

## Patient Medical Record

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**Heath, Stephen**

57 yo M, DOB: Apr 13, 1967  
Account Number: 172573  
10035 DRIFTWOOD PARK DR  
HOUSTON, TX 77095-2381

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<b>Patient Medical Record</b>	<b>Page(s)</b>
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**Note:** There may be certain notes which are not made available as per your physician's discretion, please contact your physician's office to obtain those.

Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

**Heath, Stephen**

10035 DRIFTWOOD PARK DR, HOUSTON, TX, US  
77095-2381

**DOB:** 04/13/1967 **Age:** 57 Y **Sex:** male

**Home:** 281-467-1852

**Work:**

**Cell:** 281-467-1852

**Email:** steveheath@gmail.com

**Previous Name:** BOP CA1 - R Knee

**Advance Directive:**

**Primary Insurance:** US DEPT OF LABOR  
HOU SPA

**PCP:**

**Account Number:** 172573

**Race:** Declined to Specify

**Ethnicity:** Declined to Specify

**Preferred Language:** English

**Care Team:**

**Allergies**

**Substance:** ivp dye. **Status:** Active. 

**Patient Encounters**

Date	Time	Provider	Facility	Reason	Diagnosis
03/18/2024	11:00 AM	Rivera, Laury	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
03/14/2024	10:30 AM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
03/13/2024	10:00 AM	Rivera, Laury	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
03/11/2024	11:00 AM	Rivera, Laury	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
03/06/2024	10:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
03/04/2024	11:00 AM	Rivera, Laury	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter

5/13/24, 12:28 PM

Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

				<b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/28/2024	10:00 AM	Rivera, Laury	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/26/2024	02:30 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/23/2024	01:30 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/19/2024	10:00 AM	Rivera, Laury	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/16/2024	01:30 PM	Rivera, Laury	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/15/2024	11:30 AM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/14/2024	11:00 AM	Rivera, Laury	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/09/2024	02:30 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/05/2024	10:00 AM	Rivera, Laury	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006

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Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

					S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
02/02/2024	03:30 PM	Rivera, Laury	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006
01/29/2024	02:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
01/26/2024	01:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006
01/22/2024	02:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
01/18/2024	12:00 PM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006
12/20/2023	11:30 AM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
12/13/2023	09:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006
12/06/2023	09:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
12/04/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006
					S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter

5/13/24, 12:28 PM

## Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

11/29/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
11/22/2023	12:00 PM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
11/20/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
10/25/2023	11:00 AM	Rivera, Laury	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
10/23/2023	09:00 AM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
10/16/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
10/09/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
09/25/2023	03:00 PM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
09/15/2023	01:30 PM	Gentle, Renee	Accuhealth Houston Spa		<b>SNOMED:</b> 302933001 S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001

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## Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

09/08/2023	02:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
09/07/2023	02:30 PM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
08/11/2023	02:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
08/09/2023	11:00 AM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
08/07/2023	02:00 PM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
07/31/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
07/28/2023	01:30 PM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
07/17/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
07/12/2023	11:30 AM	Harris, Maresah	Accuhealth Houston Spa	1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
07/12/2023	10:00 AM	Gentle, Renee	Accuhealth Houston Spa		S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter

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Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
07/10/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
07/03/2023	12:00 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/30/2023	03:30 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/26/2023	11:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/19/2023	01:00 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/12/2023	01:00 PM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/12/2023	12:30 PM	Bashwani, Anum, PA-C	Accuhealth Houston Spa 1 month f/u	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/07/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006
				S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302933001
06/05/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter
				<b>SNOMED:</b> 302932006

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Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

06/02/2023	02:30 PM	Gentle, Renee	Accuhealth Houston Spa	S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
05/24/2023	08:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
05/22/2023	09:00 AM	Gentle, Renee	Accuhealth Houston Spa	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
04/24/2023	10:00 AM	Gentle, Renee	Accuhealth Houston Spa	S86.911A– Strain of right knee, initial encounter
04/21/2023	03:00 PM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa ROF	S83.241A– Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302932006 S83.281A– Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter <b>SNOMED:</b> 302933001
04/17/2023	03:00 PM	Gentle, Renee	Accuhealth Houston Spa	S86.911A– Strain of right knee, initial encounter
04/16/2023	10:11 PM		Accuhealth Houston Spa Update Kiosk Demographics	
04/12/2023	11:15 AM	Martinez, Stephanie	Accuhealth Houston Spa	
04/07/2023	03:00 PM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa CA1	S86.911A– Strain of right knee, initial encounter <b>SNOMED:</b> 941000119103
04/07/2023	09:30 AM	Martinez, Stephanie	Accuhealth Houston Spa	

Heath, Stephen, M, 04/13/1967

620 JAMES DR , RICHARDSON, TX-75080-7407,

972-238-1976

Address 10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Patient Vaccine Administration Record

No of Immunizations 0

Vaccine	Date Given	Dose	Location	Lot No.	Manufacturer	Exp. Date	Given By
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Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

Heath, Stephen , M , 04/13/1967

Address 10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Accuhealth

620 JAMES DR , RICHARDSON, TX-75080-7407

 972-238-1976

## Patient Injection Record

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No of Injections 0

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Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

5/13/24, 12:28 PM

# Heath, Stephen 56Y , M

**DOB:** 04/13/1967 | **AC (MRN):** 172573

<b>Preferred Name:</b> 03.29.2023	<b>Cell Phone:</b> 281-467-1852	
<b>Sex:</b> M	<b>Home Phone:</b> 281-467-1852	
<b>Previous Name:</b> BOP CA1 - R Knee	<b>Work Phone:</b>	
<b>Prefix:</b>	<b>Email:</b> steveheath@gmail.com	
<b>Suffix:</b>		
<hr/>		
<b>Primary Insurance:</b> US DEPT OF LABOR HOU SPA	<b>Ethnicity:</b> Declined to Specify	
<b>Race:</b> Declined to Specify	<b>Preferred Language:</b> English	
<b>Advance Directive:</b>	<b>SSN:</b> 231-90-4590	
<hr/>		
<b>Confidential Patient:</b> No	<b>Deceased:</b> No	<b>Inactive:</b> No
<hr/>		
<b>Sex Assigned at Birth:</b>	<b>Sexual Orientation:</b>	<b>Gender Identity:</b>
<b>Transgender:</b>		

## PATIENT INFORMATION

<u>Financial Information and Consents</u>		
<b>Account Balance:</b> 3854.00	<b>Plan Type:</b> (Other)	<b>Rx History Consent:</b> U
<b>Patient Balance:</b> -436.5	<b>Don't Sent Statements:</b> No	<b>Release of Info:</b> Yes
<b>VFC Eligibility:</b>	<b>Exclude from Collections:</b> No	<b>Signature Date:</b> 04/04/2023
<b>Mail Order Member ID:</b>	<b>Don't Add Financial Charge:</b> No	
<hr/>		
<u>Statuses</u>		
<b>Student Status:</b> Part-time student	<b>Exclude from Registry Search:</b> No	<b>Deceased Notes:</b> N/A
<b>Is Native:</b> No	<b>Deceased:</b> No	
<b>Marital Status:</b>	<b>Deceased Date:</b> N/A	
<hr/>		
<u>Providers and Facilities</u>		

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<b>PCP:</b>	<b>Default Facility:</b>
<b>Rendering Provider:</b>	<b>Default Lab Company:</b>
<b>Referring Provider:</b>	<b>Default DI Company:</b>

External MRNs**Medical Record Number:****RESPONSIBLE PARTY**

Name	Relation	Address	Cell Phone
Heath, Stephen	Self - patient is the insured	10035 DRIFTWOOD PARK DR,HOUSTON,TX,77095-2381	281-467- 1852

**EMERGENCY CONTACTS**

Name	Relation	Address	Preferred Phone	Guardian	HIPAA Permission
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**ADDRESSES**

Address Type	Status	Address line1	Address line2	City	County	State	Zip Code	Country
Mailing	Current	10035 DRIFTWOOD PARK DR		HOUSTON		TX	77095- 2381	US
Street	Current							

**Residence Type:****Living Situation:****INSURANCES**

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Sequence/Type	Insurance Name	State	Subscriber No	Insured	Relation	Co-Pay	Group No
Primary Insurance	US DEPT OF LABOR HOU SPA	KY	550407065	Heath, Stephen	Self - patient is the insured		

**PHARMACIES**

Name	Address	Type	Phone	Fax
WALGREENS DRUG STORE #04161	8206 HIGHWAY 6 N,HOUSTON,TX,77095	Retail	281-550-2169	281-550-9069

**CONTACTS**

Name	Relation	Address	Preferred Phone	Emergency Contact	Guardian	HIPAA Permission
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**CASE MANAGERS**

Name	Address	Phone	Fax	Email
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**ATTORNEYS**

Name	Office	Address	Phone	Fax	Contact Details
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**EMPLOYERS****Employment Status:**

Employer	Employer Address
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5/13/24, 12:28 PM

**CIRCLES OF CARE**

**STRUCTURED DATA**

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Question Name	Value	Notes
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**MISC INFO**

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Question Name	Value
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Nature of Business

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Previously Rendered Treatment

**NOTES**

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/25/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

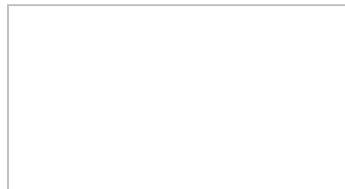
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

03/25/2024

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:26 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 03/25/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/20/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

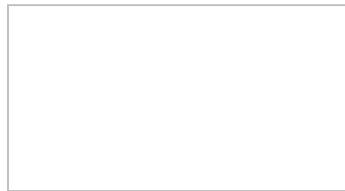
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

03/20/2024

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:26 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
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HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 03/20/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/18/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

03/18/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:55AM

TIME OUT: 11:55AM.

**Vital Signs**

BP: **155/87** mm Hg, HR: **76** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 04/22/2024 at 05:24 PM CDT**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 03/18/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/18/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 03/18/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/14/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

03/14/2024

Televisit: Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

**Reason for Appointment**

1. 1 month f/u
2. Televisit

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day, 30 days, 90 Tablet

**Notes:**

Telemedicine 20mins

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.

4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note. Patient is having right knee surgery with Dr. Berliner on 12/18/23, will request notes. Patient had right knee surgery on 12/18/23, f/u appt was on 12/19/23. Next appt is on 12/28/23. Will request OV notes. Next f/u appt is 1/31/24. Will request OV notes. Next f/u appt on 3/8/24. Patient states that Dr. Berliner stated he wants an MRI and EMG and patient will remain off work until further notice. Will request OV notes.

Progress Note: Maresah Harris 03/14/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/14/2024

5. WORK STATUS: Patient was working full duty. But off work due to recent surgery. CA-17 and CA-20 completed.

6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

### Follow Up

4 Weeks

### History of Present Illness

#### REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

#### Case Type:

Case Type: CA1. Case #: 550407065. Case Status: under development.

#### FIRST VISIT::

4/7/2023.

#### MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

#### CURRENT COMPLAINTS::

The patient complains of mild right knee pain. He rates his pain 6/10.

### Examination

#### General Examination:

PSYCH: alert, oriented , judgement and insight good , alert, oriented , judgement and insight good.

No PE on televisit.

### Visit Codes

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/14/2024

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

**Procedure Codes**

99080 SPECIAL REPORTS, Modifiers: GT

**Electronically signed by Maresah Harris on 04/18/2024 at 06:12 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 05/09/2024 at 10:49 AM CDT**

**Sign off status: Completed**

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2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Maresah Harris 03/14/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/13/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

03/13/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:00AM

TIME OUT: 11:00AM.

**Vital Signs**

BP: **156/92** mm Hg, HR: **81** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 04/22/2024 at 05:17 PM CDT**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 03/13/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/13/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
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**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 03/13/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/11/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

03/11/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 11:00AM

TIME OUT: 12:00PM.

**Vital Signs**

BP: **133/81** mm Hg, HR: **75** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 04/22/2024 at 05:11 PM CDT**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 03/11/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/11/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 03/11/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/06/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

03/06/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:04AM

TIME OUT: 11:00AM.

**Vital Signs**

BP: **147/94** mm Hg, HR: **75** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 04/24/2024 at 09:55 AM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 05/09/2024 at 10:34 AM CDT**

Progress Note: Renee Gentle, DC 03/06/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 03/06/2024

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
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**Progress Note: Renee Gentle, DC 03/06/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 03/04/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

03/04/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 11:00AM

TIME OUT: 11:54AM.

**Vital Signs**

BP: **129/92** mm Hg, HR: **76** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 03/04/2024 at 05:54 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 03/04/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 03/04/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 03/04/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/28/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/28/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:03AM

TIME OUT: 11:03AM.

**Vital Signs**

BP: **135/96** mm Hg, HR: **81** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed Treadmill x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 02/28/2024 at 01:40 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 02/28/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/28/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 02/28/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/26/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/26/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:28PM

TIME OUT: 3:25PM.

**Vital Signs**

BP: **150/90** mm Hg, HR: **114** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 02/26/2024 at 05:08 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 02/26/2024 at 05:24 PM CST**

Progress Note: Renee Gentle, DC 02/26/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/26/2024

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/26/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/23/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/23/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

- 1. Decrease pain by 1 to 3 points to improve overall mobility
- 2. Regain confidence in using knee without hesitation

**History of Present Illness**

Reason for Appointment:

TIME IN: 1:30PM

TIME OUT: 2:02PM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. His knee has been doing better since his last exam. The pain has not been as intense. He describes the pain as a achy sensation below and above the knee cap. His knee still gives out. He has noticed that later in the day his knee gets stiff. Pain gives him trouble falling asleep but when he is asleep the pain does not bother nor wake him up. Patient denies any numbness or tingling. He states that when he is going up the stairs he has to lead with his left leg first.

Palliative: rest, stretching, ibuprofen

Provocative: walking, his knee buckling, sit to stand without assistance

Pain level today is 3/10.

Rest: 3/10

Activity: 8/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

Progress Note: Renee Gentle, DC 02/23/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/23/2024

**Vital Signs**

BP: **128/79** mm Hg, HR: **82** /min.

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee, surgical incision appears to be healing well.

PALPATION: palpatory tenderness along the joint line, medial aspect of the knee, ITB, and at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (+)

VARUS STRESS: (L) (-) (R) (+)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 15 (R) 15

PATELLAR: (L) 14 (R) 15

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 135 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 4 DEGREES

MYOTOMES:

5/5

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 02/23/2024 at 04:39 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 02/26/2024 at 05:19 PM CST**

**Sign off status: Completed**

**Accuhealth Houston Spa  
2000 Crawford**

**Progress Note: Renee Gentle, DC 02/23/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/23/2024

STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 02/23/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/19/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/19/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:00AM

TIME OUT: 11:00AM.

**Vital Signs**

BP: **136/85** mm Hg, HR: **76** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 02/21/2024 at 05:27 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 02/19/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/19/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/19/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/16/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/16/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 01:28PM

TIME OUT: 02:20PM.

**Vital Signs**

BP: **151/92** mm Hg, HR: **91** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 02/21/2024 at 05:28 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 02/16/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/16/2024

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**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/16/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/15/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

02/15/2024

Televisit: Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

**Reason for Appointment**

1. 1 month f/u
2. Televisit

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day, 30 days, 90 Tablet

**Notes:**

Telemedicine 20mins

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.

4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note. Patient is having right knee surgery with Dr. Berliner on 12/18/23, will request notes. Patient had right knee surgery on 12/18/23, f/u appt was on 12/19/23. Next appt is on 12/28/23. Will request OV notes. Next f/u appt is 1/31/24. Will request OV notes. Next f/u appt on 3/8/24.

5. WORK STATUS: Patient was working full duty. But off work due to recent surgery. CA-17 and CA-20 completed.

Progress Note: Maresah Harris 02/15/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/15/2024

## 6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

**Follow Up**

4 Weeks

**History of Present Illness****REASON FOR APPOINTMENT::**

TIME IN: 8:01AM

TIME OUT: 8:58AM.

**Case Type::**

Case Type: CA1. Case #: 550407065. Case Status: under development.

**FIRST VISIT::**

4/7/2023.

**MECHANISM OF INJURY::**

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor.

Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

**CURRENT COMPLAINTS::**

The patient complains of mild right knee pain. He rates his pain 6/10.

**Examination****General Examination:**

PSYCH: alert, oriented , judgement and insight good , alert, oriented , judgement and insight good.

No PE on televisit.

**Visit Codes**

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Progress Note: Maresah Harris 02/15/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/15/2024

**Procedure Codes**

99080 SPECIAL REPORTS, Modifiers: GT

**Electronically signed by Maresah Harris on 04/04/2024 at 09:54 AM CDT**

**Sign off status: Completed**

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2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Maresah Harris 02/15/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/14/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/14/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:43AM

TIME OUT: 11:43AM.

**Vital Signs**

BP: **135/86** mm Hg, HR: **76** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 02/14/2024 at 06:13 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 02/14/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/14/2024

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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 02/14/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/09/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/09/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:35PM

TIME OUT: 3:30PM.

**Vital Signs**

BP: **148/97** mm Hg, HR: **99** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 02/09/2024 at 04:46 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 02/13/2024 at 12:17 PM CST**

Progress Note: Renee Gentle, DC 02/09/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/09/2024

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/09/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 02/07/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

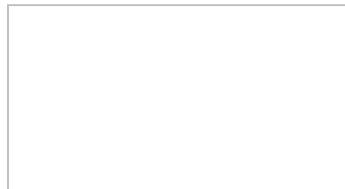
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

02/07/2024

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:26 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 02/07/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/05/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/05/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:00AM

TIME OUT: 11:00AM.

**Vital Signs**

BP: **145/90** mm Hg, HR: **89** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 4/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

PATIENT WAS ADVISED TO START WEARING A SLEEVE UNDER HIS BRACE TO HELP PREVENT FRICTION RUBBING. HE HAS BEEN HAVING IRRITATION FROM THE HINGES OF THE BRACE. PATIENT WAS ALSO ADVISED TO START MOISTURISING HIS SKIN TO REDUCE ITCHINESS AND TO STOP SCRATCHING BECAUSE HE HAS STARTED TO BREAK HIS SKIN BARRIER WITH HIS NAILS.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

Progress Note: Renee Gentle, DC 02/05/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/05/2024

**Electronically signed by Laury Rivera on 02/05/2024 at 04:22 PM  
CST**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/05/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/02/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

02/02/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 3:22PM

TIME OUT: 4:22PM.

