and Augmentin 875 mg twice daily for 5 days.</p>

08/30/2024	Providence Holy Cross Medical Center  Harold E. Billings, PA  .PreIncident - Providence Holy Cross Medical Center.pdf, Pages 2-8/51	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented for evaluation of left shoulder and arm pain. Pt. reported that her arm was forcefully pulled during an altercation a few months prior, and the pain was exacerbated by a fall at work several weeks ago. Pt. noted she had been taking ibuprofen and Tylenol without relief. Pt. also reported intermittent numbness and tingling in her left hand.</p> <p><b>Objective:</b> Pt. appeared in moderate distress secondary to left shoulder pain. Significant tenderness was noted over the anterior left shoulder extending to the level of the biceps insertion. Mild tenderness was noted over the lateral left deltoid and the supraspinatus muscle. Pt. exhibited a limited range of motion in the left shoulder secondary to discomfort.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Acute left shoulder pain.</li> <li>• Left arm paresthesia.</li> </ul> <p><b>Plan:</b> Pt. was treated with Toradol and Prednisone in the emergency department. Pt. was prescribed Prednisone 40 mg to be continued for four days. Pt. was instructed to follow up with her primary care physician in two days to consider an outpatient MRI.</p>
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09/03/2024	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 27/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. presented with a three-day history of mild pain in the neck, left arm, and left hand. Pt. reported the pain began after her husband pulled her arm. Pt. also reported having heavy periods.</p> <p><b>Objective:</b> Pt. exhibited pain in the upper arm, forearm, hand, and left nails.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Iron deficiency anemia.</li> <li>• Fibroids.</li> <li>• Radiating pain in the neck, left arm, and left hand.</li> </ul> <p><b>Plan:</b> A CT of the neck was ordered. Pt. was referred to gynecology. For pain management, Pt. was advised to take Tylenol and ibuprofen 800 mg twice daily.</p>
10/08/2024	<p>Liberty Pacific Advanced Imaging Atrium</p> <p>Jack L. Berman, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 2/31</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> MRI of the left humerus without contrast.</p> <p><b>Indication:</b> Neck pain extending into the left arm, work-related since August 2024.</p> <p><b>Impression:</b> The exam was normal.</p>

<p>10/08/2024</p>	<p>Liberty Pacific Advanced Imaging Atrium</p> <p>Tara Hagopian, DO</p> <p>.PreIncident - Advanced Family Care.pdf, Pages 3-4/31</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> MRI of the cervical spine without contrast.  <b>Indication:</b> Neck pain radiating to the left arm.  <b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Multilevel degenerative changes were noted, as detailed above, and were most pronounced at C5-C6.</li> <li>• At C5-C6, moderate disc space narrowing with degenerative endplate irregularities and a posterior disc protrusion that flattened the ventral cord were noted.</li> <li>• Moderate spinal canal stenosis was present at C5-C6.</li> <li>• Mild bilateral uncovertebral joint disease and mild to moderate right and mild left foraminal stenosis were noted at C5-C6.</li> <li>• At C6-C7, a shallow central disc protrusion and mild central spinal canal stenosis were noted.</li> <li>• At C7-T1, mild left facet arthropathy and mild left foraminal stenosis were noted.</li> <li>• In the soft tissues, a subcentimeter left thyroid nodule was noted.</li> </ul>
<p>10/15/2024</p>	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 30/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. presented to discuss cervical spine pathology results.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervical stenosis and disc disease.</li> <li>• C6 protrusion.</li> <li>• Left arm pain and radiculopathy.</li> </ul> <p><b>Plan:</b> Pt. was referred to neurosurgery and the pain clinic.</p>

10/28/2024	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 29/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. presented with left shoulder pain.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Shoulder pain.</li> <li>• History of cervical stenosis.</li> <li>• Gastroesophageal reflux disease.</li> </ul> <p><b>Plan:</b> Pt. was prescribed Diclofenac gel 3% to be applied to the affected area. Pt. was to follow up with neurosurgery and the pain clinic.</p>
10/31/2024	<p>Advance Family Care Medical Group</p> <p>James Thomas, MD</p> <p>.PreIncident - Advanced Family Care.pdf, Page 31/31</p>	<p><b>Internal Medicine Office Visit</b></p> <p><b>Subjective:</b> Pt. presented for a Pap smear and reported ear pain for one day. Pt. also reported urinary frequency and lower back pain.</p> <p><b>Objective:</b> Thick pus was noted during the examination.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Pap smear.</li> <li>• Urinary tract infection.</li> </ul> <p><b>Plan:</b> A Pap smear was performed, and cells were collected from the cervix, endocervix, and vagina; Pt. tolerated the procedure well. A urine dipstick showed positive leukocytes and blood. A urine culture was ordered.</p>

11/04/2024	Liberty Pacific Advanced Imaging - Mission Hills  Ranjiv Saini, MD  .PreIncident - Advanced Family Care.pdf, Page 5/31	<b>Radiology Report</b>  <b>Examination:</b> X-ray of the chest, 3 views. <b>Indication:</b> Rule out tuberculosis. <b>Impression:</b> No evidence of acute pulmonary disease, communicable diseases, or active tuberculosis was noted.
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HEALIX SUPPORT - SAMPLE

12/18/2024	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 2-9/210</p>	<p><b>Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. presented for an initial evaluation of the neck, left shoulder, and left arm following an industrial injury on 08/01/2024. Pt. reported that while working as a medical assistant, she fell backwards off a rolling chair and struck her neck and left shoulder against a metal cabinet. Pt. complained of constant neck pain radiating into the shoulders, arms, and fingers, accompanied by headaches, numbness, tingling, and weakness. Pt. also reported constant left shoulder pain and instability, clicking, and popping sensations, as well as constant left arm pain radiating to the elbow and fingers. Pain was rated at 8-10/10.</p> <p><b>Objective:</b> Examination of the left shoulder revealed forward flexion of 80 degrees and external rotation of 30 degrees. A Hawkins sign was positive for pain and capsular stretch was noted. Cervical spine examination showed a positive Spurling's test. Diagnostic review of office X-rays showed a type 1 acromion but no evidence of arthritis or fracture. MRI of the left humerus showed bursitis in the subacromial space.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was prescribed Cyclobenzaprine 10 mg for muscle spasms. A trial of physical therapy, chiropractic care, and acupuncture (each 2 times per week for 6 weeks) was authorized. Pt. received a corticosteroid injection to the left glenohumeral joint (6 ml of 1% Lidocaine and 1 ml of 40 mg Kenalog). Pt. was cleared for full-duty work.</p>
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01/22/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 10-12/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported that the previous cortisone injection improved her range of motion. Pt. was awaiting the start of physical therapy sessions.</p> <p><b>Objective:</b> Left shoulder forward flexion improved to 140 degrees. Cervical spine examination continued to show a positive Spurling's test.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was to continue conservative management with a follow-up in 4 weeks. Pt. remained on full-duty work status.</p>
02/13/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 13-15/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported she was currently undergoing acupuncture but had difficulty scheduling physical therapy due to her work schedule. Pt. noted some progress.</p> <p><b>Objective:</b> Left shoulder forward flexion was 150 degrees. Neck musculature exhibited symmetrical and normal strength.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was advised to continue conservative treatment. A follow-up was scheduled in 4 weeks. Work status remained full duty.</p>

03/27/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 16-18/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported increasing pain levels during chiropractic treatment, which was discontinued after 4 sessions. Pt. noted relief from acupuncture. Pain levels were rated at 4-5/10 and had subsided slightly since she was no longer working. Pt. complained of persistent shoulder pain and cervical spine pain.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Authorization was requested for 12 additional acupuncture sessions, a follow-up in physical therapy, and a pain management consultation for neck pain. Pt. was cleared for unrestricted work.</p>
05/01/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 19-21/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported persistent pain in the left shoulder and cervical spine, rated at 10/10 at its worst. Pt. had completed one physical therapy session and was performing home exercises.</p> <p><b>Objective:</b> Left shoulder forward flexion was 160 degrees and external rotation was 50 degrees. Tenderness and spasm were noted in the trapezius and paraspinal muscles.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was advised to continue physical therapy. If conservative methods failed, a left shoulder arthroscopic capsular release was recommended. A pain management consultation remained pending. Work status was unrestricted.</p>
<b>Post-Injury Records</b>		