**Vital Signs**

BP: **161/94** mm Hg, HR: **87** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 6/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 02/02/2024 at 04:27 PM CST**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 02/02/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 02/02/2024

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**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 02/02/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/29/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

01/29/2024

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:25PM

TIME OUT: 3:21PM.

**Vital Signs**

BP: **163/98** mm Hg, HR: **79** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 5/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

Electronically signed by Renee Gentle on 01/29/2024 at 04:23 PM CST

Electronically co-signed by Lashondria Simpson-Camp, MD on 01/30/2024 at 08:13 AM CST

Progress Note: Renee Gentle, DC 01/29/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/29/2024

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 01/29/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/26/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

01/26/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 1:30PM

TIME OUT: 2:28PM.

**Vital Signs**

BP: **148/87** mm Hg, HR: **78** /min.

**Examination**

General Examination:

S: The patient states that he is feeling sore today and that his knee keeps giving out. He rates his pain at a 5/10 on the pain scale today.

O: Pt performed bike x10 mins, quad sets x20 with 5 sec holds, hip abduction 3x10, SLR 3x10, clam shells 3x10, heel slides x20, calf raises 3x10, ankle pumps 3x10. Manual therapy was performed for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 01/26/2024 at 04:49 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 01/30/2024 at 08:13 AM CST**

Progress Note: Renee Gentle, DC 01/26/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/26/2024

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
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Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 01/26/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/22/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

01/22/2024

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A

2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

1. Decrease pain by 1 to 3 points to improve overall mobility

2. Regain confidence in using knee without hesitation

**History of Present Illness**

Reason for Appointment:

TIME IN: 2:30PM

TIME OUT: 3:00PM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that he had surgery on 12/18/23. His knee has been doing better since the surgery. The pain has not been as intense. He describes the pain as a burning sensation and he is still experiencing heat in his knee. His knee gives out about 5-10x/day. He has been attempting to walk normally but he still ends up compensating. The lateral side of his leg and behind his knee have been bothering him since the surgery. Pain does not bother his sleep unless he did a lot of walking that day. He describes feeling some numbness on the side of his leg.

Palliative: flexionator, heating, icing, ibuprofen

Provocative: walking, his knee buckling, sit to stand without assistance

Pain level today is 6/10.

Rest: 4/10

Activity: 8/10

Progress Note: Renee Gentle, DC 01/22/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/22/2024

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

**Vital Signs**

BP: **135/87** mm Hg, HR: **93** /min.

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee, surgical incision appears to be healing well.

PALPATION: palpatory tenderness along the joint line, medial aspect of the knee, ITB, and at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (+)

VARUS STRESS: (L) (-) (R) (-)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 15 (R) 15

PATELLAR: (L) 14 (R) 15

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 120 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 6 DEGREES

MYOTOMES:

4/5

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 01/22/2024 at 05:14 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 01/23/2024 at 11:43 AM CST**

**Sign off status: Completed**

5/13/24, 12:28 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/22/2024

**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 01/22/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/18/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

01/18/2024

Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

**Review of Systems**

Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints. Admits Trauma to knee(s). Denies Weakness.

Podiatric:

**Reason for Appointment**

1. 1 month f/u

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day, 30 days, 90 Tablet

Notes:

CLINICAL NOTES

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP. PPE monthly while in PT to assess progress and need for ongoing PT
2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.
3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.
4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note. Patient is having right knee surgery with Dr. Berliner on 12/18/23, will request notes. Patient had right knee surgery on 12/18/23, f/u appt was on 12/19/23. Next appt is on 12/28/23. Will request OV notes. Next f/u appt is 1/31/24. Will request OV notes.
5. WORK STATUS: Patient was working full duty. But off work due to recent surgery. CA-17 and CA-20 completed.

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/18/2024

Admits Foot pain.  
Psychiatric:  
Admits Anxiety. Admits Depressed mood.

6. Follow-up in 4 weeks

25mins spent. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

**Follow Up**

4 Weeks

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

Case Type::

Case Type: CA1. Case #: 550407065. Case Status: under development.

FIRST VISIT::

4/7/2023.

MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

CURRENT COMPLAINTS::

The patient complains of mild right knee pain. He rates his pain 6/10.

**Vital Signs**

Wt: 203.4 lbs, BP: 142/92 mm Hg, HR: 85 /min, Wt-kg: 92.26 kg.

**Examination**

General Examination:

GENERAL APPEARANCE: alert, well hydrated, in no distress , alert, well hydrated, in no distress.

HEART: S1, S2 normal.

LUNGS: normal , good air movement.

PSYCH: alert, oriented , judgement and insight good , alert, oriented ,

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 01/18/2024

judgement and insight good.

Knee / Shin:

**KNEE: KNEE (Left/Right/Bilateral):**

Tenderness at: Lateral / Medial joint line / patella / tibial tubercle  
Crepitus is: absent.

Anterior Drawer Sign: Negative  
Posterior Drawer Sign: Negative

**ROM (in degrees):**

**LEFT:**

Flexion 90  
Extension 0

**RIGHT:**

Flexion 130  
Extension 0

**Muscle Testing:**

**LEFT:**

Flexion 4/5  
Extension 4/5

**RIGHT:**

Flexion 4/5  
Extension 5/5.

**Visit Codes**

99214 Office Visit, Est Pt., Level 4. Modifiers: GT

**Procedure Codes**

99080 SPECIAL REPORTS, Modifiers: GT

**Electronically signed by Maresah Harris on 01/18/2024 at 12:02 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 01/22/2024 at 02:08 PM CST**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Maresah Harris 01/18/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 01/15/2024



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

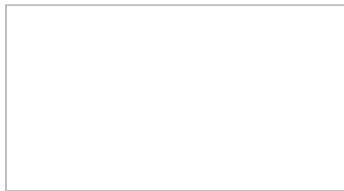
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

01/15/2024

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 01/15/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/20/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

12/20/2023

Televisit: Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

**Reason for Appointment**

1. 1 month f/u
2. Telemedicine

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day, 30 days, 90 Tablet

Notes:

**TELEMEDICINE 15MINS**

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP. PPE monthly while in PT to assess progress and need for ongoing PT
2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.
3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.
4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note. Patient is having right knee surgery with Dr. Berliner on 12/18/23, will request notes. Patient had right knee surgery on 12/18/23, f/u appt was on 12/19/23. Next appt is on 12/28/23. Will request OV notes.
5. WORK STATUS: Patient was working full duty. But off work due to recent surgery. CA-17 and CA-20 completed.

Progress Note: Maresah Harris 12/20/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/20/2023

## 6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

**Follow Up**

4 Weeks

**History of Present Illness****REASON FOR APPOINTMENT::**

TIME IN: 8:01AM

TIME OUT: 8:58AM.

**Case Type::**

Case Type: CA1. Case #: 550407065. Case Status: under development.

**FIRST VISIT::**

4/7/2023.

**MECHANISM OF INJURY::**

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

**CURRENT COMPLAINTS::**

The patient complains of mild right knee pain. He rates his pain 1/10.

**Examination****General Examination:**

PSYCH: alert, oriented , judgement and insight good.

No PE on televisit.

**Visit Codes**

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

**Procedure Codes**

Progress Note: Maresah Harris 12/20/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/20/2023

99080 SPECIAL REPORTS, Modifiers: GT

**Electronically signed by Maresah Harris on 12/20/2023 at 12:24 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 12/20/2023 at 12:13 PM CST**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Maresah Harris 12/20/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/13/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

12/13/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 9:00AM

TIME OUT: 9:55AM.

**Vital Signs**

BP: **168/95 mm Hg**, HR: **84 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 3/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 12/13/2023 at 12:19 PM CST**

Progress Note: Renee Gentle, DC 12/13/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/13/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
12/13/2023 at 01:28 PM CST**  
**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 12/13/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 12/11/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

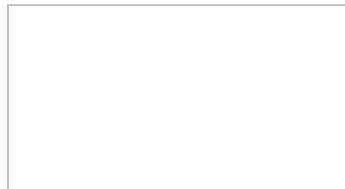
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

12/11/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 12/11/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/06/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

12/06/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 9:02AM

TIME OUT: 9:58AM.

**Vital Signs**

BP: **145/97 mm Hg**, HR: **75 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 12/06/2023 at 12:13 PM CST**

Progress Note: Renee Gentle, DC 12/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/06/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
12/07/2023 at 04:30 PM CST**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 12/06/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/04/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

12/04/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:00AM

TIME OUT: 8:55AM.

**Vital Signs**

BP: **149/96 mm Hg**, HR: 77 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 12/04/2023 at 04:21 PM CST**

Progress Note: Renee Gentle, DC 12/04/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 12/04/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
12/05/2023 at 11:36 AM CST**  
**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 12/04/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/29/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

11/29/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:05AM

TIME OUT: 9:02AM.

**Vital Signs**

BP: **159/97 mm Hg**, HR: **65 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 11/29/2023 at 12:14 PM CST**

Progress Note: Renee Gentle, DC 11/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/29/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
11/29/2023 at 02:50 PM CST**  
**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
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HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 11/29/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/22/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

11/22/2023

Televisit: Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Reason for Appointment**

1. 1 month f/u
2. Televisit

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Start Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day, 30 days, 90 Tablet

Notes:

TELEMEDICINE 15MINS

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP. PPE monthly while in PT to assess progress and need for ongoing PT
2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.
3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.
4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note. Patient is having right knee surgery with Dr. Berliner on 12/18/23, will request notes.
5. WORK STATUS: Patient is working full duty.
6. Follow-up in 4 weeks

Progress Note: Maresah Harris 11/22/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/22/2023

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

Clinical Notes: H-Wave medical device trial:

According to Official Disability Guidelines (ODG), H-Wave may be considered when other noninvasive, conservative treatments for pain have proven to be unsuccessful, including at least 2 of the following: (1) Medication, (2) Physical Therapy (i.e. exercise), (3) Behavioral Therapy, (4) TENS. A thorough history of the patients previous treatments indicate a failure of a variety of initially recommended conservative treatments, including at least two forms of the treatments listed above.

ODG states, H-Wave uses output parameters and a waveform that are distinct from other electrical stimulation devices. One mode of operation supposedly shuts down pain by affecting the sodium pump function, while a second mode may improve recovery through increased blood flow and perfusion. Animal studies on H-Wave mechanisms of action suggested that it induced arteriolar vasodilation via nitric oxide-mediated mechanisms, increasing blood flow and angiogenesis. (Smith 2009) (Smith 2011). Meta-analysis of predominantly uncontrolled studies on patients with chronic soft tissue injury or neuropathic pain suggested a moderate effect of the H-Wave device in providing pain relief and reducing pain medication, with a more robust effect for improving function. (Blum, 2008). One RCT (n=22) demonstrated some improvement in postoperative range of motion with H-Wave. Blum, 2009)

ODG suggests a one-month trial to monitor and measure effectiveness of H-Wave home use. Continued use may be recommended based on documented improvement. DO NOT SUBSTITUTE.

H-Wave medical device trial:

According to Official Disability Guidelines (ODG), H-Wave may be considered when other noninvasive, conservative treatments for pain have proven to be unsuccessful, including at least 2 of the following: (1) Medication, (2) Physical Therapy (i.e. exercise), (3) Behavioral Therapy, (4) TENS. A thorough history of the patients previous treatments indicate a failure of a variety of initially recommended conservative treatments, including at least two forms of the treatments listed above.

ODG states, H-Wave uses output parameters and a waveform that are distinct from other electrical stimulation devices. One mode of operation supposedly shuts down pain by affecting the sodium pump function, while a second mode may improve recovery through increased blood flow and perfusion. Animal studies on H-Wave mechanisms of action suggested that it induced arteriolar vasodilation via nitric oxide-mediated mechanisms, increasing blood flow and angiogenesis. (Smith 2009) (Smith 2011). Meta-analysis of predominantly uncontrolled studies on patients with chronic soft tissue injury or neuropathic pain suggested a moderate effect of the H-Wave device in providing pain relief and reducing pain medication, with a more robust effect for improving function. (Blum, 2008). One RCT (n=22) demonstrated some improvement in postoperative range of motion with H-

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Progress Note: Maresah Harris 11/22/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/22/2023

Wave. Blum, 2009)

ODG suggests a one-month trial to monitor and measure effectiveness of H-Wave home use. Continued use may be recommended based on documented improvement. DO NOT SUBSTITUTE.

### Follow Up

4 Weeks

### History of Present Illness

#### REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

#### Case Type::

Case Type: CA1. Case #: 550407065. Case Status: under development.

#### FIRST VISIT::

4/7/2023.

#### MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

#### CURRENT COMPLAINTS::

The patient complains of mild right knee pain. He rates his pain 1/10.

### Examination

#### General Examination:

PSYCH: alert, oriented , judgement and insight good.

No PE on televisit.

### Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Progress Note: Maresah Harris 11/22/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/22/2023



**Electronically signed by Maresah Harris on 11/22/2023 at 11:48 AM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 11/27/2023 at 06:59 PM CST**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Maresah Harris 11/22/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/20/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

11/20/2023

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A

2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

1. Decrease pain by 1 to 3 points to improve overall mobility

2. Regain confidence in using knee without hesitation

**History of Present Illness**

Reason for Appointment:

TIME IN: 8:00AM

TIME OUT: 8:30AM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that his knee pain has been increasing a little bit since being back at work and has been hurting more than usual. His knee still aches when squatting or bending as well as going up and down stairs. The pain is not preventing him from doing anything and it does not bother his sleep. He denies any numbness or tingling in the knee. He states that his surgery has been scheduled for 12/18/23.

Palliative: aleve, stretching, ibuprofen

Provocative: stepping up or squatting/bending down, kneeling directly on knee

Pain level today is 3/10.

Rest: 1/10

Activity: 6/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

Progress Note: Renee Gentle, DC 11/20/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/20/2023

**Vital Signs**

BP: **142/74 mm Hg**, HR: **72 /min.**

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.

PALPATION: palpatory tenderness along the joint line, medial aspect of the knee, and at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (+)

VARUS STRESS: (L) (-) (R) (-)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 15 (R) 15

PATELLAR: (L) 14 (R) 14

BELOW KNEE: (L) 13 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 150 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES

MYOTOMES: WNL

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 11/20/2023 at 04:56 PM CST**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 11/20/2023 at 07:38 PM CST**

**Sign off status: Completed**

**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142**

**Progress Note: Renee Gentle, DC 11/20/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 11/20/2023

**Tel: 713-972-6996**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 11/20/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 11/06/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

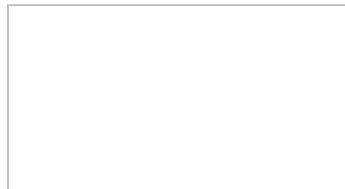
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

11/06/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
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HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 11/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 11/01/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

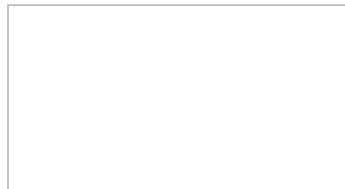
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

11/01/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 11/01/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/25/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

10/25/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 9:00AM

TIME OUT: 12:02PM.

**Vital Signs**

BP: **155/86 mm Hg**, HR: **79 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 0/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee and manual therapy was performed on the right knee and surrounding musculature for 8 minutes. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Laury Rivera on 10/25/2023 at 05:10 PM CDT**

**Sign off status: Completed**

Progress Note: Renee Gentle, DC 10/25/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/25/2023



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**Accuhealth Houston Spa**  
**2000 Crawford**  
**STE 106**  
**HOUSTON, TX 77002-8142**  
**Tel: 713-972-6996**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 10/25/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/23/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

10/23/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 9:00AM

TIME OUT: 9:56AM.

**Vital Signs**

BP: **157/83 mm Hg**, HR: **82 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed bike x10 mins, marching bridges x20, hip abduction 3x10, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, calf stretch 15sec holds x5. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 10/23/2023 at 04:31 PM CDT**

Progress Note: Renee Gentle, DC 10/23/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/23/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
10/24/2023 at 12:01 PM CDT  
Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 10/23/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 10/18/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

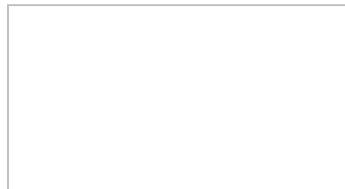
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

10/18/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 10/18/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/16/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

10/16/2023

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A

2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

1. Decrease pain by 1 to 3 points to improve overall mobility

2. Regain confidence in using knee without hesitation

**History of Present Illness**

Reason for Appointment:

TIME IN: 8:00AM

TIME OUT: 8:34AM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that his knee pain has been increasing a little bit since being back at work. His knee still aches when squatting or bending as well as going up and down stairs. The pain is not preventing him from doing anything and it does not bother his sleep. He denies any numbness or tingling in the knee. He has not heard anything about scheduling surgery for his knee at this point.

Palliative: aleve, stretching, ibuprofen

Provocative: stepping up or squatting/bending down, kneeling directly on knee

Pain level today is 2/10.

Rest: 2/10

Activity: 6/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

Progress Note: Renee Gentle, DC 10/16/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/16/2023

**Vital Signs**

BP: 138/74 mm Hg, HR: 76 /min.

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.

PALPATION: palpatory tenderness along the joint line, medial aspect of the knee, and at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (+)

VARUS STRESS: (L) (-) (R) (+)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 15 (R) 15

PATELLAR: (L) 14 (R) 14

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 140 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES

MYOTOMES: WNL

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 10/16/2023 at 05:06 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 10/18/2023 at 12:12 PM CDT**

**Sign off status: Completed**

**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142**

**Progress Note: Renee Gentle, DC 10/16/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/16/2023

**Tel: 713-972-6996**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 10/16/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/09/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

10/09/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:00AM

TIME OUT: 8:55AM.

**Vital Signs**

BP: **158/97 mm Hg**, HR: **69 /min.**

**Examination**

General Examination:

S: The patient states that he went back to work and his knee is feeling a bit sore. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed treadmill x10 mins, bridges x20, banded stabilization x20 in all directions (green), seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, toe raises 3x10, calf raises 3x10. Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee and manual therapy was performed on the right knee and surrounding musculature for 8 minutes.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 10/09/2023 at 03:38 PM CDT**

Progress Note: Renee Gentle, DC 10/09/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 10/09/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
10/09/2023 at 07:08 PM CDT**  
**Sign off status: Completed**

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**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 10/09/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 10/05/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

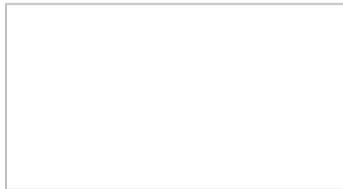
Appointment Facility: Accuhealth Houston Spa

10/05/2023

Maresah Harris

**Reason for Appointment**

1. 1 month f/u



Electronically signed by Maresah Harris on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

**Accuhealth Houston Spa**  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Maresah Harris 10/05/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/25/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

09/25/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:57PM

TIME OUT: 3:54PM.

**Vital Signs**

BP: 137/85 mm Hg, HR: 102 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 2/10 on the pain scale today.

O: Pt performed bike x10 mins, bridges x20, banded stabilization x20 in all directions (blue), seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds, toe raises 3x10, calf raises 3x10. Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES, Units: 2.00

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Electronically signed by Renee Gentle on 09/25/2023 at 05:24 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 09/26/2023 at 12:05 PM CDT

Sign off status: Completed

Progress Note: Renee Gentle, DC 09/25/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/25/2023



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**Accuhealth Houston Spa**  
1725 Main Stree  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 09/25/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/15/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

09/15/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 1:28PM

TIME OUT: 2:29PM.

**Vital Signs**

BP: 129/83 mm Hg, HR: 87 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, bridges x20, wall squats x20, seated SLR 3x10, leg curls 3x10, leg extensions 3x10, hamstring stretch 5x 30 sec holds. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Electronically signed by Renee Gentle on 09/15/2023 at 04:47 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 09/18/2023 at 06:55 PM CDT

Progress Note: Renee Gentle, DC 09/15/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/15/2023



**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 09/15/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/08/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

09/08/2023

Renee Gentle, DC

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A

2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

1. Decrease pain by 1 to 3 points to improve overall mobility

2. Regain confidence in using knee without hesitation.

**History of Present Illness**

Reason for Appointment:

TIME IN: 2:31PM

TIME OUT: 3:01PM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that his knee pain has been feeling about the same but describes it as being off and on now. His knee still aches when squatting or bending. The pain is not preventing him from doing anything and it does not bother his sleep. He states that he feels like his knee sometimes gives out. He denies any numbness or tingling in the knee.

Palliative: alev

Provocative: stepping up or squatting/bending down

Pain level today is 1/10.

Rest: 1/10

Activity: 3/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

**Vital Signs**

Progress Note: Renee Gentle, DC 09/08/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/08/2023

BP: 126/87 mm Hg, HR: 84 /min.

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.

PALPATION: palpatory tenderness along the joint line, medial aspect of the knee, and at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (-)

VARUS STRESS: (L) (-) (R) (+)

VALGUS STRESS: (L) (-) (R) (+)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 15 (R) 15

PATELLAR: (L) 14 (R) 14

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 140 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES

MYOTOMES: WNL

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 09/08/2023 at 04:40 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 09/11/2023 at 09:11 PM CDT**

**Sign off status: Completed**

**Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142**

**Progress Note: Renee Gentle, DC 09/08/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/08/2023

**Tel: 713-485-5200**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 09/08/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/07/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

09/07/2023

Televisit: Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Reason for Appointment**

1. 1 month f/u
2. Televisit

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Notes:

TELEMEDICINE 15MINS

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP. PPE monthly while in PT to assess progress and need for ongoing PT
2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.
3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.
4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner. Patient has an appt with Dr. Berliner 9/8/23, will request OV note.
5. WORK STATUS: Patient is off of work on another case.
6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Progress Note: Maresah Harris 09/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/07/2023

Supervising Physician: Lashondria Simpson-Camp, MD.

Clinical Notes: H-Wave medical device trial:

According to Official Disability Guidelines (ODG), H-Wave may be considered when other noninvasive, conservative treatments for pain have proven to be unsuccessful, including at least 2 of the following: (1) Medication, (2) Physical Therapy (i.e. exercise), (3) Behavioral Therapy, (4) TENS. A thorough history of the patients previous treatments indicate a failure of a variety of initially recommended conservative treatments, including at least two forms of the treatments listed above.

ODG states, H-Wave uses output parameters and a waveform that are distinct from other electrical stimulation devices. One mode of operation supposedly shuts down pain by affecting the sodium pump function, while a second mode may improve recovery through increased blood flow and perfusion. Animal studies on H-Wave mechanisms of action suggested that it induced arteriolar vasodilation via nitric oxide-mediated mechanisms, increasing blood flow and angiogenesis. (Smith 2009) (Smith 2011). Meta-analysis of predominantly uncontrolled studies on patients with chronic soft tissue injury or neuropathic pain suggested a moderate effect of the H-Wave device in providing pain relief and reducing pain medication, with a more robust effect for improving function. (Blum, 2008). One RCT (n=22) demonstrated some improvement in postoperative range of motion with H-Wave. Blum, 2009)

ODG suggests a one-month trial to monitor and measure effectiveness of H-Wave home use. Continued use may be recommended based on documented improvement. DO NOT SUBSTITUTE.

H-Wave medical device trial:

According to Official Disability Guidelines (ODG), H-Wave may be considered when other noninvasive, conservative treatments for pain have proven to be unsuccessful, including at least 2 of the following: (1) Medication, (2) Physical Therapy (i.e. exercise), (3) Behavioral Therapy, (4) TENS. A thorough history of the patients previous treatments indicate a failure of a variety of initially recommended conservative treatments, including at least two forms of the treatments listed above.

ODG states, H-Wave uses output parameters and a waveform that are distinct from other electrical stimulation devices. One mode of operation supposedly shuts down pain by affecting the sodium pump function, while a second mode may improve recovery through increased blood flow and perfusion. Animal studies on H-Wave mechanisms of action suggested that it induced arteriolar vasodilation via nitric oxide-mediated mechanisms, increasing blood flow and angiogenesis. (Smith 2009) (Smith 2011). Meta-analysis of predominantly uncontrolled studies on patients with chronic soft tissue injury or neuropathic pain suggested a moderate effect of the H-Wave device in providing pain relief and reducing pain medication, with a more robust effect for improving function. (Blum, 2008). One RCT (n=22) demonstrated some improvement in postoperative range of motion with H-Wave. Blum, 2009)

ODG suggests a one-month trial to monitor and measure effectiveness of H-

Progress Note: Maresah Harris 09/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/07/2023

Wave home use. Continued use may be recommended based on documented improvement. DO NOT SUBSTITUTE.

### Follow Up

4 Weeks

### History of Present Illness

#### REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

#### Case Type::

Case Type: CA1. Case #: 550407065. Case Status: under development.

#### FIRST VISIT::

4/7/2023.

#### MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

#### CURRENT COMPLAINTS::

The patient complains of mild right knee pain. He rates his pain 1/10.

### Examination

#### General Examination:

PSYCH: alert, oriented , judgement and insight good.

No PE on televisit.

### Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

**Electronically signed by Maresah Harris on 09/07/2023 at 02:18 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 09/11/2023 at 09:13 PM CDT**

Progress Note: Maresah Harris 09/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 09/07/2023



**Sign off status: Completed**

---

**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Maresah Harris 09/07/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 09/06/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

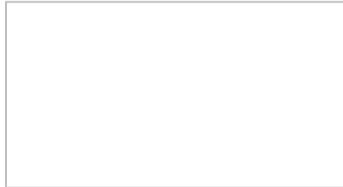
Appointment Facility: Accuhealth Houston Spa

09/06/2023

Maresah Harris

**Reason for Appointment**

1. 1 month f/u



Electronically signed by Maresah Harris on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Maresah Harris 09/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 09/01/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

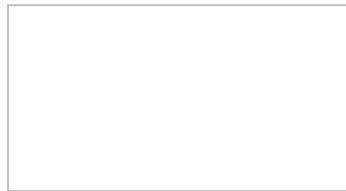
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

09/01/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 09/01/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 08/30/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

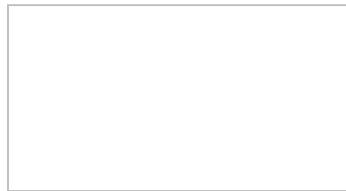
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth

08/30/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth  
620 JAMES DR  
RICHARDSON, TX 75080-7407  
Tel: 972-238-1976  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 08/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 08/23/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

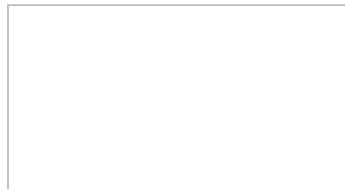
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

08/23/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 08/23/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 08/21/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

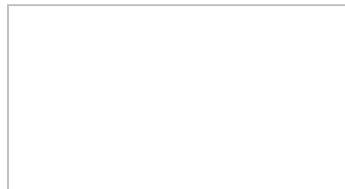
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

08/21/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 08/21/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/11/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

08/11/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

- 1. Decrease pain by 1 to 3 points to improve overall mobility
- 2. Regain confidence in using knee without hesitation.

**History of Present Illness**

Reason for Appointment:

TIME IN: 2:30PM

TIME OUT: 3:00PM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that his knee pain has been feeling about the same but describes it as being off and on now. His knee still aches when squatting or bending. The pain is not preventing him from doing anything and it does not bother his sleep. He is a little less cautious of the way he moves now and is not as hesitant.

Palliative: aleve, icing, stretching

Provocative: stepping up or squatting down

Pain level today is 1/10.

Rest: 0/10

Activity: 2/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

**Vital Signs**

Progress Note: Renee Gentle, DC 08/11/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/11/2023

BP: **154/86 mm Hg**, HR: **78 /min.**

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.

PALPATION: patient had no palpatory tenderness today

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (-)

VARUS STRESS: (L) (-) (R) (+)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 17 (R) 17

PATELLAR: (L) 15 (R) 15

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 150 DEGREES (R) 140 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES

MYOTOMES: WNL

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 08/11/2023 at 05:10 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 08/15/2023 at 10:20 AM CDT**

**Sign off status: Completed**

**Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456**

**Progress Note: Renee Gentle, DC 08/11/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/09/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

08/09/2023

Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Review of Systems**

Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints. Admits Trauma to knee(s). Denies Weakness.

Podiatric:

Admits Foot pain.

Psychiatric:

**Reason for Appointment**

1. 1 month f/u
2. MDFU

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Notes:

**Clinical notes**

1. Patient encouraged to continue physical therapy. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.

4. Referral: Will refer to orthopedist once case is approved. Case is approved will get appointment scheduled with Dr. Berliner.

5. WORK STATUS: Patient is off of work on another case.

6. Follow-up in 4 weeks

20mins spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/09/2023

Admits Anxiety. Admits Depressed mood.

Clinical Notes: H-Wave medical device trial:

According to Official Disability Guidelines (ODG), H-Wave may be considered when other noninvasive, conservative treatments for pain have proven to be unsuccessful, including at least 2 of the following: (1) Medication, (2) Physical Therapy (i.e. exercise), (3) Behavioral Therapy, (4) TENS. A thorough history of the patients previous treatments indicate a failure of a variety of initially recommended conservative treatments, including at least two forms of the treatments listed above.

ODG states, H-Wave uses output parameters and a waveform that are distinct from other electrical stimulation devices. One mode of operation supposedly shuts down pain by affecting the sodium pump function, while a second mode may improve recovery through increased blood flow and perfusion. Animal studies on H-Wave mechanisms of action suggested that it induced arteriolar vasodilation via nitric oxide-mediated mechanisms, increasing blood flow and angiogenesis. (Smith 2009) (Smith 2011). Meta-analysis of predominantly uncontrolled studies on patients with chronic soft tissue injury or neuropathic pain suggested a moderate effect of the H-Wave device in providing pain relief and reducing pain medication, with a more robust effect for improving function. (Blum, 2008). One RCT (n=22) demonstrated some improvement in postoperative range of motion with H-Wave. Blum, 2009)

ODG suggests a one-month trial to monitor and measure effectiveness of H-Wave home use. Continued use may be recommended based on documented improvement. DO NOT SUBSTITUTE.

### Follow Up

4 Weeks

### History of Present Illness

#### REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

#### Case Type::

Case Type: CA1. Case #: 550407065. Case Status: under development.

#### FIRST VISIT::

4/7/2023.

#### MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his

Progress Note: Maresah Harris 08/09/2023

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HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/09/2023

injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

**CURRENT COMPLAINTS::**

The patient complains of mild right knee pain. He rates his pain 1/10.

**Examination**

Knee / Shin:

**KNEE: KNEE (Left/Right/Bilateral):**

Tenderness at: Lateral / Medial joint line / patella / tibial tubercle  
Crepitus is: present / absent.

Thessaly Test: Negative

Valgus Test: Negative

Varus Test: Negative

Anterior Drawer Sign: Negative

Posterior Drawer Sign: Negative

**ROM (in degrees):**

**LEFT:**

Flexion 90

Extension 0

**RIGHT:**

Flexion 90

Extension 0

**Muscle Testing:**

**LEFT:**

Flexion 4/5

Extension 4/5

**RIGHT:**

Flexion 4/5

Extension 5/5

General Examination:

GENERAL APPEARANCE: alert, well hydrated, in no distress.

HEART: S1, S2 normal.

LUNGS: normal , good air movement.

PSYCH: alert, oriented , judgement and insight good.

**Visit Codes**

99214 Office Visit, Est Pt., Level 4.

**Electronically signed by Maresah Harris on 08/09/2023 at 11:47 AM CDT**

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/09/2023



Electronically co-signed by Lashondria Simpson-Camp, MD on  
08/14/2023 at 01:38 PM CDT

Sign off status: Completed

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Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: ~~713-485-5200~~  
Fax: 972-238-0456

---

Progress Note: Maresah Harris 08/09/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/07/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

08/07/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:10PM

TIME OUT: 3:05PM.

**Vital Signs**

BP: **137/90 mm Hg**, HR: **84 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 08/07/2023 at 04:40 PM CDT**

Progress Note: Renee Gentle, DC 08/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 08/07/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on 08/08/2023 at 08:36 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 08/07/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/31/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/31/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:02AM

TIME OUT: 8:59AM.

**Vital Signs**

BP: **141/81 mm Hg**, HR: **81 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, bridges x15, SLR 3x10. Manual therapy was performed for 8 minutes on the right knee and surrounding musculature, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

**Electronically signed by Renee Gentle on 07/31/2023 at 04:41 PM CDT**

Progress Note: Renee Gentle, DC 07/31/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/31/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on 08/02/2023 at 09:54 PM CDT**

**Sign off status: Completed**

---

**Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 07/31/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/28/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/28/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 1:42PM

TIME OUT: 2:35PM.

**Vital Signs**

BP: 125/78 mm Hg, HR: 87 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 07/28/2023 at 05:00 PM CDT**

Progress Note: Renee Gentle, DC 07/28/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/28/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on  
07/31/2023 at 04:05 PM CDT**

**Sign off status: Completed**

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Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 07/28/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/17/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/17/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:00AM

TIME OUT: 8:58AM.

**Vital Signs**

BP: **148/88 mm Hg**, HR: **68 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

**Electronically signed by Renee Gentle on 07/17/2023 at 04:55 PM CDT**

Progress Note: Renee Gentle, DC 07/17/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/17/2023



**Electronically co-signed by Lashondria Simpson-Camp, MD on 07/18/2023 at 04:53 PM CDT**

**Sign off status: Completed**

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**Progress Note: Renee Gentle, DC 07/17/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

07/12/2023

Maresah Harris

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Review of Systems**

Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints. Admits Trauma to knee(s). Denies Weakness.

Podiatric:

Admits Foot pain.

Psychiatric:

**Reason for Appointment**

1. 1 month f/u
2. MDFU

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

\*\*\*\*\*

**FUNCTIONAL LIMITATION REPORTING:**

Cervical Disability Index = 32% impairment of ADL's.

Revised Oswestry = 48% impairment of ADL's.

DASH = 60% impairment of ADL's.

LEFS = 50% impairment of ADL's

Goal is to improve from CL (60-79%) to CJ (20-39%) impairment in ADL's.

**Treatment**

**1. Others**

Notes:

TELEMEDICINE: 15 mins

1. Patient referred for physical assessment and treatment. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: Recommend a R knee brace, Patient will benefit from knee brace to stabilize the knee and control motion to prevent further injury. Will request for auth once case is approved. Patient could also benefit from the HWave once case is approved.

4. Referral: Will refer to orthopedist once case is approved.

5. WORK STATUS: Patient is off of work on another case.

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023

Admits Anxiety. Admits Depressed mood.

6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

**Follow Up**

4 Weeks

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

Case Type::

Case Type: CA1. Case #: 550407065. Case Status: under development.

FIRST VISIT::

4/7/2023.

MECHANISM OF INJURY::

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

CURRENT COMPLAINTS::

The patient complains of mild right knee pain. He rates his pain 1/10.

**Vital Signs**

BP: **149/94 mm Hg**, HR: **68 /min.**

**Examination**

Knee / Shin:

**KNEE: KNEE (Left/Right/Bilateral):**

Tenderness at: Lateral / Medial joint line / patella / tibial tubercle Crepitus is: present / absent.

Thessaly Test: Negative

Valgus Test: Negative

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023

Varus Test: Negative  
Anterior Drawer Sign: Negative  
Posterior Drawer Sign: Negative

**ROM (in degrees):**

**LEFT:**

Flexion 90  
Extension 0

**RIGHT:**

Flexion 90  
Extension 0

**Muscle Testing:**

**LEFT:**

Flexion 4/5  
Extension 4/5

**RIGHT:**

Flexion 4/5  
Extension 5/5

**NEUROLOGICAL EXAM:**

**NEUROLOGICAL TESTING:**

**DIAGNOSTIC TESTING:.**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Manual therapy was performed for 8 minutes on the right knee and surrounding musculature, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Visit Codes**

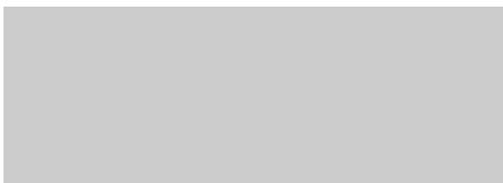
99214 Office Visit, Est Pt., Level 4.

**Electronically signed by Maresah Harris on 07/12/2023 at 12:08 PM CDT**

**Sign off status: Completed**

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023



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---

**Progress Note: Maresah Harris 07/12/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/12/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 10:07AM

TIME OUT: 11:00AM.