05/21/2025	<p>Valley Presbyterian Hospital</p> <p>Kevin N. Teehee, MD</p> <p>Valley Presbyterian Records.pdf, Page 9-12/59</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented to the emergency department following a ground-level slip and fall accident. Pt. reported that she was visiting a family member at the hospital when she slipped on a wet floor, performed the splits, and fell to the ground. Pt. complained of left knee pain, left hip pain, and low back pain. Associated symptoms included dizziness.</p> <p><b>Objective:</b> Examination of the back revealed tenderness in the L4-L5 area. The left hip showed generalized tenderness and edema. The left knee exhibited generalized tenderness.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left knee sprain.</li> <li>• Hip strain.</li> </ul> <p><b>Plan:</b> Pt. was provided with an Ace wrap for the left knee and crutches, including training on their use. Pt. was prescribed Ibuprofen 600 mg every six hours as needed for pain. Pt. was instructed to use ice at home and follow up with a primary care provider or an orthopedist within one to two days for persistent symptoms. Pt. was advised to return to the emergency department for any new or worsening symptoms.</p>
05/21/2025	<p>Valley Presbyterian Hospital</p> <p>Martin Edwards, Physician</p> <p>Valley Presbyterian Records.pdf, Page 38/59</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the lumbosacral spine (2 or 3 views).</p> <p><b>Indication:</b> Pain injury.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Multilevel facet arthropathy was noted.</li> <li>• The examination was otherwise unremarkable.</li> </ul>

05/21/2025	Valley Presbyterian Hospital  Martin Edwards, Physician  Valley Presbyterian Records.pdf, Page 39/59	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the left knee (3 views).  <b>Indication:</b> Pain injury.  <b>Impression:</b> Left knee X-rays were normal.</p>
05/21/2025	Valley Presbyterian Hospital  Martin Edwards, Physician  Valley Presbyterian Records.pdf, Page 40/59	<p><b>Radiology Report</b></p> <p><b>Examination:</b> X-ray of the left hip with pelvis (2 or 3 views).  <b>Indication:</b> Pain injury.  <b>Impression:</b> Left hip X-rays were normal.</p>

05/29/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 22-24/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. complained of persistent pain in the cervical spine and left shoulder, rated at 6/10. Pt. was awaiting a pain management evaluation.</p> <p><b>Objective:</b> Left shoulder range of motion showed forward flexion of 170 degrees and external rotation of 50 degrees. Mild residual inflammation was noted in the shoulder.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. received a second corticosteroid injection to the left shoulder subacromial space (6 ml Lidocaine and 1 ml Kenalog). Physical therapy was discontinued in favor of home exercises. Work status was changed to total temporary disability.</p>
06/04/2025	<p>Providence Holy Cross Medical Center</p> <p>Desiree Marie Vu, FNP</p> <p>Providence Holy Cross Medical Center Records.pdf, Page 4-8/63</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented for an evaluation of left knee pain status post injury that occurred on 05/21/2025. Pt. stated she was visiting her daughter in a labor and delivery unit when she slipped on a wet floor and twisted her left knee. Pt. reported pain over the medial aspect. Pt. noted taking 600 mg of Motrin shortly prior to arrival with mild to moderate relief.</p> <p><b>Objective:</b> Tenderness was noted over the medial aspect of the left knee. Mild edema was present. Range of motion of the left knee was limited due to pain.</p> <p><b>Assessment:</b> Sprain of unspecified site of left knee, initial encounter.</p> <p><b>Plan:</b> A knee immobilizer was applied for comfort. Pt. was stable for discharge and advised to follow up with a primary care provider in one to two days for re-evaluation. Instructions were provided regarding rest, ice, elevation, and non-steroidal anti-inflammatory drugs. Pt. was advised to follow up with an orthopedist and to obtain an outpatient MRI if pain persisted. Pt. was prescribed Ibuprofen 800 mg for pain relief.</p>

06/04/2025	Providence Holy Cross Medical Center  Brad Hatfield, MD  Providence Holy Cross Medical Center Records.pdf, Page 13-14/63	<b>Radiology Report</b>  <b>Examination:</b> X-ray of the left knee (2 views). <b>Indication:</b> Knee pain. <b>Impression:</b> <ul style="list-style-type: none"><li>• No acute abnormality was noted.</li><li>• The bones demonstrated normal mineralization.</li><li>• No acute fracture or malalignment was identified.</li><li>• Soft tissues were unremarkable.</li></ul>
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06/18/2025	Jonathan Oheb, M.D.  Jonathan Oheb, M.D. Records.pdf, Page 1-2/11	<p><b>Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. presented for an evaluation of left knee and hip pain following a slip and fall accident on 05/21/2025. Pt. reported previously being evaluated in the emergency departments of Valley Presbyterian and Holy Cross Hospitals. Pt. noted using crutches intermittently and was non-weightbearing. Pt. was taking ibuprofen for pain and had not received injections or therapy.</p> <p><b>Objective:</b> Tenderness was noted upon palpation of the left anterior superior iliac spine. Evaluation of the bilateral lower extremities showed 5/5 motor strength in the extensor hallucis longus, flexor hallucis longus, tibialis anterior, gastrocnemius soleus, quadriceps, hamstrings, and iliopsoas. Sensations and capillary refill were within normal limits. Pt. exhibited a range of motion in the left knee of 20 to 29 degrees with a 20-degree flexion contracture. Stiffness and pain were present on deep flexion. Tenderness was noted along the medial and lateral joint lines. Pt. also exhibited tenderness over the left hip trochanteric bursa and pain with resisted hip abduction.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left knee mild degenerative joint disease, rule out internal derangement with 20-degree flexion contracture with stiffness.</li> <li>• Nondisplaced left superior and inferior pubic rami fractures, 27 days.</li> <li>• Left hip trochanteric bursitis, symptomatic.</li> </ul> <p><b>Plan:</b> Pt. was instructed to remain non-weightbearing using crutches as needed. Pt. was advised to perform home range of motion exercises for the hip and knee five times daily and to begin physical therapy. Pt. was prescribed Tylenol and a multivitamin. Cortisone injections for the left hip and knee and MRI of the left knee, pelvis, and hip were ordered. Pt. was advised to avoid placing a pillow under the left knee to prevent further contracture.</p>
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06/26/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 25-28/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported constant pain in the cervical spine and left shoulder, rated at 6/10. Pt. exhibited a noticeable limp due to back pain.</p> <p><b>Objective:</b> Left shoulder forward flexion was 175 degrees. Cervical spine examination showed persistent tenderness and spasm in the trapezius and paraspinal muscles, with a mildly positive Spurling’s test on the left.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was referred to pain management for further treatment. Work status remained total temporary disability.</p>
06/28/2025	<p>Providence Irvine Imaging Center</p> <p>Corey Chakarun, MD</p> <p>Shin Imaging Records.pdf, Page 1-2/7</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> MRI of the left hip without contrast.</p> <p><b>Indication:</b> Pt. reported a slip and fall on 05/21/2025. Pt. complained of pain radiating down the left hip and difficulty walking.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• No fracture, osseous contusion, muscle strain, or labral tear was noted.</li> <li>• Bilateral gluteal granulomata was noted, which might have been secondary to silicone injections.</li> <li>• A heterogeneous uterus with two ovoid low signal lesions was noted, the largest measuring 2 to 3 cm, in keeping with uterine leiomyomata.</li> </ul>

06/28/2025	Providence Irvine Imaging Center  Corey Chakarun, MD  Shin Imaging Records.pdf, Page 3-4/7	<p><b>Radiology Report</b></p> <p><b>Examination:</b> MRI of the left knee without contrast.</p> <p><b>Indication:</b> Pt. reported a slip and fall on 05/21/2025. Pt. complained of pain radiating down the left knee and difficulty walking.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• A partial medial collateral ligament tear (grade two injury) was noted.</li> <li>• No fracture, osseous contusion, or meniscal tear was noted.</li> </ul>
06/28/2025	Providence Irvine Imaging Center  Michael Gibson, MD  Shin Imaging Records.pdf, Page 5-6/7	<p><b>Radiology Report</b></p> <p><b>Examination:</b> MRI of the pelvis without contrast.</p> <p><b>Indication:</b> Pt. reported a slip and fall on 05/21/2025. Pt. complained of pain radiating down the left hip and difficulty walking.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Postprocedural changes were noted in the bilateral gluteal regions and the lower anterior abdominal wall.</li> <li>• Small intramural uterine fibroids were noted.</li> <li>• No acute findings were noted in the pelvis.</li> </ul>