**Vital Signs**

BP: **156/96 mm Hg**, HR: **70 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 07/12/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/12/2023



**Electronically signed by Renee Gentle on 07/12/2023 at 12:22 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 07/12/2023 at 12:45 PM CDT**

**Sign off status: Completed**

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**Progress Note: Renee Gentle, DC 07/12/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/10/2023



### Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/10/2023

Renee Gentle, DC

#### Assessments

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

#### History of Present Illness

##### REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 8:58AM.

#### Vital Signs

BP: **146/86 mm Hg**, HR: **73 /min.**

#### Examination

##### General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Manual therapy was performed for 8 minutes on the right knee and surrounding musculature, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

#### Procedure Codes

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

Progress Note: Renee Gentle, DC 07/10/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/10/2023



**Electronically signed by Renee Gentle on 07/10/2023 at 05:07 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 07/12/2023 at 12:45 PM CDT**

**Sign off status: Completed**

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**Progress Note: Renee Gentle, DC 07/10/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/03/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

07/03/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 11:58AM

TIME OUT: 12:55PM.

**Vital Signs**

BP: **148/81 mm Hg**, HR: **86 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

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97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 07/03/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 07/03/2023



Electronically signed by Renee Gentle on 07/03/2023 at 03:44 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 07/03/2023 at 08:44 PM CDT

Sign off status: Completed

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Progress Note: Renee Gentle, DC 07/03/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/30/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/30/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 3:35PM

TIME OUT: 4:40PM.

**Vital Signs**

BP: 129/80 mm Hg, HR: 84 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l, SLR 3x10. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 06/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/30/2023



**Electronically signed by Renee Gentle on 06/30/2023 at 04:49 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 07/03/2023 at 08:43 PM CDT**

**Sign off status: Completed**

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**Progress Note: Renee Gentle, DC 06/30/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/26/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/26/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

- 1. Decrease pain by 1 to 3 points to improve overall mobility
- 2. Regain confidence in using knee without hesitation.

**History of Present Illness**

Reason for Appointment:

TIME IN: 11:08AM

TIME OUT: 11:38AM

The patient presents to the clinic for a re-examination with a chief complaint of right knee pain. He states that his knee pain has been feeling about the same. His knee still aches and he is having to do things slowly. The pain is not preventing him from doing anything and it does not bother his sleep. He is a little bit cautious of things that he does to not cause any further injury.

Palliative: alev, heating, stretching

Provocative: bumping/hitting the area of sensitivity

Pain level today is 1/10.

Rest: 1/10

Activity: 7/10

WILL BE REQUESTING MORE VISITS TO CONTINUE WITH PROGRESS.

**Vital Signs**

Progress Note: Renee Gentle, DC 06/26/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/26/2023

BP: 126/89 mm Hg, HR: 70 /min.

**Examination**

General Examination:

TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.

PALPATION: palpatory tenderness along the joint line located at the patellar tendon.

SENSATION: WNL Bilaterally

GAIT: WNL

SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_

MCMURRAYS: (L) (-) (R) (+)

VARUS STRESS: (L) (-) (R) (-)

VALGUS STRESS: (L) (-) (R) (-)

ANT. DRAWER: (L) (-) (R) (-)

POST. DRAWER: (L) (-) (R) (-)

PATELLAR GRIND:(L) (-) (R) (+)

GIRTH:

ABOVE KNEE: (L) 17 (R) 17

PATELLAR: (L) 15 (R) 15

BELOW KNEE: (L) 14 (R) 14

RANGE OF MOTION:

AROM

KNEE FLEXION: (L) 135 DEGREES (R) 130 DEGREES

KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES

MYOTOMES: WNL

Reflexes:

Patellar 2+ bilaterally

Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION. RIGHT KNEE IS TENDER TO THE TOUCH.

**Procedure Codes**

97164 PT RE EVAL, Modifiers: 59

**Electronically signed by Renee Gentle on 06/26/2023 at 04:37 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/26/2023 at 10:43 PM CDT**

**Sign off status: Completed**

Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142

Progress Note: Renee Gentle, DC 06/26/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/26/2023

**Tel: 713-485-5200**  
**Fax: 972-238-0456**

---

**Progress Note: Renee Gentle, DC 06/26/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/19/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/19/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 12:53PM

TIME OUT: 1:49PM.

**Vital Signs**

BP **121/82 mm Hg**, HR **86 /min.**

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 06/19/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:29 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/19/2023



**Electronically signed by Renee Gentle on 06/19/2023 at 04:35 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/20/2023 at 01:12 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 06/19/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/12/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/12/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 12:52PM

TIME OUT: 1:49PM.

**Vital Signs**

BP **145/92 mm Hg**, HR **73 /min**.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 06/12/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/12/2023



**Electronically signed by Renee Gentle on 06/12/2023 at 04:33 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/13/2023 at 07:48 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
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HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

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**Progress Note: Renee Gentle, DC 06/12/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/12/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

06/12/2023

Televisit: Anum Bashwani, PA-C

**Current Medications**

Taking

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Review of Systems**

Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints. Admits Trauma to knee(s). Denies Weakness.

Podiatric:

Admits Foot pain.

Psychiatric:

**Reason for Appointment**

1. MDFU- televisit

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Notes:

TELEMEDICINE: 15 mins

1. Patient referred for physical assessment and treatment. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: none at this time

4. Referral: none at this time

5. WORK STATUS: Continue working full duty.

6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD.

**Follow Up**

4 Weeks

Progress Note: Anum Bashwani, PA-C 06/12/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/12/2023

Admits Anxiety. Admits Depressed mood.

**History of Present Illness**

Case Type:

Case Type: CA1. Case #: 550407065. Case Status: under development.

FIRST VISIT:

4/7/2023.

MECHANISM OF INJURY:

Mr. Heath is a right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

CURRENT COMPLAINTS:

The patient complains of mild right knee pain and swelling. A bruise was present and is resolving. He rates his pain 1/10.

**Visit Codes**

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

**Electronically signed by Anum Bashwani , PA-C on 06/12/2023 at 12:47 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/13/2023 at 07:41 PM CDT**

**Sign off status: Completed**

**Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456**

**Progress Note: Anum Bashwani, PA-C 06/12/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/07/2023



### Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/07/2023

Renee Gentle, DC

#### Assessments

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

#### History of Present Illness

##### REASON FOR APPOINTMENT::

TIME IN: 8:05AM

TIME OUT: 8:58AM.

#### Vital Signs

BP **150/95 mm Hg**, HR **68 /min**.

#### Examination

##### General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Manual therapy was performed for 8 minutes on the right knee and surrounding musculature, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

#### Procedure Codes

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

97140 MANUAL THERAPY

Progress Note: Renee Gentle, DC 06/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/07/2023



Electronically signed by Renee Gentle on 06/07/2023 at 12:33 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 06/09/2023 at 04:08 PM CDT

Sign off status: Completed

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Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

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Progress Note: Renee Gentle, DC 06/07/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/05/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/05/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:05AM

TIME OUT: 9:00AM.

**Vital Signs**

BP 132/87 mm Hg, HR 73 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 06/05/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/05/2023



**Electronically signed by Renee Gentle on 06/05/2023 at 04:07 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/06/2023 at 12:35 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 06/05/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/02/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

06/02/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 2:24PM

TIME OUT: 3:24PM.

**Vital Signs**

BP 135/89 mm Hg, HR 76 /min.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 06/02/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 06/02/2023



**Electronically signed by Renee Gentle on 06/02/2023 at 04:44 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 06/06/2023 at 12:34 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 06/02/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 05/24/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

05/24/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:01AM

TIME OUT: 9:04AM.

**Vital Signs**

BP **149/93 mm Hg**, HR **63 /min**.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 05/24/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 05/24/2023



**Electronically signed by Renee Gentle on 05/24/2023 at 12:20 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 05/30/2023 at 10:23 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 05/24/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 05/22/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

05/22/2023

Renee Gentle, DC

**Assessments**

- 1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
- 2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**History of Present Illness**

REASON FOR APPOINTMENT::

TIME IN: 8:45AM

TIME OUT: 9:45AM.

**Vital Signs**

BP **143/87 mm Hg**, HR **68 /min**.

**Examination**

General Examination:

S: The patient states that he isn't feeling much pain in the knee today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, calf raises 3x10, toe raises 3x10, leg extension 3x10, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, hamstring curls 3x10, seated hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm^2 for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC

EXERCISES WERE MODIFIED DUE TO RIB FRACTURE AND DISCOMFORT WITH SOME EXERCISES.

**Procedure Codes**

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES

97530 THERAPEUTIC ACTIVITIES, Modifiers: 59

97014 ELECTRICAL STIMULATION

Progress Note: Renee Gentle, DC 05/22/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 05/22/2023



Electronically signed by Renee Gentle on 05/22/2023 at 03:43 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 05/23/2023 at 06:49 PM CDT

Sign off status: Completed

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Accuhealth Houston Spa  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

Progress Note: Renee Gentle, DC 05/22/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/24/2023



### Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

04/24/2023

Renee Gentle, DC

#### Assessments

- 1. Strain of right knee, initial encounter - S86.911A (Primary)

#### History of Present Illness

##### REASON FOR APPOINTMENT::

TIME IN: 9:15AM

TIME OUT: 10:15AM.

#### Vital Signs

BP **135/86 mm Hg**, HR **69 /min.**

#### Examination

##### General Examination:

S: The patient states that he isn't feeling much pain today. He rates his pain at a 1/10 on the pain scale today.

O: Pt performed bike x10 mins, straight leg raise 3x10, bridges x15 with 5-sec hold, standing banded stabilization in flexion, extension, abduction, adduction x20 each direction on the right leg, wall squats x20, hamstring stretch 3x10 sec hold b/l. Ultrasound was performed at 1MHz 3.0W/cm<sup>2</sup> for 8 minutes on the right knee, and Electrical stimulation was performed at a frequency of 80-150Hz at a level of patient tolerance performed today for 8 minutes on the right knee. The session ended with icing.

A: Patient demonstrated good tolerance to exercises. Little to no cuing required for form. Session focused on controlled movement with strengthening exercises and stretches.

P: Continue with POC.

#### Procedure Codes

97035 ULTRASOUND THERAPY

97110 THERAPEUTIC EXERCISES, Units: 3.00

97530 THERAPEUTIC ACTIVITIES, Units: 2.00 , Modifiers: 59

97014 ELECTRICAL STIMULATION

Electronically signed by Renee Gentle on 04/24/2023 at 05:11 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 04/25/2023 at 03:34 PM CDT

Sign off status: Completed

Progress Note: Renee Gentle, DC 04/24/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/24/2023



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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

---

**Progress Note: Renee Gentle, DC 04/24/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston

04/21/2023

Camp-Simpson, Lashondria, MD

**Current Medications**

Taking

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Past Medical History**

- High Blood Pressure.
- Kidney stones.
- Chronic sinusitis.
- Asthma.
- Hernia.

**Surgical History**

- Hernia surgery

**Family History**

- Mother: deceased
- Father: alive
- 1 sister(s) - healthy. 1 son(s) , 1 daughter(s) - healthy.
- Mother passed from Dementia.

**Social History**

- Tobacco Use:
- Tobacco Use/Smoking
- Are you a *nonsmoker*

**Allergies**

- ivp dye

**Reason for Appointment**

1. ROF

**Assessments**

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

**Treatment**

**1. Others**

Notes: 1. Patient referred for physical assessment and treatment. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.
  3. DME: none at this time
  4. Referral: none at this time
  5. WORK STATUS: return to work full duty, CA17 completed, CA-16 also completed
  6. Follow-up in 4 weeks
- Patient is explained course of disease, treatment options discussed, and questions were answered.  
PMP website verified and no abuse potential found

More than 25 minutes spent with the patient and case updating mechanism of injury, current complaints, reviewing imaging, updating diagnosis, developing narrative, and discussing plan of care.  
Clinical Notes: Medical opinion/causation

In my professional medical opinion, Mr. Heath's pre-existing right knee condition has been permanently aggravated as a direct result of the patient's job-related incident. Mr. Heath is a 55-year-old right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023

**Review of Systems**Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints. Admits Trauma to knee(s). Denies Weakness.

Podiatric:

Admits Foot pain.

Psychiatric:

Admits Anxiety. Admits Depressed mood.

to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

Mr. Heath injured his right knee when he slipped and fell on wet floors. His right knee hit directly on the concrete floors. This caused aggravation of his pre-existing right knee condition. His previous right knee condition was only a strain and bursitis, however, new MRI evidence shows acute meniscal tears laterally and medially. The force of the fall and direct impact on the right knee was greater than the tensile strength of the ligaments in the knee causing tearing of the lateral and medial meniscus (S83.241A, S83.281A), permanently aggravating his pre-existing right knee condition. Without sufficient treatment, these conditions will continue to progress and could lead to further injury. The patient would greatly benefit from physical therapy and other interventions to improve his overall function.

**Follow Up**

4 Weeks

**History of Present Illness**Case Type:

Case Type: CA1.

Case #: 550407065.

Case Status: under development.

FIRST VISIT:

4/7/2023.

MECHANISM OF INJURY:

Mr. Heath is a 55-year-old right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor.

Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023

Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

**CURRENT COMPLAINTS::**

The patient complains of mild right knee pain and swelling. A bruise was present and is resolving. He rates his pain 1/10.

**Examination****Knee / Shin:****KNEE: KNEE (Right):**

Tenderness at: TTP Medial joint line

Crepitus is: absent right knee

Edema present medial right knee

Thessaly Test: Negative

Valgus Test: Negative

Varus Test: Negative

Anterior Drawer Sign: Negative

Posterior Drawer Sign: Negative

**ROM (in degrees):****RIGHT:**

Flexion 120

Extension 0

**Muscle Testing:****RIGHT:**

Flexion 5/5

Extension 5/5 .

**Visit Codes**

99214 Office Visit, Est Pt., Level 4.

**Procedure Codes**

99080 SPECIAL REPORTS

**Electronically signed by Lashondria Simpson-Camp , MD on 05/05/2023 at 01:50 PM CDT**

**Sign off status: Completed**

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023



**Accuhealth Houston Spa**  
1725 MAIN ST  
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Tel: 713-485-5200  
Fax: 972-238-0456

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**Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/17/2023



**Heath, Stephen**

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA

Appointment Facility: Accuhealth Houston Spa

04/17/2023

Renee Gentle, DC

**Assessments**

1. Strain of right knee, initial encounter - S86.911A (Primary)

ABOVE DIAGNOSIS CODES DETERMINED BY TREATING MD.

**Treatment**

**1. Others**

Notes: RECOMMENDED TREATMENT:

ULTRASOUND (97035)- 8 UNITS

ELECTRICAL STIMULATION (97014)- 8 UNITS

THER. EXERCISE (97110) - 24 UNITS

THER. ACTIVITY (97530)- 16 UNITS

MANUAL THERAPY (97140)- 24 UNITS

FREQ/DURATION: 2/WK FOR 4 WEEKS

**GOALS:**

- 1. Decrease pain by 1 to 3 points to improve overall mobility
- 2. Regain confidence in using knee without hesitation.

**History of Present Illness**

Reason for Appointment:

TIME IN: 2:55PM

TIME OUT: 3:30PM

The patient presents to the clinic for a new patient evaluation with a chief complaint of right knee pain. He states that he was at work doing his rounds when he walked and slipped in some liquid on the floor. He states that he tried to catch himself and in doing so he landed on his right knee. At the time he felt the pain, he noticed some bruising a few days later but notes that the pain has gotten better since the injury occurred. He was limping for a few days but his gait is now back to normal. The pain is not preventing him from doing anything and it does not bother his sleep. He is a little bit cautious of things that he does to not cause any further injury.

Palliative: patient hasn't tried anything to help the pain

Provocative: bumping/hitting the area of sensitivity

Pain level today is 1/10.

**Vital Signs**

BP 135/88 mm Hg, HR 75 /min.

**Examination**

Progress Note: Renee Gentle, DC 04/17/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/17/2023

**General Examination:**

PAIN SCALE  
 TODAY: 1/10  
 REST: 0/10  
 ACTIVITY: 4/10  
 TESTING AND OBSERVATION: no bruising or discoloration, mild puffiness of the right knee.  
 PALPATION: palpatory tenderness along the joint line located at the patellar tendon.  
 SENSATION: WNL Bilaterally  
 GAIT: WNL  
 SPECIAL TESTS: (L) \_\_\_\_\_ (R) \_\_\_\_\_  
 MCMURRAYS: (L) (-) (R) (-)  
 VARUS STRESS: (L) (-) (R) (-)  
 VALGUS STRESS: (L) (-) (R) (-)  
 ANT. DRAWER: (L) (-) (R) (-)  
 POST. DRAWER: (L) (-) (R) (-)  
 PATELLAR GRIND:(L) (-) (R) (+)  
 GIRTH:  
 ABOVE KNEE: (L) 15 (R) 15  
 PATELLAR: (L) 13 (R) 13.5  
 BELOW KNEE: (L) 14 (R) 14  
 RANGE OF MOTION:  
 AROM  
 KNEE FLEXION: (L) 135 DEGREES (R) 130 DEGREES  
 KNEE EXTENSION: (L) 0 DEGREES (R) 0 DEGREES  
 MYOTOMES: WNL  
 Reflexes:  
 Patellar 2+ bilaterally  
 Achilles 2+ bilaterally.

**Physical Examination**

THE PATIENT COULD BENEFIT FROM PT TO ADDRESS DECREASED MOBILITY DUE TO PAIN AND REGAIN CONFIDENCE IN UTILIZING HIS KNEE WITHOUT HESITATION. RIGHT KNEE IS TENDER TO THE TOUCH.

**Procedure Codes**

97162 PT INITIAL EVAL

**Electronically signed by Renee Gentle on 04/17/2023 at 05:49 PM CDT**

**Electronically co-signed by Lashondria Simpson-Camp, MD on 04/17/2023 at 07:53 PM CDT**

**Sign off status: Completed**

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**Accuhealth Houston Spa**  
 1725 MAIN ST  
 STE 2

**Progress Note: Renee Gentle, DC 04/17/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/17/2023

**HOUSTON, TX 77002-8142**  
**Tel: 713-485-5200**  
**Fax: 972-238-0456**

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**Progress Note: Renee Gentle, DC 04/17/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 04/16/2023



**HEATH, Stephen**

56 Y old Male, DOB: 04/13/1967  
10035 DRIFTWOOD PARK DR, HOUSTON, TX, US 77095-2381  
Home: 281-467-1852  
Provider: ,

Web Encounter

<b>Answered by</b>	SYSTEM_USER, ECHECKIN	Date: 04/16/2023 Time: 10:11 PM
<b>Caller</b>	Heath, Stephen	
<b>Reason</b>	Update Kiosk Demographics	
<b>Message</b>	Update Kiosk Demographics	

Provider: , 04/16/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 04/12/2023



**HEATH, Stephen**

55 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

04/12/2023

ITDOL: Camp-Simpson, Lashondria, MD

**Current Medications**

**Taking**

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

**Past Medical History**

High Blood Pressure.