07/17/2025	Jonathan Oheb, M.D.  Jonathan Oheb, M.D. Records.pdf, Page 3-4/11	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. presented for a follow-up of her injuries. She complained of knee stiffness. Pt. admitted to weightbearing against medical advice and stated she was not using crutches. Pt. had not started physical therapy or home exercises. She reported taking Tylenol and a multivitamin.</p> <p><b>Objective:</b> Positive tenderness was noted on palpation of the anterior superior iliac spine bilaterally. Range of motion in the left knee was 20 to 90 degrees with a 20-degree flexion contracture. Tenderness was present along the medial and lateral joint lines.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left knee mild degenerative joint disease, rule out internal derangement with 10-degree flexion contracture and stiffness, symptomatic and unchanged.</li> <li>• Nondisplaced left superior and inferior pubic rami fractures, 8 weeks, with delayed healing, symptomatic.</li> <li>• Left hip trochanteric bursitis, symptomatic.</li> </ul> <p><b>Plan:</b> Pt. was provided with a walker for ambulation and instructed to remain non-weightbearing. Pt. was again encouraged to begin physical therapy and home range of motion exercises. Cortisone injections were deferred until fractures showed further healing.</p>
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08/04/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 32-34/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. complained of constant and uncomfortable symptoms in the neck and left shoulder, rated at 6/10. Pt. was scheduled for a pain management appointment.</p> <p><b>Objective:</b> Range of motion and strength findings remained stable from the previous visit. Tenderness in the cervical paraspinal muscles persisted.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was to follow up in 4 weeks after the pain management evaluation. Work status remained total temporary disability.</p>
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<p>08/15/2025</p>	<p>Monterey Park Hospital</p> <p>[Name], MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 1-14/1311, Page 26-30/1311</p>	<p><b>Emergency Department Visit</b></p> <p><b>Subjective:</b> Pt. presented with complaints of left leg pain and swelling for the last four days. Pt. reported being diagnosed with a low left medial collateral ligament tear one month prior and was awaiting an orthopedic surgical repair. Pt. noted that she had not been moving or ambulating much since the injury and noticed the swelling had recently increased. Pt. denied new trauma or falls. Pain was described as throbbing and localized throughout the upper and lower left leg.</p> <p><b>Objective:</b> Pt. was noted to have left leg edema. Pain was rated at 2/10.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left leg edema.</li> <li>• Left leg pain.</li> <li>• Status post left medial collateral ligament tear.</li> <li>• Hypertension.</li> </ul> <p><b>Plan:</b> Pt. was instructed to follow up with her primary care physician and an orthopedic specialist for further imaging if pain persisted. Pt. was advised to continue RICE (rest, ice, compression, elevation) therapy and range of motion exercises to avoid stiffness. Pt. was provided with a knee immobilizer and crutches. Pt. refused Toradol and was advised to continue outpatient monitoring and therapy for hypertension.</p>
<p>08/15/2025</p>	<p>Monterey Park Hospital</p> <p>Patrick David Browning, MD</p> <p>.PreIncident - Monterey Park Hospital.pdf, Page 16/1311</p>	<p><b>Radiology Report</b></p> <p><b>Examination:</b> Ultrasound venous imaging unilateral left.</p> <p><b>Indication:</b> Lower extremity pain and swelling.</p> <p><b>Impression:</b> No sonographic evidence of deep venous thrombosis in the left lower extremity was noted. No popliteal fossa cysts were identified.</p>

08/18/2025	Jonathan Oheb, M.D.  Jonathan Oheb, M.D. Records.pdf, Page 5-6/11	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. followed up for injuries 12 weeks post-accident. She was using a walker and had started weightbearing. Pt. admitted to being inconsistent with home exercises and had not yet started physical therapy. She reported taking Tylenol and no longer placed a pillow under the left knee.</p> <p><b>Objective:</b> Left knee range of motion was 20 to 70 degrees with a 20-degree flexion contracture. Medial and lateral joint line tenderness remained present. Left hip range of motion was 0 to 120 degrees with tenderness over the trochanteric bursa and pain with resisted abduction.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left knee mild degenerative joint disease, rule out internal derangement with 20-degree flexion contracture with stiffness, which is worsened, symptomatic and worsened.</li> <li>• Nondisplaced left superior and inferior pubic rami fractures, 12 weeks, with previous delayed healing, healed, asymptomatic.</li> <li>• Left hip trochanteric bursitis, symptomatic.</li> </ul> <p><b>Plan:</b> Pt. was advised she may bear weight as tolerated on the left lower extremity and discontinue the walker. Meloxicam 15 mg was prescribed daily for two weeks. PT and home range of motion exercises were again advised.</p>
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09/08/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 35-36/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported constant pain in the left shoulder radiating to the left arm, rated at 6-10/10. Pt. stated that the pain management specialist did not recommend or perform injections and instead advised a spine consultation.</p> <p><b>Objective:</b> Cervical range of motion was restricted, with flexion at 40 degrees and extension at 15 degrees. Persistent tenderness was noted over the left trapezius.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> An MRI of the left shoulder was ordered to evaluate the rotator cuff. Authorization was requested for a spine consultation regarding an epidural steroid injection. Work status remained total temporary disability.</p>
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09/29/2025	Jonathan Oheb, M.D.  Jonathan Oheb, M.D. Records.pdf, Page 7-9/11	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. followed up 4.5 months post-accident. Pt. was weightbearing as tolerated and not using a walker. Physical therapy had not been started. Pt. noted pain in the hip/pelvis when getting into tight spaces in her vehicle. She was not placing a pillow under her knee.</p> <p><b>Objective:</b> Pt. experienced groin pain upon compression of the anterior superior iliac spine. Left knee range of motion was 20 to 80 degrees with a 20-degree contracture, though passive full extension was achieved. Tenderness was noted at the medial joint line. Left hip range of motion was 0 to 110 degrees with tenderness of the trochanteric bursa and pain with resisted abduction.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left hip mild degenerative joint disease, symptomatic.</li> <li>• Left knee mild degenerative joint disease with 10-degree flexion contracture with stiffness, symptomatic and worsened.</li> <li>• Nondisplaced left superior pubic rami fracture, 4-1/2 months, healed.</li> <li>• Minimally displaced left inferior pubic rami fracture, 4-1/2 months with delayed healing, symptoms, recurrent and asymptomatic.</li> <li>• Left hip trochanteric bursitis, symptomatic.</li> </ul> <p><b>Plan:</b> Pt. received a cortisone injection in the left knee with an associated local block. A referral to rheumatology was provided for the left hip. Dr. Oheb discussed the benefits of platelet-rich plasma injections for the left knee. Pt. was prescribed Meloxicam 15 mg and as needed non-steroidal anti-inflammatory drugs. A CT scan of the pelvis was ordered. Pt. was instructed to return in four weeks for new pelvic X-rays.</p>
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10/13/2025	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 37-40/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. complained of constant symptoms in the cervical spine and left arm, rated at 6/10. Pt. was awaiting an authorized spine consultation and was scheduled for a shoulder MRI later that day.</p> <p><b>Objective:</b> Physical findings remained consistent with previous examinations, showing restricted cervical range of motion and paraspinal tenderness.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was to follow up in 4 weeks to review MRI results and the spine consultation report. Work status remained total temporary disability.</p>