**Family History**

Mother: deceased

Father: alive

**Social History**

Tobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

**Allergies**

ivp dye

**History of Present Illness**

Case Type:

Case Type: CA-1.

DOI:

03/29/2023.

OCCUPATION:

Job Title: Correctional Officer.

FBOP.

MECHANISM OF INJURY:

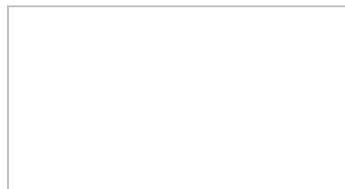
Was doing a round, and everyone was locked up, he came across some doors and slipped on slippery floors, he tried to catch himself and fell right on his right knee.

He was in pain and got back up to play it off.

He logged it in his log at work, and made notes. He sent an email to health services and they put him in touch with the safety guy.

CURRENT COMPLAINTS:

Right Knee.



Electronically signed by Lashondria Simpson-Camp , MD on 05/13/2024 at 12:27 PM CDT

Sign off status: Pending

Accuhealth Houston Spa  
2000 Crawford

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 04/12/2023

STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456

---

**Progress Note: Camp-Simpson, Lashondria, MD 04/12/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## Accuhealth Houston Spa

1725 MAIN ST STE 2  
HOUSTON TX 77002-8142  
Ph: 713-485-5200 Fax:972-238-0456

### Tobacco Control

Name: Stephen Heath

Date: 04/12/2023

#### Are you a

- current smoker
- former smoker
- nonsmoker
- current every day smoker
- current some day smoker
- Smoker current status unknown
- unknown if ever smoked
- light tobacco smoker
- heavy tobacco smoker
- Uses tobacco in other forms

#### Additional Findings: Tobacco User

- Chain smoker
- Chews fine cut tobacco
- Chews loose leaf tobacco
- Chews plug tobacco
- Chews tobacco
- Chews twist tobacco
- Heavy cigarette smoker (20-39 cigs/day)
- Light cigarette smoker ((1-9 cigs/day)
- Moderate cigarette smoker (10-19 cigs/day)
- Pipe smoker
- Rolls own cigarettes
- Snuff user
- Trivial cigarette smoker (less than one cigarette/day)

User of moist powdered tobacco

Very heavy cigarette smoker (40+ cigs/day)

**Additional Findings: Tobacco Non-User**

Aggressive non-smoker

Current non-smoker

Current non-smoker, but past smoking history unknown

Does not use moist powdered tobacco

Ex-cigar smoker

Ex-cigarette smoker

Ex-cigarette smoker amount unknown

Ex-heavy cigarette smoker (20-30/day)

Ex-light cigarette smoker (1-9/day)

Ex-moderate cigarette smoker (10-19/day)

Ex-pipe smoker

Ex-trivial cigarette smoker (<1/day)

Ex-user of moist powdered tobacco

Ex-very heavy cigarette smoker (40+/day)

Intolerant ex-smoker

Intolerant non-smoker

Never chewed tobacco

Never used moist powdered tobacco

Non-smoker for medical reasons

Non-smoker for personal reasons

Non-smoker for religious reasons

Tolerant ex-smoker

Tolerant non-smoker

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/07/2023



**Heath, Stephen**

55 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA

Appointment Facility: Accuhealth Houston Spa

04/07/2023

Camp-Simpson, Lashondria, MD

**Current Medications**

- Taking
- Montelukast Sodium
- Albuterol Sulfate
- Meloxicam

**Past Medical History**

- High Blood Pressure.
- Kidney stones.
- Chronic Sinustis.
- Asthma.
- Hernia.

**Surgical History**

- Hernia surgery

**Family History**

Mother: deceased, passed from dementia  
 Father: alive  
 1 sister(s) - healthy. 1 son(s) , 1 daughter(s)  
 - healthy.

**Social History**

non smoker.

**Allergies**

ivp dye

**Review of Systems**

Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool.

Genitourinary:

Denies Abdominal pain/swelling. Admits Blood in urine. Admits Kidney problems.

Musculoskeletal:

Admits Swollen joints.

**Reason for Appointment**

1. CA1

**Assessments**

1. Strain of right knee, initial encounter - S86.911A (Primary)

**Treatment**

**1. Others**

Notes: 1. Patient referred for physical assessment and treatment. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury.
  3. DME: none at this time
  4. Referral: none at this time
  5. WORK STATUS:return to work full duty, CA17 completed, CA-16 also completed
  6. Follow-up in 2 weeks to review imaging
- Patient is explained course of disease, treatment options discussed, and questions were answered.  
 PMP website verified and no abuse potential found.

**Follow Up**

2 Weeks (Reason: Review Imaging)

**History of Present Illness**

Case Type:

Case Type: CA1.  
 Case #: pending.  
 Case Status: under development.

FIRST VISIT:

4/7/2023.

MECHANISM OF INJURY::

Mr. Heath is a 55-year-old right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized

Progress Note: Camp-Simpson, Lashondria, MD 04/07/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/07/2023

Admits Trauma to knee(s).

Denies Weakness.

Podiatric:

Admits Foot pain.

Psychiatric:

Admits Anxiety. Admits Depressed mood.

items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

CURRENT COMPLAINTS:

The patient complains of mild right knee pain and swelling. A bruise was present and is resolving. He rates his pain 1/10.

**Examination**Knee / Shin:**KNEE: KNEE (Right):**

Tenderness at: TTP Medial joint line

Crepitus is: absent right knee

Edema present medial right knee

Thessaly Test: Negative

Valgus Test: Negative

Varus Test: Negative

Anterior Drawer Sign: Negative

Posterior Drawer Sign: Negative

**ROM (in degrees):****RIGHT:**

Flexion 120

Extension 0

**Muscle Testing:****RIGHT:**

Flexion 5/5

Extension 5/5 .

**Visit Codes**

99205 Office Visit, New Pt., Level 5.

**Procedure Codes**

99080 SPECIAL REPORTS

**Electronically signed by Lashondria Simpson-Camp , MD on 05/05/2023 at 01:53 PM CDT**

**Sign off status: Completed**

5/13/24, 12:30 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/07/2023



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**Accuhealth Houston Spa**  
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Tel: 713-485-5200  
Fax: 972-238-0456

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**Progress Note: Camp-Simpson, Lashondria, MD 04/07/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172573 DOS: 04/07/2023



**HEATH, Stephen**

55 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

04/07/2023

ITDOL: Camp-Simpson, Lashondria, MD

**Past Medical History**

High Blood Pressure.

**Allergies**

ivp dye

**History of Present Illness**

DOI:

03/29/23.

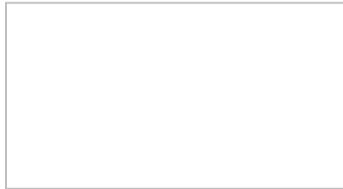
OCCUPATION::

Job Title: Correctional Officer.

Work Status Detail: Full duty.

Case Type:

Case Type: CA-1.



**Electronically signed by Lashondria Simpson-Camp , MD on 05/13/2024 at 12:27 PM CDT**

**Sign off status: Pending**

**Accuhealth Houston Spa  
2000 Crawford  
STE 106  
HOUSTON, TX 77002-8142  
Tel: 713-972-6996  
Fax: 972-238-0456**

**Progress Note: Camp-Simpson, Lashondria, MD 04/07/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

Document Name: VitalsInfo2024/3/14\_10:21:3:.58, Scanned Date: 03/14/2024

Notes: EMR Form

**Vitals**

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: TV\_ConsentForm\_2024/3/14\_10:21:7:.45, Scanned Date: 03/14/2024

Notes: EMR Form

5/13/24, 12:27 PM

## TeleVisit Consent Form

### Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

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5/13/24, 12:27 PM

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- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.

**Patient Name : Heath,Stephen , DOB: 04/13/1967**

**I have read the consent form and the above information and I accept the conditions.**

Consent Signed Date: 2024-03-14 10:21:07 CDT

Document Name: VitalsInfo2024/2/15\_11:21:7:.57, Scanned Date: 02/15/2024

Notes: EMR Form

**Vitals**

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: TV\_ConsentForm\_2024/2/15\_11:21:9:.77, Scanned Date: 02/15/2024

Notes: EMR Form

5/13/24, 12:27 PM

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**Patient Name : Heath,Stephen , DOB: 04/13/1967**

**I have read the consent form and the above information and I accept the conditions.**

Consent Signed Date: 2024-02-15 11:21:09 CDT

Document Name: VitalsInfo2023/12/20\_11:18:6:.39, Scanned Date: 12/20/2023

Notes: EMR Form

**Vitals**

Height : Feet inches

Weight : pounds

Blood Pressure : /

Temperature : F

Respiratory Rate : Breaths per minute

Pulse Rate : Beats per minute

Document Name: TV\_ConsentForm\_2023/12/20\_11:18:7:.78, Scanned Date: 12/20/2023

Notes: EMR Form

5/13/24, 12:27 PM

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**Patient Name : Heath,Stephen , DOB: 04/13/1967**

**I have read the consent form and the above information and I accept the conditions.**

Consent Signed Date: 2023-12-20 11:18:07 CDT

Document Name: VitalsInfo2023/9/7\_14:9:1:.54, Scanned Date: 09/07/2023

Notes: EMR Form

**Vitals**

Height : Feet inches

Weight : pounds

Blood Pressure : /

Temperature : F

Respiratory Rate : Breaths per minute

Pulse Rate : Beats per minute

Document Name: TV\_ConsentForm\_2023/6/21\_23:7:58:.91, Scanned Date: 06/21/2023

Notes: EMR Form

5/13/24, 12:27 PM

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Please talk to one of our office staff if you have any complaints or issues with telemedicine.

**Patient Name : Heath,Stephen , DOB: 04/13/1967**

**I have read the consent form and the above information and I accept the conditions.**

Consent Signed Date: 2023-06-21 23:08:00 CDT

Document Name: VitalsInfo2023/6/12\_12:39:2:.83, Scanned Date: 06/12/2023

Notes: EMR Form

**Vitals**

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: VitalsInfo2023/6/12\_12:18:2:.99, Scanned Date: 06/12/2023

Notes: EMR Form

**Vitals**

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: 2023-0602-Painscale, Scanned Date: 06/08/2023

Notes:

# Accuhealth

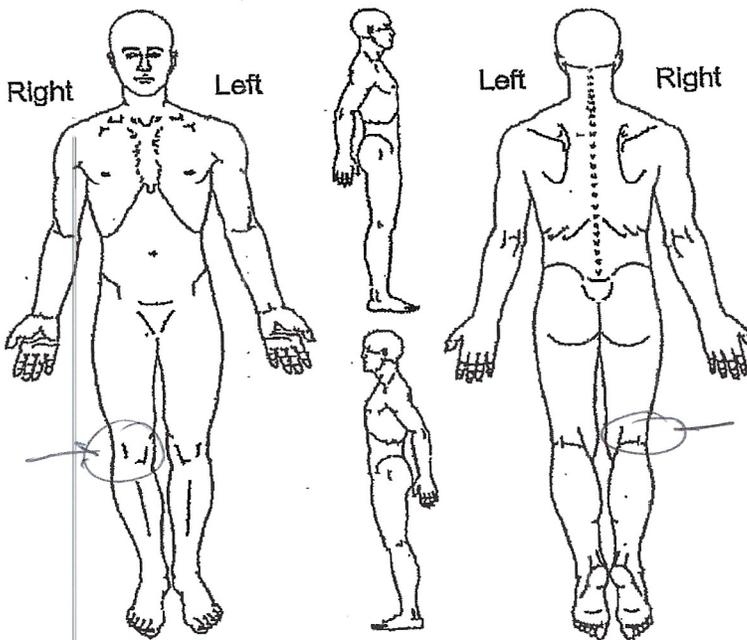
## Injury & Wellness

Name: STEPHEN E. HEATH

Date: 2 June 2023

Area:	Pain Level Today										
	No Pain	Mild			Moderate			Severe			Extreme
	0	1	2	3	4	5	6	7	8	9	10
1. <u>RIGHT KNEE</u>	0	1	2	3	4	5	6	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10
6. _____	0	1	2	3	4	5	6	7	8	9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: [Handwritten Signature]

Date: 2 June 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0524-Painscale, Scanned Date: 06/07/2023

Notes:

# Accuhealth

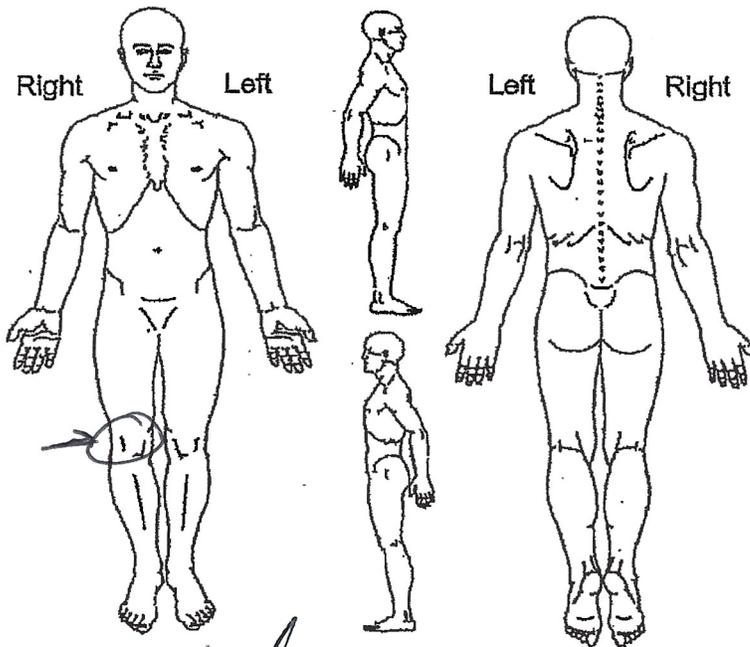
## Injury & Wellness

Name: STEPHEN HEATH

Date: 24 MAY 2023

Area:	Pain Level Today										
	No Pain	Mild			Moderate			Severe			Extreme
1. <u>RIGHT KNEE</u>	0	<u>1</u>	2	3	4	5	6	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10
6. _____	0	1	2	3	4	5	6	7	8	9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows ↓ to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications  
(medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: *Stephen Heath*

Date: 24 MAY 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0522-Painscale, Scanned Date: 06/07/2023

Notes:

# Accuhealth

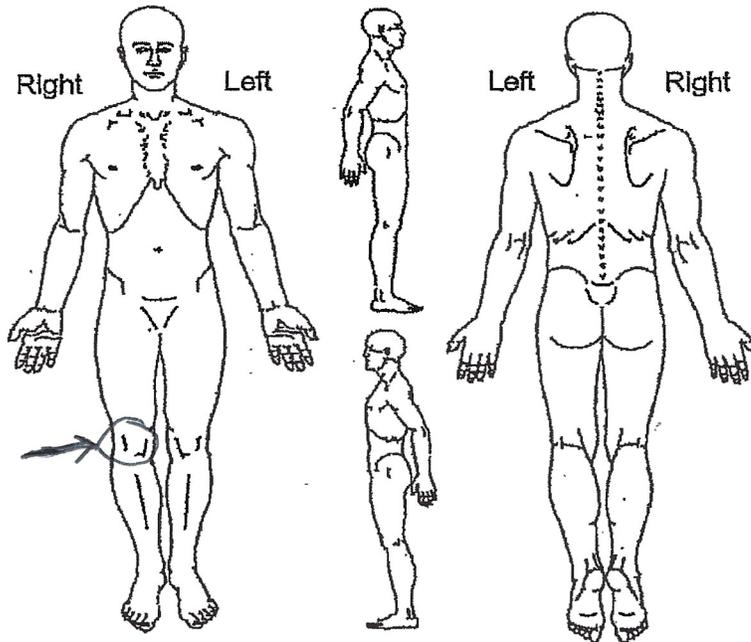
## Injury & Wellness

Name: STEPHEN HEATH

Date: 22 May 2023

Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>RIGHT KNEE</u>	0	① 2 3	4 5 6	7 8 9	10
2. _____	0	1 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

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List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
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4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: [Handwritten Signature]

Date: 22 May 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: Case Submitted, Scanned Date: 05/24/2023

Notes:

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023



## Heath, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172573

10035 DRIFTWOOD PARK DR, HOUSTON, TX-77095-2381

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR  
HOU SPA

Appointment Facility: Accuhealth Houston Spa

04/21/2023

Camp-Simpson, Lashondria, MD

### Current Medications

#### Taking

- Meloxicam 10 MG Capsule 1 capsule Orally Once a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Once a day
- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Simethicone 80 MG Tablet Chewable 1 tablet after meals and at bedtime as needed Orally Four times a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Olodaterol HCl 2.5 MCG/ACT Aerosol Solution 2 puffs Inhalation Once a day
- Mometasone Furoate 370 MCG Implant as directed Nasally
- Albuterol

### Past Medical History

High Blood Pressure.  
Kidney stones.  
Chronic sinusitis.  
Asthma.  
Hernia.

### Surgical History

Hernia surgery

### Family History

Mother: deceased  
Father: alive  
1 sister(s) - healthy. 1 son(s) , 1 daughter(s) - healthy.  
Mother passed from Dementia.

### Social History

Tobacco Use:  
Tobacco Use/Smoking  
Are you a *nonsmoker*

### Allergies

### Reason for Appointment

1. ROF

### Assessments

1. Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A
2. Tear of lateral meniscus of right knee, current, unspecified tear type, initial encounter - S83.281A

### Treatment

#### 1. Others

Notes: 1. Patient referred for physical assessment and treatment. Physical therapy including ROM, muscle stretching and strengthening. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

PPE monthly while in PT to assess progress and need for ongoing PT

2. Imaging: MRI right knee ordered to evaluate extent of injury was reviewed with the patient and the diagnosis updated to reflect the findings.

3. DME: none at this time

4. Referral: none at this time

5. WORK STATUS: return to work full duty, CA17 completed, CA-16 also completed

6. Follow-up in 4 weeks

Patient is explained course of disease, treatment options discussed, and questions were answered.

PMP website verified and no abuse potential found

More than 25 minutes spent with the patient and case updating mechanism of injury, current complaints, reviewing imaging, updating diagnosis, developing narrative, and discussing plan of care.

Clinical Notes: Medical opinion/causation

In my professional medical opinion, Mr. Heath's pre-existing right knee condition has been permanently aggravated as a direct result of the patient's job-related incident. Mr. Heath is a 55-year-old right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate

Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023

ivp dye

## Review of Systems

### Respiratory:

Admits Asthma. Denies Breathing problems, denies. Denies Shortness of breath, denies. Denies Shortness of breath at rest. Denies Shortness of breath with exertion.

### Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion.

### Gastrointestinal:

Denies Abdominal pain.  
Denies Blood in stool.

### Genitourinary:

Denies Abdominal pain/swelling.  
Admits Blood in urine. Admits Kidney problems.

### Musculoskeletal:

Admits Swollen joints.  
Admits Trauma to knee(s).  
Denies Weakness.

### Podiatric:

Admits Foot pain.

### Psychiatric:

Admits Anxiety. Admits Depressed mood.

confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

Mr. Heath injured his right knee when he slipped and fell on wet floors. His right knee hit directly on the concrete floors. This caused aggravation of his pre-existing right knee condition. His previous right knee condition was only a strain and bursitis, however, new MRI evidence shows acute meniscal tears laterally and medially. The force of the fall and direct impact on the right knee was greater than the tensile strength of the ligaments in the knee causing tearing of the lateral and medial meniscus (S83.241A, S83.281A), permanently aggravating his pre-existing right knee condition. Without sufficient treatment, these conditions will continue to progress and could lead to further injury. The patient would greatly benefit from physical therapy and other interventions to improve his overall function.

## Follow Up

4 Weeks

## History of Present Illness

### Case Type:

Case Type: CA1.  
Case #: 550407065.  
Case Status: under development.

### FIRST VISIT:

4/7/2023.

### MECHANISM OF INJURY:

Mr. Heath is a 55-year-old right-handed male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily duties consist supervising the activities and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023

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HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023

On 3/29/23 Mr. Heath was performing rounds, and the inmates were locked up during this time. He walked across some doors and began to slip on slippery floors, he tried to catch himself and fell directly on his right knee. When he tried to get up, he noticed it was a liquid on the floor. Although he was in pain, and got back up to not have the inmates notice his injury. He logged it in his log at work and made notes of the fall. He emailed health services, and they put him in touch with safety. A CA-1 form was filed.

Of note, in 2022 Mr. Heath suffered a right knee injury. He injured his right knee while running on concrete on the sidewalk while preparing for school at FLETC in Nov 2022. This was not work-related. He was seen at UTMB-League City by Allyson Neighbors, FNP with orthopedic surgery and rehabilitation and underwent imaging. He was given crutches and was diagnosed with a strain/bursitis of the right knee. He was not given any further treatment after this injury and his symptoms resolved until this most recent incident.

**CURRENT COMPLAINTS::**

The patient complains of mild right knee pain and swelling. A bruise was present and is resolving. He rates his pain 1/10.

**Examination**

Knee / Shin:

**KNEE: KNEE (Right):**

Tenderness at: TTP Medial joint line  
Crepitus is: absent right knee  
Edema present medial right knee  
Thessaly Test: Negative  
Valgus Test: Negative  
Varus Test: Negative  
Anterior Drawer Sign: Negative  
Posterior Drawer Sign: Negative

**ROM (in degrees):**

**RIGHT:**

Flexion 120  
Extension 0

**Muscle Testing:**

**RIGHT:**

Flexion 5/5  
Extension 5/5 .

**Visit Codes**

99214 Office Visit, Est Pt., Level 4.

**Procedure Codes**

99080 SPECIAL REPORTS

**Electronically signed by Lashondria Simpson-Camp , MD on 05/05/2023 at 01:50 PM CDT**

Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172573 DOS: 04/21/2023



**Sign off status: Completed**

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**Accuhealth Houston Spa**  
1725 MAIN ST  
STE 2  
HOUSTON, TX 77002-8142  
Tel: 713-485-5200  
Fax: 972-238-0456

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**Progress Note: Camp-Simpson, Lashondria, MD 04/21/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



Phone: (713) 461-3399  
Fax: (713) 461-1969

**Patient ID:** MMD1512028000

**Patient Name:** Stephen, Heath

**DOB:** 13-Apr-1967

**Modality:** MR

**Exam Date:** 14-Apr-2023 7:54 AM

**Accession #:** 4713018

**Referred By:** Lashondria Renee Camp

**Location:** M3T\_155

### **MRI Knee Right wo Contrast**

---

Clinical information: Knee pain. History of fall.

Technique: Multiplanar T1 and fluid sensitive sequences of the right knee are obtained.

Comparison: None

#### Comments:

Cruciate ligaments: ACL and PCL are intact.

Collateral ligaments: MCL and LCL complex are intact.

Menisci: A horizontal tear of the posterior horn of the medial meniscus extends to the free margin, best seen on image 24, series 501. Type II signal in the body of the medial meniscus is also shown. Minimal type II signal in the posterior horn, body and anterior horn of the lateral meniscus are also noted.

Extensor mechanism: Only minimal distal quadriceps and proximal patellar tendinosis are noted. Grade 4 chondromalacia patella is seen.

Bones and cartilage: No fracture, marrow contusion, osteonecrosis, or osseous neoplasm is appreciated. 16 x 9 mm osteochondral lesion at the flexion point of the weightbearing and non-weightbearing portions of the anterior lateral femoral condyle and is associated with mild subchondral marrow edema. The weightbearing portion of the lateral femoral condyle and lateral tibial plateau are essentially preserved. Grade I-II chondromalacia along the weightbearing surface of the medial femoral condyle and grade I chondromalacia along the weightbearing surface of the medial tibial plateau are seen.

Miscellaneous: Mild knee effusion is seen. No Baker cyst is seen. No soft tissue hematoma or soft tissue neoplasm is appreciated.

#### Impression:

1. Medial meniscus tear.

**Thank you for the opportunity to assist in your patient's care.**

page 1 of 2



Phone: (713) 461-3399  
Fax: (713) 461-1969

**Patient ID:** MMD1512028000  
**Patient Name:** Stephen, Heath  
**DOB:** 13-Apr-1967  
**Modality:** MR

**Exam Date:** 14-Apr-2023 7:54 AM  
**Accession #:** 4713018  
**Referred By:** Lashondria Renee Camp  
**Location:** M3T\_155

**MRI Knee Right wo Contrast**

---

2. No acute fracture or bone contusion is seen.
3. Type II signal in the lateral meniscus is seen.
4. 16 x 9 mm osteochondral lesion at the flexion point of the weightbearing and non-weightbearing portions of the anterior lateral femoral condyle and is associated with mild subchondral marrow edema.
5. Grade IV chondromalacia patella.
6. Grade I-II chondromalacia in the medial compartment of the knee.
7. Mild knee effusion.
8. Minimal distal quadriceps and proximal patellar tendinosis.

Electronically Signed by: Henry Lee, MD, Board Certified Radiologist, on 17-Apr-2023 8:25 AM

**Thank you for the opportunity to assist in your patient's care.**

page 2 of 2

Document Name: UTMB Records, Scanned Date: 05/24/2023

Notes:



Patient Demographics

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Heath, Stephen E Jr.	315603N	xxx-xx-4590	Male	04/13/67 (56 yrs)
Address	Phone	Email		
10035 Driftwood Park Drive HOUSTON TX 77095	281-467-1852 (M) 000-000-0000 (H)	se.heath@yahoo.com		
Reg Status	PCP	Date Last Verified	Next Review Date	
ELAPSED	Pcp, Patient Does Not Have A000-000-0000	11/09/22	11/30/22	

Employment History

Occupation	Employer	Comments
	NEW ORLEANS MILITARY	

Family and Education

Marital Status	Number of Children
Married	2

Social Identity

Preferred Language	Ethnicity	Race
English	Not Hispanic or Latino	Caucasian/White

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM

Author: Rossi, Nicholas, MD      Service: —      Author Type: RESIDENT  
 Filed: 12/10/2020 8:27 AM      Encounter Date: 12/8/2020      Status: Addendum  
 Editor: Siddiqui, Farrah N, MD (STAFF)  
 Related Notes: Original Note by Rossi, Nicholas, MD (FELLOW) filed at 12/8/2020 9:39 PM

ENT New Visit

This is a 53 year old who presents to ENT clinic for evaluation of: nasal fracture

chief complaint: nasal fracture

History of presenting illness: Stephen E Heath Jr. is a 53 year old male w/ a PMH of CRSwNP s/p 4/2/15 who presents for evaluation of nasal fracture. He was working on his trailer last Monday, 11/30/20, when a heavy box fell and hit him on the right side of the nose. Since then, he feels like his nose is crooked and bent to the left. He says that he has some difficulty breathing out of the right side now, but it is slowly improving. He says the pain got severe a few days after the accident and has slowly been improving since then. Denies purulent nasal drainage, vision changes, subjective malocclusion, F/C/N/V/D, cervical lymphadenopathy. No other ENT concerns at this time.

He denies any subjective malocclusion. He has some subjective feelings of off-balance

Denies any fever/chills/sore throat/bodyaches/cough/shortness of breath/n/v/d/neuro symptoms/smell or taste changes/n/v/diarrhea/abd pain/rash/finger or toe lesions.

PMH:

Past Medical History:

Diagnosis	Date
• AR (allergic rhinitis)	
• asthma	
• Asthma	



UTMB Health Ear, Nose and Throat-League City  
Heath, Stephen E Jr. MRN: 315603N, DOB: 4/13/1967, Sex: M  
1600 W. League City Parkway Visit date: 12/8/2020  
Suite D  
League City TX 77573-6442

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

- Bulge
- Depression
- Esophageal reflux
- IBS (irritable bowel syndrome)
- Personal history of kidney stones
- Upper airway cough syndrome

PSH:

Past Surgical History:

Procedure	Laterality	Date
• BALLOON SINUPLASTY (SHX) <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY x 2		
• FUNCTIONAL ENDOSCOPIC SINUS SURGERY		4/2/2015
• FUNCTIONAL ENDOSCOPIC SINUS SURGERY WITH FUSION (SHX) <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• INGUINAL HERNIORRHAPHY <i>Surgeon: KIMBROUGH, THOMAS D; Location: VICTORY LAKES OR LOCATION</i>		9/19/2011
• SEPTOPLASTY		4/2/2015
• SEPTOPLASTY <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• TONSILLECTOMY as child		
• TURBINATE REDUCTION <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• URETEROPLASTY <i>Bilateral Stent Placement</i>		

Current Meds

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ALBUTEROL INHALE	INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED PLEASE GIVE 3 AS WILL BE TRAVELING LONG PERIOD OF TIME		
• baclofen 10 mg tablet	TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED AS A MUSCLE RELAXANT		
• chlorthalidone 25 mg tablet	TAKE ONE-HALF TABLET BY MOUTH DAILY AS A DIURETIC OR		



UTMB Health Ear, Nose and Throat-League City  
 League City TX 77573-6442  
 Heath, Stephen E Jr.  
 MRN: 315603N, DOB: 4/13/1967, Sex: M  
 Visit date: 12/8/2020  
 Suite D

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

"WATER PILL"	
• clotrimazole 1 % topical cream	APPLY MODERATE AMOUNT TO THE SKIN TWICE A DAY AS NEEDED FOR FUNGAL INFECTION
• famotidine 40 mg tablet	TAKE ONE-HALF TABLET BY MOUTH DAILY AS NEEDED AS DIRECTED FOR INSTANT RELIEF OF HEARTBURN, GERD
• fluticasone propionate 50 mcg/actuation nasal spray	INSTILL 1 SPRAY IN EACH NOSTRIL TWICE A DAY , MAY USE 2 SPRAYS AS DIRECTED FOR ALLERGY
• Fluticasone-Salmeterol 500-50 mcg/dose inhalation disk	INHALE 1 PUFF BY MOUTH TWICE A DAY FOR BREATHING
• montelukast 10 mg tablet	TAKE ONE TABLET BY MOUTH EVERY EVENING
• potassium citrate 10 mEq (1,080 mg) SR tablet	TAKE ONE TABLET BY MOUTH TWICE A DAY
• SERtraline 100 mg tablet	Take 100 mg by mouth daily.
• albuterol (PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 Puffs every 4 (four) hours as needed for Wheezing or Shortness of Breath. 3 Each 3
• HYDROcodone-acetaminophen 10-325 mg tablet	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED FOR PAIN
• loratadine 10 mg tablet	Take 10 mg by mouth.
• omeprazole 20 mg capsule	Take 20 mg by mouth.
• potassium chloride 10 mEq CR tablet	Take 10 mEq by mouth.

No current facility-administered medications on file prior to visit.

Allergies:

Allergies

Allergen

Reactions

- |   |                      |
|---|----------------------|
| • Fluticasone<br>Thrush                           | Other - See comments |
| • Ivp Dye [Iodine And Iodide Containing Products] | Shortness of Breath  |



UTMB Health Ear, Nose and Heath, Stephen E Jr.  
Throat-League City MRN: 315603N, DOB: 4/13/1967, Sex: M  
1600 W. League City Parkway Visit date: 12/8/2020  
Suite D  
League City TX 77573-6442

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

Family History:

Family History

Problem	Relation	Age of Onset
---------	----------	--------------

- Allergies rhinitis Father
- Neurological dementia Mother
- No Significant Medical Problems Sister

Allergy asthma hearing loss; is no history of bleeding/anesthesia problems.

Social: reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use. He reports that he does not use drugs.

ROS:

Constitutional: reports no weight loss/gain, no anorexia, no fever

Sleep: No snoring, fatigue or falling asleep while driving

Eyes: No recent vision change or blurry vision

Allergy/immunology: +nasal congestion +seasonal allergies

Respiratory: No shortness of breath, asthma, copd or chest pain

CVS: No chest pain, no hx heart attack, no hx htn, no hx hyperlipidemia, no hx arrhythmia

GI: No dysphagia, no indigestion, no reflux, no hx stomach ulcer

GU: denies recent UTI or kidney issues

Neurological: no hx stroke, no hx vertigo, no hx developmental delay, +headache

Skin: no hx rash, no hx eczema, no hx food allergies

Infectious: no hiv/aids/hepatitis

Endocrine: no hx diabetes, no hx thyroid dz

Dental: no recent dental work

Musculoskeletal: no history of RA/autoimmune dz

Examination:

Patient appears stated age

Awake, alert, oriented & in no apparent distress.

Good voice, no hoarseness or stridor

Vitals:

Vitals:

12/08/20 09:11

Temp: 37 °C (98.6 °F)

TempSrc: Tympanic

Weight: 167 lb 6 oz (75.9 kg)

Height: 6' (1.829 m)

Eyes: EOMI

Neuro: Face symmetrical, cranial nerves bilaterally intact

Skin: no obvious facial lesions

Salivary glands symmetrical, no masses/lesions on palpation

Ears: Right ear canal is normal with no wax impaction or swelling

Left ear canal is normal with no wax impaction or swelling

Right tympanic membrane normal, intact TM, no fluid or perforation

Left tympanic membrane normal, intact TM; no fluid/perforation



UTMB Health Ear, Nose and Throat-League City  
Heath, Stephen E Jr. MRN: 315603N, DOB: 4/13/1967, Sex: M  
1600 W. League City Parkway Visit date: 12/8/2020  
Suite D  
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Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

Nose: **Septum grossly midline with small posterior perforation not involving strut; no polyps or pus; no mass/lesions, bilateral inferior turbinates moderately hypertrophied, mucosa mildly inflamed. No stepoffs or bony shift appreciated. Has pre-existing left nasal scar/some mild deviation, seen on previous photo**

Oral cavity: No trismus, dentition fair, no lesions, normal soft palate/uvula

Neck: no masses or lymphadenopathy, trachea in midline with no deviation, thyroid gland shows no palpable nodules

Lungs: Clear, no wheezing/stridor, no retractions

CVS: heart rate regular & good pulses

Radiology:

CT Head/Maxillofacial 12/1/20/: personally reviewed by Dr. Siddiqui and shows:

**bilateral mild inferior turbinate hypertrophy**

**Mild nondisplaced right sided nasal bone fracture**

No maxillary sinus congestion

No anterior ethmoid mucosal congestion and frontal recess congestion

No posterior ethmoid/sphenoethmoidal recess congestion

No sphenoid mucosal congestion

Skull base symmetrical--Keros II

1. Comminuted fracture through the anterior nasal spine maxilla with leftward deviation. 2. Minimally displaced fractures through bilateral nasal bones anteriorly.

Assessment: Stephen E Heath Jr. is a 53 year old male w/ a PMH of CRSwNP s/p 4/2/15 h/o nasal fracture that now appears to have healed, as there is no palpable step-off or other bony deformity at this time. We reviewed an old photo of himself that he provided, and we reassured him that his nose does not look significantly different. He was understanding of this. He also has a residual headache that is likely due to concussion. He has a 1x.0.25 horizontal septal perforation that is not anterior enough to cause him problems at this time and is apparently asymptomatic. Will have to see how septal deviation due to anterior nasal spine heals

	ICD-10-CM	ICD-9-CM
1. Blunt trauma of face, subsequent encounter	S09.93XD	V58.89 959.09
2. Closed fracture of nasal bone, sequela	S02.2XX S	905.0
3. Acute post-traumatic headache, not intractable	G44.319	339.21
4. S/P FESS (functional endoscopic sinus surgery)	Z98.890	V45.89
5. Concussion without loss of consciousness, subsequent encounter	S06.0X0 D	V58.89 850.0
6. Nasal obstruction	J34.89	478.19
7. Perennial allergic rhinitis with seasonal variation	J30.89 J30.2	477.9

Plan:

- Medrol Dosepak for acute headache/concussive-type symptoms
- C/w nasal rinses



UTMB Health Ear, Nose and Throat-League City  
Heath, Stephen E Jr. MRN: 315603N, DOB: 4/13/1967, Sex: M  
1600 W. League City Parkway Visit date: 12/8/2020  
Suite D  
League City TX 77573-6442

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

- C/w Flonase (okay to switch to Nasacort/Rhinocort for now if Flonase causes irritation/nosebleeds)
  - Recommend speaking with Neurologist if headache/off-balance post-concussive symptoms do not improve
  - Recommend work restrictions for 4 total weeks
  - RTC 1 month
- Continue Flonase singular

Discussed covid-19 infection symptoms and signs, including sore throat, flu like symptoms, cough, shortness of breath, persistent n/v/diarrhea, loss of smell/taste and to call UTMB operator/access line for testing options or go to urgent care/testing site. Go to ER for severe symptoms such as worsening difficulty breathing, confusion, worst headache of lifetime. Discussed that elderly 65+ are more vulnerable and should contact if fever >99.6 as well as if any confusion, younger fever is > 100.4. Discussed the importance of wearing mask to avoid exposure and maintaining distance from other people, practicing strict hand-washing for 20 seconds, avoid touching face, clean and disinfect frequently touched surfaces daily. If going outside of household/meeting others, discussed that mask should be worn. Be care who you eat with, try to eat separately and not in break room at work.