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11/17/2025	Eli Ahdoot, D.O.  Eli Adhoot D.O. Records.pdf, Page 1-5/26	<p><b>Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. presented for an evaluation after being involved in a slip and fall accident on 05/21/2025. Pt. recalled slipping on a wet floor in a restroom. Pt. complained of left back, left hip, left knee, left ankle, and left foot pain. Pt. reported undergoing physical therapy management with minimal to no relief. Pt. reported a cracking sensation and weakness in the left knee. Pt. reported feeling limited in range of motion and experienced pain with certain movements and apprehension when using the extremity. Pt. had a history of an accident in August 2024 that injured the neck and left shoulder, which was aggravated by the current accident.</p> <p><b>Objective:</b> Guarding was noted during the left knee examination. Joint swelling (two plus) was noted. Tenderness to palpation was present along the medial and lateral joint lines, as well as the patellar and quadriceps tendons. Pain was noted with resisted extension and deep flexion of the knee. Range of motion was measured at ten to ninety degrees of flexion. Pt. exhibited an antalgic gait.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Other specified disorders of tendon, left hip.</li> <li>• Sprain of other specified parts of left knee, initial encounter.</li> </ul> <p><b>Plan:</b> Pt. was instructed to continue activity modifications and non-steroidal anti-inflammatory drugs. Platelet-rich plasma injections were recommended for the left hip and left knee to aid in pain relief and healing. Risks and benefits of corticosteroid injections, platelet-rich plasma injections, and bone marrow aspirate concentrate injections were discussed. Dr. Ahdoot noted that the report was for a medical-legal assessment of the injury and only included symptoms believed to have been involved from the injury. Pt. was instructed to follow up in four to six weeks.</p>
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<p>12/10/2025</p>	<p>Los Angeles Orthopedic Surgery Specialists and Advanced Orthopedics</p> <p>Daniel Acevedo, MD</p> <p>.PreIncident - Daniel Acevedo.pdf, Pages 41-44/210</p>	<p><b>Follow-up Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported constant symptoms in the neck and left shoulder, rated at 6-7/10. Pt. was awaiting the spine consultation appointment.</p> <p><b>Objective:</b> Objective findings were stable, with persistent tenderness and limited range of motion in the cervical spine and left shoulder.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Adhesive capsulitis of the left shoulder.</li> <li>• Strain of muscle and tendon of the back wall of the thorax.</li> </ul> <p><b>Plan:</b> Pt. was scheduled for a follow-up in 4 weeks. Work status remained total temporary disability.</p>
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12/11/2025	Eli Ahdoot, D.O.  Eli Adhoot D.O. Records.pdf, Page 7-11/26	<p><b>Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. presented for a follow-up evaluation of left hip, left knee, left ankle, and left foot pain. Pt. noted having one platelet-rich plasma injection to the left knee from a different provider several months prior, which provided some relief. She reported continued pain and pulling sensations when walking that extended into the thigh and groin region. She reported having tried physical therapy without significant change.</p> <p><b>Objective:</b> Guarding was noted during the left knee examination. Joint swelling (two plus) was noted. Tenderness to palpation was present along the medial and lateral joint lines, as well as the patellar and quadriceps tendons. Pain was noted with resisted extension and deep flexion of the knee. Range of motion was measured at ten to ninety degrees of flexion. Pt. exhibited an antalgic gait.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Other specified disorders of tendon, left hip.</li> <li>• Sprain of other specified parts of left knee, initial encounter.</li> </ul> <p><b>Plan:</b> Pt. was referred for acupuncture for the left hip. Platelet-rich plasma injections were recommended for the left hip and left knee. Pt. was advised to continue activity modifications and non-steroidal anti-inflammatory drugs. Pt. was instructed to follow up in four to six weeks.</p>