RTC 1 month

This visit did not involve counseling and coordination that comprised more than 50% of the visit time.

Nicholas A. Rossi, MD  
Department of Otolaryngology - Head and Neck Surgery  
PGY-2

**ENT visit**

I, Dr. Siddiqui, personally supervised/ performed all procedure(s) and/ or personally ordered the services in this documentation, as documented by Dr. Rossi in my presence, and it is both accurate and complete.

I personally examined the patient on 12/ 08/ 20. I personally performed the history of presenting illness and reviewed the patient's past medical/ surgical history, medication, allergy, review of symptoms, family and social histories. I also personally performed the entire physical examination, and formulated the assessment/ diagnoses and plan/ prescriptions.

I reviewed and edited the relevant diagnoses:

	ICD-10-CM	ICD-9-CM
1. Blunt trauma of face, subsequent encounter	S09.93XD	V58.89 959.09
2. Closed fracture of nasal bone, sequela	S02.2XX S	905.0
3. Acute post-traumatic headache, not intractable	G44.319	339.21
4. S/P FESS (functional endoscopic sinus surgery)	Z98.890	V45.89
5. Concussion without loss of consciousness, subsequent encounter	S06.0X0 D	V58.89 850.0
6. Nasal obstruction	J34.89	478.19
7. Perennial allergic rhinitis with seasonal variation	J30.89 J30.2	477.9

I actively participated in the decision-making process.



UTMB Health Ear, Nose and Heath, Stephen E Jr.  
Throat-League City MRN: 315603N, DOB: 4/13/1967, Sex: M  
1600 W. League City Parkway Visit date: 12/8/2020  
Suite D  
League City TX 77573-6442

Progress Notes by Rossi, Nicholas, MD at 12/8/2020 9:15 AM (continued)

Please see the completed clinic note for additional details.

Farrah Siddiqui, MD, FAAOA, FACS

Otolaryngology Faculty

Electronically signed by Siddiqui, Farrah N, MD at 12/10/2020 8:27 AM

Progress Notes by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 2:45 PM

Author: Gerardo-Lopez, Maylin F, FNP Service: — Author Type: MIDDLELEVEL PROVIDER  
Filed: 10/5/2022 4:09 PM Encounter Date: 10/5/2022 Status: Signed  
Editor: Gerardo-Lopez, Maylin F, FNP (MIDDLELEVEL PROVIDER)

Informant(s): patient

**SUBJECTIVE**

Stephen E Heath Jr. is a 55 year old male that presents to Urgent Care with a chief complaint of Knee Pain (Right knee)

PCP : PATIENT DOES NOT HAVE A PCP

**HISTORY OF PRESENT ILLNESS**

Stephen E Heath Jr. is a 55 year old male who presents with intermittent right knee pain since 7 days ago after running (training for fitness test for work). Denies recent trauma, fall or injury. Stephen is able to walk on right leg but with pain to his knee worse increased walking. Reports difficulty driving due to pain and unstable right knee sensation. No complaints of numbness or tingling. Stephen took Ibuprofen for pain. Pt seen by PCP at VA clinic on 10/3/22 with imaging studies completed and prescribed Motrin 800 mg with knee sleeve provided but pending knee brace and referral to PT/OT to be scheduled. He presents in clinic ambulatory with crutches.

**REVIEW OF SYSTEMS**

Constitutional: negative  
Eyes: negative  
Ears: negative  
Nose/Sinuses: negative  
Mouth/Throat: negative  
Cardiovascular: negative  
Respiratory: negative  
Gastrointestinal: negative  
Genitourinary: negative  
Musculoskeletal: +Rt knee pain  
Integumentary: negative

Sick contacts: none

**PAST MEDICAL/ FAMILY/ SOCIAL HISTORY**

Past Medical History:  
Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_



UTMB Health Urgent Care,  
League City Campus  
2240 Gulf Freeway South  
LEAGUE CITY TX 77573-  
5143

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Visit date: 10/5/2022

Progress Notes by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 2:45 PM (continued)

AR (allergic rhinitis)

- asthma
- Asthma
- Bulge
- Depression
- Esophageal reflux
- IBS (irritable bowel syndrome)
- Personal history of kidney stones
- Upper airway cough syndrome

Past Surgical History:

Procedure	Laterality	Date
• BALLOON SINUPLASTY (SHX) <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY x 2		
• FUNCTIONAL ENDOSCOPIC SINUS SURGERY		4/2/2015
• FUNCTIONAL ENDOSCOPIC SINUS SURGERY WITH FUSION (SHX) <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• INGUINAL HERNIORRHAPHY <i>Surgeon: KIMBROUGH, THOMAS D; Location: VICTORY LAKES OR LOCATION</i>		9/19/2011
• SEPTOPLASTY		4/2/2015
• SEPTOPLASTY <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• TONSILLECTOMY <i>as child</i>		
• TURBINATE REDUCTION <i>Surgeon: Siddiqui, Farrah N, MD; Location: VICTORY LAKES OR LOCATION</i>	Bilateral	4/2/2015
• URETEROPLASTY <i>Bilateral Stent Placement</i>		

MEDI CATIONS:

• ALBUTEROL INHALE	INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED PLEASE GIVE 3 AS WILL BE TRAVELING LONG PERIOD OF TIME
• baclofen 10 mg tablet	TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED AS A MUSCLE RELAXANT
• chlorthalidone 25 mg tablet	TAKE ONE-HALF TABLET BY MOUTH DAILY AS A DIURETIC OR "WATER PILL"
• clotrimazole 1 % topical cream	APPLY MODERATE AMOUNT TO THE SKIN TWICE A DAY AS NEEDED FOR FUNGAL INFECTION
• famotidine 40 mg tablet	TAKE ONE-HALF TABLET BY MOUTH DAILY AS NEEDED AS DIRECTED FOR INSTANT RELIEF OF HEARTBURN, GERD
• fluticasone propionate 50 mcg/actuation	INSTILL 1 SPRAY IN EACH NOSTRIL



UTMB Health Urgent Care,  
League City Campus  
2240 Gulf Freeway South  
LEAGUE CITY TX 77573-  
5143

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Visit date: 10/5/2022

Progress Notes by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 2:45 PM (continued)

nasal spray	TWICE A DAY , MAY USE 2 SPRAYS AS DIRECTED FOR ALLERGY
• Fluticasone-Salmeterol 500-50 mcg/dose inhalation disk	INHALE 1 PUFF BY MOUTH TWICE A DAY FOR BREATHING
• HYDROcodone-acetaminophen 10-325 mg tablet	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED FOR PAIN
• loratadine 10 mg tablet	Take 10 mg by mouth.
• montelukast 10 mg tablet	TAKE ONE TABLET BY MOUTH EVERY EVENING
• omeprazole 20 mg capsule	Take 20 mg by mouth.
• potassium chloride 10 mEq CR tablet	Take 10 mEq by mouth.
• potassium citrate 10 mEq (1,080 mg) SR tablet	TAKE ONE TABLET BY MOUTH TWICE A DAY
• fluticasone propionate 50 mcg/actuation nasal spray	Use 1 Spray in each nostril daily.
• methylPREDNISolone 4 mg tablets	Take by mouth SEE-INSTRUCTIONS. follow package directions
• SERtraline 100 mg tablet	Take 100 mg by mouth daily.
• albuterol (PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 Puffs every 4 (four) hours as needed for Wheezing or Shortness of Breath.

**ALLERGIES:**

Allergies

Allergen

Reactions

- |   |                      |
|---|----------------------|
| • Fluticasone<br>Thrush                           | Other - See comments |
| • Ivp Dye [Iodine And Iodide Containing Products] | Shortness of Breath  |

**PHYSICAL EXAM**

Vitals:

10/5/22 1000

BP: 139/89  
 BP Location: Right arm  
 Patient: Sitting  
 Position:  
 BP CUFF: Adult Large  
 SIZE:  
 Pulse: 72  
 Resp: 19  
 Temp: 37.1 °C (98.7 °F)  
 TempSrc: Oral  
 SpO2: 98%  
 Weight: 196 lb (88.9 kg)  
 Height: 6' (1.829 m)

General: alert, active, in no acute distress  
Musculo: point tenderness along the right medial knee with medial knee swelling noted; no crepitus, erythema, joint effusion, or warmth; active ROM of Rt knee decreased due to pain; Rt knee passive ROM



UTMB Health Urgent Care,  
League City Campus  
2240 Gulf Freeway South  
LEAGUE CITY TX 77573-  
5143

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Visit date: 10/5/2022

Progress Notes by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 2:45 PM (continued)

intact but restricted due to pain; no joint laxity or foot drop; strong pulses

Neuro: sensation intact; stance and Rt limp

Skin: cap refill < 2 sec; no rash or lesions

**Xray (prelim review, pending final radiology note) :**

Soft tissue swelling seen on right medial knee. No fracture appreciated. The joint spaces are relatively normal.

# Preliminary Report

EXAM: XR KNEE 3 VW RIGHT

HISTORY: 55 year old male who presents with right knee pain and swelling.  
Please evaluate for possible fracture.

COMPARISON: None

FINDINGS:

Radiographs of the right knee demonstrate no acute fracture or dislocation. The alignment and joint spaces are maintained. An os fabella is seen. A trace knee joint effusion is seen. Moderate anterior knee soft tissue swelling is present. A metallic coil-like structure projects over the posterolateral leg soft tissues.

IMPRESSION:

Soft tissue swelling without acute bony abnormality.

Trace knee joint effusion.

Preliminary Report Dictated by Resident: Xuan Tran

**ASSESSMENT/ DIAGNOSIS**



**1. Acute pain of right knee M25.561**

Discussed fracture vs sprain; most likely sprained with internal knee derangement; may need MRI for more definitive diagnosis - will defer until ortho evaluation

**PLAN**

- Ace bandage placed
- Ortho referral made
- Supportive care, including analgesics, discussed
- Refrain from strenuous activities involving the affected extremity, including contact sports, until cleared by a physician
- Family/patient provided with preferred teaching about diagnosis and expected course of illness. Patient states understanding and questions answered.



UTMB Health Urgent Care,  
League City Campus  
2240 Gulf Freeway South  
LEAGUE CITY TX 77573-  
5143

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Visit date: 10/5/2022

Progress Notes by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 2:45 PM (continued)

-Will call and update caregiver if final radiology reports fracture

Maylin F Gerardo-Lopez, APRN-FNP

Electronically signed by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 4:09 PM

Result Encounter Note by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 3:35 PM

Author: Gerardo-Lopez, Maylin F, FNP Service: — Author Type: MIDDLE LEVEL PROVIDER  
Filed: 10/5/2022 6:10 PM Date of Service: 10/5/2022 3:35 PM Creation Time: 10/5/2022 6:10 PM  
Status: Signed Editor: Gerardo-Lopez, Maylin F, FNP (MIDDLE LEVEL PROVIDER)

Positive soft tissue swelling but no obvious fracture on x-ray. Advanced imaging recommended for more definitive diagnosis. Follow-up with ortho as scheduled for further management. May call Access Center for questions or concerns.

Electronically signed by Gerardo-Lopez, Maylin F, FNP at 10/5/2022 6:10 PM

Progress Notes by Neighbors, Allyson, FNP at 10/6/2022 10:00 AM

Author: Neighbors, Allyson, FNP Service: — Author Type: MIDDLE LEVEL PROVIDER  
Filed: 10/6/2022 9:10 AM Encounter Date: 10/6/2022 Status: Signed  
Editor: Neighbors, Allyson, FNP (MIDDLE LEVEL PROVIDER)

**ORTHOPAEDIC CLINIC NOTE**

Patient: **Stephen E Heath Jr.**  
Patient Age: 55 year old  
Gender: male

**SUBJECTIVE:** [REDACTED]

**HISTORY OF PRESENT ILLNESS**

Stephen E Heath Jr. is a 55 year old male who presents with intermittent right knee pain x 7 days after running. Patient states that he did not hear a pop or snap. Denies twisting injury or trauma to the knee. Patient has recently started training for a fitness test; he ran three different times with last one on concrete. Patient states that he has always had a hard time being able to tolerate running with regards to his knees. Patient has been taking Ibuprofen 800 mg with relief of pain. Patient is ambulating on crutches.

Lives in 10035 DRIFTWOOD PARK DRIVE  
HOUSTON TX 77095.

Previous multi-disciplinary documentation reviewed and incorporated into the plan of care

**PAST HISTORIES**

Significant history found in HPI

**REVIEW OF SYSTEMS**

General: no fever, chills  
CV: no chest pain  
Lungs: no cough



UTMB Health Orthopaedic Heath, Stephen E Jr.  
Surgery- League City Campus MRN: 315603N, DOB: 4/13/1967, Sex: M  
2240 Gulf Freeway South Visit date: 10/6/2022  
League City TX 77573-5143

Progress Notes by Neighbors, Allyson, FNP at 10/6/2022 10:00 AM (continued)

MSK: right knee pain

**OBJECTIVE:**

**PHYSICAL EXAMINATION**

**CONSTITUTIONAL:**

BP (!) 145/84 | Pulse 83 | Temp 35.7 °C (96.2 °F) (Temporal Artery) | Ht 72" (182.9 cm) | Wt 89.9 kg (198 lb 3.2 oz) | BMI 26.88 kg/m<sup>2</sup>

General: No acute distress

CV: good perfusion of extremities

Lungs: non-labored breathing

MSK:

Right Knee Exam:

Knee Alignment: normal

Skin / Temperature: no warmth, erythema

Effusion: mild to medial and posterior aspect

ROM- Passive

Extension: 5 Flexion: 130

SLR: intact

Instability

Anterior (Lachman's / Drawer): stable

Varus: stable

Valgus: stable

Posterior (Lach / Drawer): normal

Meniscal Exam:

Joint Line Tenderness Medial: positive

Joint Line Tenderness Lateral: neg

McMurray ( Sympt / Mech ): neg

Patello-Femoral:

Apprehension: none

Translation: normal

Tracking: normal

Patella Femoral Crepitation: none

Patella Tenderness: neg

PES ANS: positive

**IMAGING**

10/6/2022 Xray imaging of the right knee

**FINDINGS:**

Radiographs of the right knee demonstrate no acute fracture or dislocation. The alignment and joint spaces are maintained. Mild anterior knee soft tissue swelling is present. A metallic coil-like structure projects over the posterolateral leg soft tissues.

**IMPRESSION**

Printed on 5/1/23 7:44 AM

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UTMB Health Orthopaedic Heath, Stephen E Jr.  
Surgery- League City Campus MRN: 315603N, DOB: 4/13/1967, Sex: M  
2240 Gulf Freeway South Visit date: 10/6/2022  
League City TX 77573-5143

Progress Notes by Neighbors, Allyson, FNP at 10/6/2022 10:00 AM (continued)

Soft tissue swelling.

No acute fracture, erosion or dislocation.

Questionable foreign body.

ASSESSMENT AND PLAN

ASSESSMENT

Stephen E Heath Jr. is a 55 year old Caucasian/White male with right knee pain mostly likely pes anserinus bursitis from overuse.

PLAN:

We have discussed all the treatment options and have agreed upon:

- PT

-No running until swelling is fully resolved.

-Rest, ice, compression, elevation

- Continue pain relief with Ibuprofen

-Spent time going over patient's symptoms, physical exam findings, imaging findings, and treatment plan. I discussed my findings and educated patient on the condition present. All questions were answered appropriately and to the patient's satisfaction. Patient is in agreement with the treatment plan as discussed.

-Follow up in 4 weeks prn.

Allyson Neighbors, APRN, MSN, FNP-C  
Orthopedic Surgery

Electronically signed by Neighbors, Allyson, FNP at 10/6/2022 9:10 AM

Progress Notes by Neighbors, Allyson, FNP at 11/15/2022 4:40 PM

Author: Neighbors, Allyson, FNP Service: — Author Type: MIDLEVEL PROVIDER  
Filed: 11/15/2022 3:44 PM Encounter Date: 11/15/2022 Status: Signed  
Editor: Neighbors, Allyson, FNP (MIDLEVEL PROVIDER)

ORTHOPAEDIC CLINIC NOTE

Patient: Stephen E Heath Jr.



UTMB Health Orthopaedic Heath, Stephen E Jr.  
Surgery- League City Campus MRN: 315603N, DOB: 4/13/1967, Sex: M  
2240 Gulf Freeway South Visit date: 11/15/2022  
League City TX 77573-5143

Progress Notes by Neighbors, Allyson, FNP at 11/15/2022 4:40 PM (continued)

Patient Age: 55 year old

Gender: male

**SUBJECTIVE:**

**HISTORY OF PRESENT ILLNESS**

Stephen E Heath Jr. is a 55 year old male who presents with intermittent right knee pain x 7 days after running. Patient states that he did not hear a pop or snap. Denies twisting injury or trauma to the knee. Patient has recently started training for a fitness test; he ran three different times with last one on concrete. Patient states that he has always had a hard time being able to tolerate running with regards to his knees. Patient has been taking Ibuprofen 800 mg with relief of pain. Patient is ambulating on crutches.

**Interval history 11/15/2022**

Patient is here to follow up on right knee pain. Pain has improved and is almost fully resolved. He is able to walk and climb stairs without pain. He is scheduled to perform physical fitness test on 12/4/2022.

Lives in 10035 DRIFTWOOD PARK DRIVE  
HOUSTON TX 77095.

Previous multi-disciplinary documentation reviewed and incorporated into the plan of care

**PAST HISTORIES**

Significant history found in HPI

**REVIEW OF SYSTEMS**

General: no fever, chills

CV: no chest pain

Lungs: no cough

MSK: right knee pain

**OBJECTIVE:**

**PHYSICAL EXAMINATION**

**CONSTITUTIONAL:**

BP 124/73 | Pulse 68 | Temp 36 °C (96.8 °F) (Temporal Artery) | Ht (!) 6" (15.2 cm) | Wt 88.9 kg (196 lb) | BMI 3827.86 kg/m<sup>2</sup>

General: No acute distress

CV: good perfusion of extremities

Lungs: non-labored breathing

MSK:

Right Knee Exam:

Knee Alignment: normal

Skin / Temperature: no warmth, erythema

Effusion: mild to medial and posterior aspect

ROM- Passive

Extension: 0 Flexion: 130

SLR: intact

Instability

Anterior (Lachman's / Drawer): stable

Varus: stable

Valgus: stable

Printed on 5/1/23 7:44 AM

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UTMB Health Orthopaedic Heath, Stephen E Jr.  
Surgery- League City Campus MRN: 315603N, DOB: 4/13/1967, Sex: M  
2240 Gulf Freeway South Visit date: 11/15/2022  
League City TX 77573-5143

Progress Notes by Neighbors, Allyson, FNP at 11/15/2022 4:40 PM (continued)

Posterior (Lach / Drawer): normal

Meniscal Exam:

Joint Line Tenderness Medial: mild positive

Joint Line Tenderness Lateral: neg

McMurray ( Sympt / Mech ): neg

Patello-Femoral:

Apprehension: none

Translation: normal

Tracking: normal

Patella Femoral Crepitation: none

Patella Tenderness: neg

PES ANS: mild positive

**IMAGING**

10/6/2022 Xray imaging of the right knee

**FINDINGS:**

Radiographs of the right knee demonstrate no acute fracture or dislocation. The alignment and joint spaces are maintained. Mild anterior knee soft tissue swelling is present. A metallic coil-like structure projects over the posterolateral leg soft tissues.