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01/19/2026	<p>Ken's Acupuncture &amp; Wellness, Inc.</p> <p>Sangwoo Kim</p> <p>Ken's Acupuncture &amp; Wellness Records.pdf, Page 1/5</p>	<p><b>Initial Acupuncture Evaluation</b></p> <p><b>Subjective:</b> Pt. presented with complaints of left hip pain following an injury on 05/21/2025. Pt. described the pain as deep, aching, and intermittently sharp. Symptoms were aggravated by walking, prolonged standing, sitting, and hip rotation. Pt. reported stiffness and reduced range of motion in the left hip, particularly in the morning and after activity. Pt. rated the pain at six out of ten at rest and eight out of ten with movement. Pt. stated that symptoms interfered with daily activities and sleep.</p> <p><b>Objective:</b> Palpation revealed tenderness over the left hip joint, gluteal region, and greater trochanter area. Muscle tightness was noted in the left gluteus medius, gluteus minimus, and hip flexors. Active and passive range of motion of the left hip was decreased, specifically in flexion and external rotation. Pt. exhibited a mild antalgic gait favoring the left side.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Left hip pain secondary to injury, post-traumatic.</li> <li>• Myofascial pain and muscle strain of the left hip region.</li> <li>• Decreased range of motion and functional limitation.</li> </ul> <p><b>Plan:</b> Pt. was to receive acupuncture therapy applied to the left hip and surrounding areas to relieve pain, reduce muscle tension, and improve circulation. Local and distal acupuncture points were to be utilized alongside adjunctive modalities as needed, including electric stimulation, heat therapy, and cupping. The treatment frequency was recommended at two to three times per week for four to six weeks, followed by a re-evaluation. Pt. tolerated the treatment well with no adverse reactions.</p>
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01/26/2026	Eli Ahdoot, D.O.  Eli Adhoot D.O. Records.pdf, Page 12-16/26	<b>Orthopedic Consultation</b>  <b>Subjective:</b> Pt. presented for a scheduled platelet-rich plasma injection to the left hip and left knee. Pt. hoped the procedure would provide relief for symptoms following the slip and fall accident on 05/21/2025.  <b>Objective:</b> Guarding was noted during the left knee examination. Joint swelling (two plus) was noted. Tenderness to palpation was present along the medial and lateral joint lines, as well as the patellar and quadriceps tendons. Pain was noted with resisted extension and deep flexion of the knee. Range of motion was measured at ten to ninety degrees of flexion. Pt. exhibited an antalgic gait.  <b>Assessment:</b> <ul style="list-style-type: none"><li>• Other specified disorders of tendon, left hip.</li><li>• Sprain of other specified parts of left knee, initial encounter.</li></ul> <b>Plan:</b> Pt. underwent a platelet-rich plasma injection to the left hip and left knee. The procedure was performed using a 25-gauge needle via the standard lateral portal with 10 cc of platelet-rich plasma. Pt. tolerated the procedure well without complications. Pt. was referred for acupuncture for the left lower extremity. Pt. was instructed to follow up in four to six weeks.
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02/23/2026	Eli Ahdoot, D.O.  Eli Adhoot D.O. Records.pdf, Page 17-21/26	<p><b>Orthopedic Consultation</b></p> <p><b>Subjective:</b> Pt. reported some improvement in the left knee after the platelet-rich plasma injection, but noted that left hip pain remained constant, particularly during weight-bearing. Pt. reported feeling the need to massage the left hip tendon to assist with walking. Pt. noted having attended one acupuncture session.</p> <p><b>Objective:</b> Guarding was noted during the left knee examination. Joint swelling (two plus) was noted. Tenderness to palpation was present along the medial and lateral joint lines, as well as the patellar and quadriceps tendons. Pain was noted with resisted extension and deep flexion of the knee. Range of motion was measured at ten to ninety degrees of flexion. Pt. exhibited an antalgic gait.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Other specified disorders of tendon, left hip.</li> <li>• Sprain of other specified parts of left knee, initial encounter.</li> </ul> <p><b>Plan:</b> Pt. was referred for continued acupuncture to the left lower extremity, hip, inner, and back thigh. A follow-up platelet-rich plasma injection for the left hip and left knee was recommended. Pt. was instructed to follow up in four to six weeks.</p>
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