**IMPRESSION**

Soft tissue swelling.

No acute fracture, erosion or dislocation.

Questionable foreign body.

**ASSESSMENT AND PLAN**

**ASSESSMENT**

Stephen E Heath Jr. is a 55 year old Caucasian/White male with right knee pain mostly likely pes anserinus bursitis from overuse, improving.

**PLAN:**

We have discussed all the treatment options and have agreed upon:

- Cleared to return to full activities.

-Wear supportive, high cushion running shoes and slowly return to running. Consider other forms of exercise with less stress on knees.

-Spent time going over patient's symptoms, physical exam findings, imaging findings, and treatment plan. I discussed my findings and educated patient on the condition present. All questions were answered appropriately and to the patient's satisfaction. Patient is in agreement with the treatment plan as discussed.



UTMB Health Orthopaedic Surgery - League City Campus  
2240 Gulf Freeway South League City TX 77573-5143  
Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Visit date: 11/15/2022

Progress Notes by Neighbors, Allyson, FNP at 11/15/2022 4:40 PM (continued)

-Follow up prn.

Allyson Neighbors, APRN, MSN, FNP-C  
Orthopedic Surgery

Electronically signed by Neighbors, Allyson, FNP at 11/15/2022 3:44 PM

XR KNEE 3 VW RIGHT [243847459]

Electronically signed by: **Gerardo-Lopez, Maylin F, FNP on 10/05/22 1520** Status: **Completed**

Ordering user: Gerardo-Lopez, Maylin F, FNP 10/05/22 1520 Ordering provider: Gerardo-Lopez, Maylin F, FNP

Authorized by: Gerardo-Lopez, Maylin F, FNP  
Frequency ONCE 10/05/22 1531 - 1 occurrence  
Diagnoses

Acute pain of right knee [M25.561]

Questionnaire

Question	Answer
Reason for exam:	Stephen E Heath Jr. is a 55 year old male who presents with right knee pain and swelling. Please evaluate for possible fracture.
Approve radiology department to modify procedure for radiological appropriateness?	Yes

Resulted: 10/05/22 1645, Result status: Final result

XR KNEE 3 VW RIGHT [243847460]

Ordering provider: Gerardo-Lopez, Maylin F, FNP 10/05/22 1531	Resulted by: Garcia, Glenn M, MD Tran, Xuan, MD
Performed: 10/05/22 1545 - 10/05/22 1555	Accession number: R2068759

Resulting lab: PACS/VR/DOSE  
Narrative:  
EXAM: XR KNEE 3 VW RIGHT

HISTORY: 55 year old male who presents with right knee pain and swelling. Please evaluate for possible fracture.

COMPARISON: None

FINDINGS:

Radiographs of the right knee demonstrate no acute fracture or dislocation. The alignment and joint spaces are maintained. Mild anterior knee soft tissue swelling is present. A metallic coil-like structure projects over the posterolateral leg soft tissues.



UTMB Health League City  
Urgent Care - Radiology  
2240 Gulf Freeway South  
League City TX 77573-5143

Heath, Stephen E Jr.  
MRN: 315603N, DOB: 4/13/1967, Sex: M  
Adm: 10/5/2022, D/C: 10/5/2022

Impression:

Soft tissue swelling.

No acute fracture, erosion or dislocation.

Questionable foreign body.

Preliminary Report Dictated by Resident: Xuan Tran

I, Glenn M Garcia, MD., have reviewed this study and agree with the above report.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
<b>7 - PVD</b>	PACS/VR/DOSE	Unknown	Unknown	09/26/17 1725 - Present

Document Name: Dr. Belmund Catague-No records, Scanned Date: 05/24/2023

Notes:



**Dr. Belmund Catague, MD, MPH**  
*Family Medicine*  
*Houston Methodist PCG Towne Lake*

9915 Barker Cypress Rd.  
Suite #200  
Cypress, Texas 77433  
Ph. 281-737-1555  
Fax. 281-737-1556 or 281-737-2292

[www.houstonmethodist.com](http://www.houstonmethodist.com)

TO: ATTN: Anna	FROM: Kete, CMA
FAX NUMBER: PHONE NUMBER: 972-238-0456	PAGES: 3
RE: Stephen Heath	DATE: 4/21/23

~~patient was not seen in our office for @knee~~

\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*

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## FAX COVER SHEET

TO	Dr. Belmund Catague MD
COMPANY	
FAX NUMBER	12817371556
FROM	Tru Essence Cosmetic and Medical Spa
DATE	2023-04-19 18:43:06 GMT
RE	Heath Stephen

### COVER MESSAGE

MedicalrecordsrequestAttached  
Please when faxing records back put Attention to Anna B.

Thank you



**RECORDS REQUEST**

Date: 7 APRIL 2023  
TO: Dr. Catague  
ADDRESS: 9915 Baker Cypress Rd Suite 200  
CITY: Houston Cypress ST: TX ZIP: 77433  
PHONE NO: 281 737 1555 FAX NO: 281 737-1556

Need records for R-Knee in 2022

**RE: MEDICAL RECORDS**

PATIENT: SE HEATH STEPHEN E HEATH  
ADDRESS: 10035 DRIFFWOOD PARK DR.  
SSN: 231 90 4590  
DATE OF BIRTH: 13 APRIL 1967

**PURPOSE OF DISCLOSURE: EVALUATION AND TREATMENT**

I HEREBY AUTHORIZE THE RELEASE OF ALL MY RECORDS, INCLUDING BUT NOT LIMITED TO: DAILY SOAP NOTES, INITIAL AND FINAL REPORTS, X-RAY REPORTS, EMG/NCV AND MRI TESTING AS WELL AS ANY OTHER RECORDS THAT MIGHT BE IN MY FILE TO THE ABOVE FACILITY AND DOCTOR. I AUTHORIZE THE TRANSFER OF ALL MY RECORDS TO THE FOLLOWING FACILITY:  
THIS AUTHORIZATION IS VALID FOR 1 YEAR FROM THE DATE OF SIGNATURE

ACCUHEALTH  
1725 MAIN STREET #2  
HOUSTON, TX 77002  
PHONE NO: (713) 488-0200  
FAX NO: (972) 298-0456

Attention- Anna Boylan

STEPHEN E HEATH  
PATIENTS NAME

SIGNATURE

Date: 7 APRIL 2023

Document Name: 2023-0421-CA17, Scanned Date: 05/24/2023

Notes:

# Duty Status Report

## U.S. Department of Labor Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046  
 Expires: 05/31/2024  
 OWCP File Number  
 (If known)  
 550407065

**SIDE A - Supervisor: Complete this side and refer to physician** | **SIDE B - Physician: Complete this side**

1. Employee's Name (Last, first, middle)  
**Heath Stephen**

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)

2. Date of Injury (Month, day, yr.) **03/29/2023** | 3. Social Security Number

4. Occupation **Correctional Officer**

9. Description of Clinical Findings  
**Strain of right Knee, Initial encounter**

5. Describe How the Injury Occurred and State Parts of the Body Affected  
**Right/knee injury from slipping on wet floor.**

10. Diagnosis(es) Due to Injury **S86.911A** | 11. Other Disabling Conditions

6. The Employee Works  
 Hours Per Day **8** | Days Per Week **5**

12. Employee Advised to Resume Work?  
 Yes, Date Advised **04/21/2023**  No

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, if so  Full-Time or  Part-Time **\_\_\_\_\_** Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent
	#lbs.	Hrs Per Day		#lbs.	Hrs Per Day	
a. Lifting/Carrying: State Max Wt.						
b. Sitting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Standing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Walking	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
e. Climbing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
f. Kneeling	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
g. Bending/Stooping	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
h. Twisting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
i. Pulling/Pushing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
j. Simple Grasping	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
l. Reaching above Shoulder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
m. Driving a Vehicle (Specify)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
n. Operating Machinery (Specify)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
o. Temp. Extremes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			range in degrees F			range in degrees F
p. High Humidity	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
r. Fumes/Dust (Identify)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
s. Noise (Give dBA)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			dBA			dBA
			Hrs Per Day			Hrs Per Day

t. Other (Describe)

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  
 Yes  No (Describe)

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

15. Date of Examination **04/21/2023** | 16. Date of Next Appointment **06/12/2023**  
 17. Specialty **General Surgeon** | 18. Tax Identification Number **824827893**  
 19. Physician's Signature | 20. Date **04/21/2023** CA-17 (Rev. 08-14)

Document Name: 2023-0405, Scanned Date: 05/24/2023

Notes:

File Number: 550407065  
CCL-SFC-O-OT

U.S. DEPARTMENT OF LABOR

DFELHWC-FECA, PO Box 8311  
LONDON, KY 40742-8311  
Phone: (202) 513-6860

**Want Faster Service?**  
**Upload a document at [ecomp.dol.gov](https://www.ecomp.dol.gov)**

April 5, 2023

Date of Injury: 03/29/2023  
Employee: STEPHEN E HEATH

STEPHEN E HEATH  
10035 DRIFTWOOD PARK DR  
HOUSTON, TX 77095

Dear STEPHEN E HEATH:

We have received your claim, and it has been assigned the case number noted above.

<b>Current Status</b>	Based on the circumstances regarding your claim, we are suspending its adjudication and administratively closing your case. While in an administrative closure status: <ul style="list-style-type: none"> <li>Medical bills related to the work injury are payable up to \$1500.00. You should have received an Optum/FECA pharmacy card by mail or through the link provided by e-mail after filing your claim via ECOMP. You MUST use the provided pharmacy card for injury related prescriptions. No other pharmacy card will be recognized for your claim. The card will expire within 180 days from the date of your injury or when benefits paid surpass \$1500.00 – whichever comes first.</li> <li>You remain eligible for continuation of pay (COP) pursuant to 20 CFR 10.205 - 224, if an appropriate form was timely filed.</li> </ul>
<b>For Information About Your Case</b>	View your case and compensation claim status, the documents contained within your case file, billing updates (including reimbursements) and other information provided to injured workers in the Employees' Compensation Operations and Management Portal (ECOMP) accessed at <a href="https://www.ecomp.dol.gov/">https://www.ecomp.dol.gov/</a> . For help registering for an ECOMP account, click the "HELP" option found at the top right hand corner of the ECOMP website. Then click on the "FECA Claimant" option and choose the "Account Registration" user guide. To access information about your FECA claim(s), you must verify your identity in ECOMP after you register for an account. The "Identity Verification" user guide can be accessed from the FECA Claimant User Guide Landing page by clicking "More Topics". Electronic communications are faster than paper communications, so we encourage you to verify your identity in ECOMP.
<b>To Submit Documentation to Us</b>	The fastest way to submit evidence is by uploading it through ECOMP at <a href="https://www.ecomp.dol.gov/">https://www.ecomp.dol.gov/</a> . We will have it within minutes of the upload. You can also mail the information to the address at the top of this letter.
<b>If You Think Your Medical Bills Will Exceed \$1,500</b>	Should your medical bills or anticipated treatment costs exceed \$1500.00 and/or should you be disabled for an extended period, your claim will be reopened and formally adjudicated. <u>If this occurs</u> , you will need to submit a report from a medical doctor containing 1) a description of your work injury, 2) a medical diagnosis, and 3) an explanation of how your medical condition was caused by the claimed work event(s). Other information may also be required, as determined by the Claims Examiner.

*If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.*

Document Name: 2023-0424-Painscale, Scanned Date: 05/24/2023

Notes:

# Accuhealth

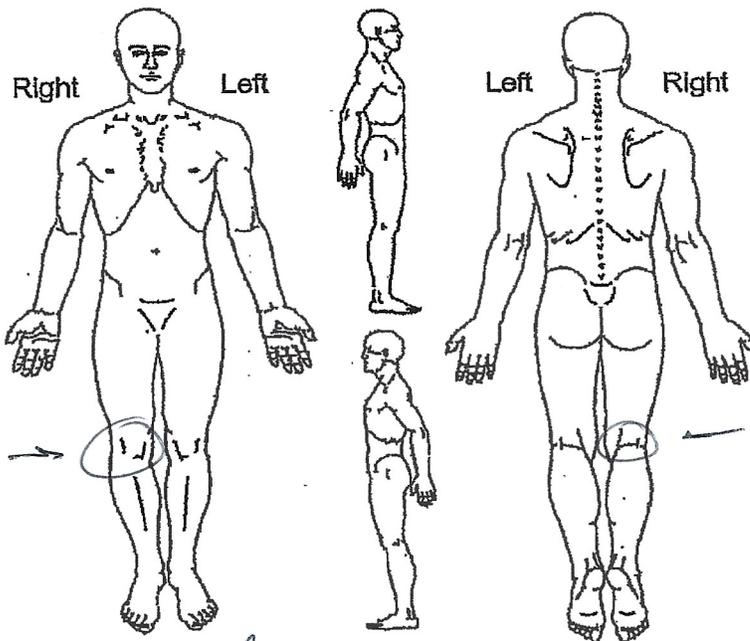
## Injury & Wellness

Name: STEPHEN HEATH

Date: 24 APR 2023

Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>RIGHT KNEE</u>	0	① 2 3	4 5 6	7 8 9	10
2. _____	0	1 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows ↓ to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: *Stephen Heath*

Date: 24 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0421-Painscale, Scanned Date: 05/24/2023

Notes:

# Accuhealth

Injury & Wellness

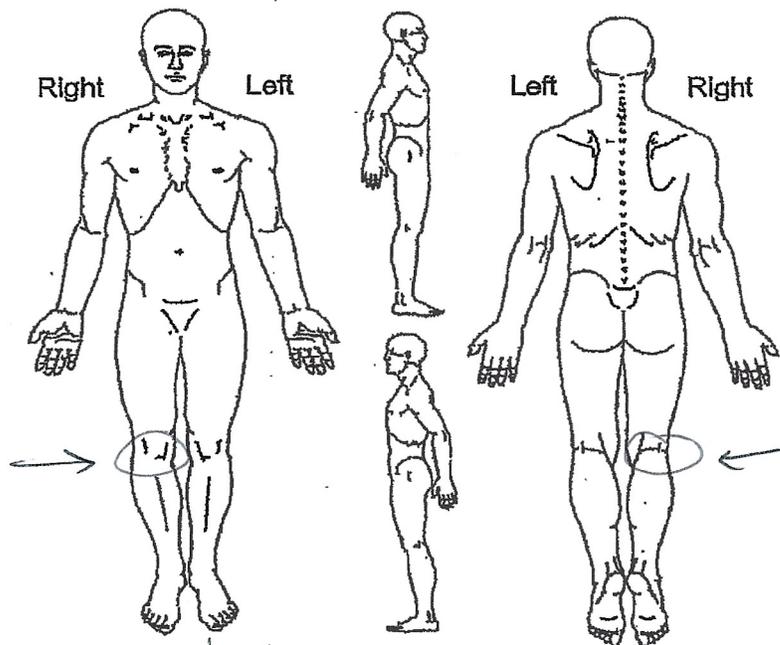
BP: 135/82  
P: 80

Name: STEPHEN HEATH

Date: 21 APR 2023

Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>KNEE</u>	0	① 2 3	4 5 6	7 8 9	10
2. _____	0	1 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows ↓ to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: *Stephen Heath*

Date: 21 APR 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0417-Painscale, Scanned Date: 05/24/2023

Notes:

# Accuhealth

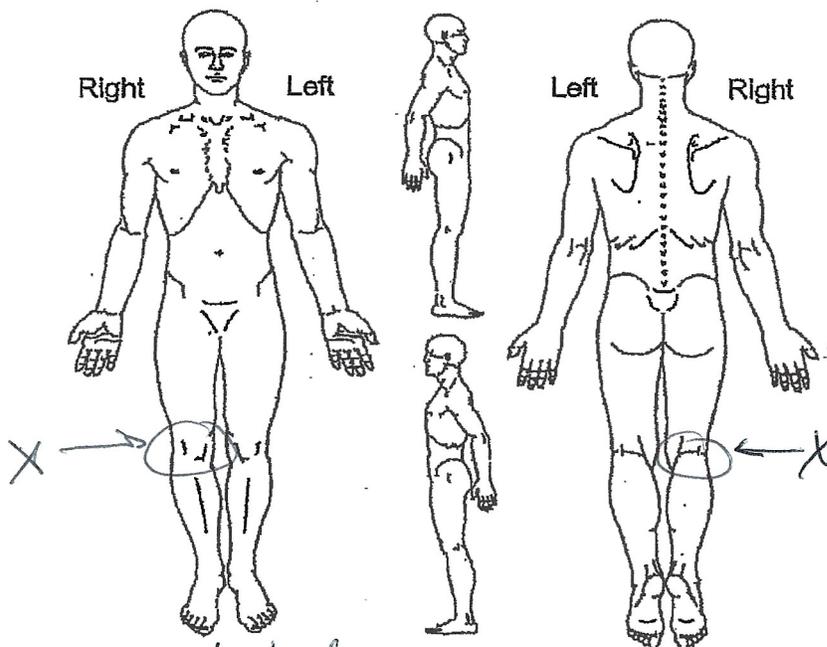
## Injury & Wellness

Name: STEPHEN HEATH

Date: 17 APRIL 2023

Area:	Pain Level Today										
	No Pain	Mild			Moderate			Severe			Extreme
1. <u>RIGHT KNEE</u>	0	<u>1</u>	2	3	4	5	6	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10
6. _____	0	1	2	3	4	5	6	7	8	9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows ↓ to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: *Stephen Heath*

Date: 17 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0407-Painscale, Scanned Date: 05/24/2023

Notes:

# Accuhealth

## Injury & Wellness

Name: STEPHEN E HEATH

Date: 7 APRIL 2023

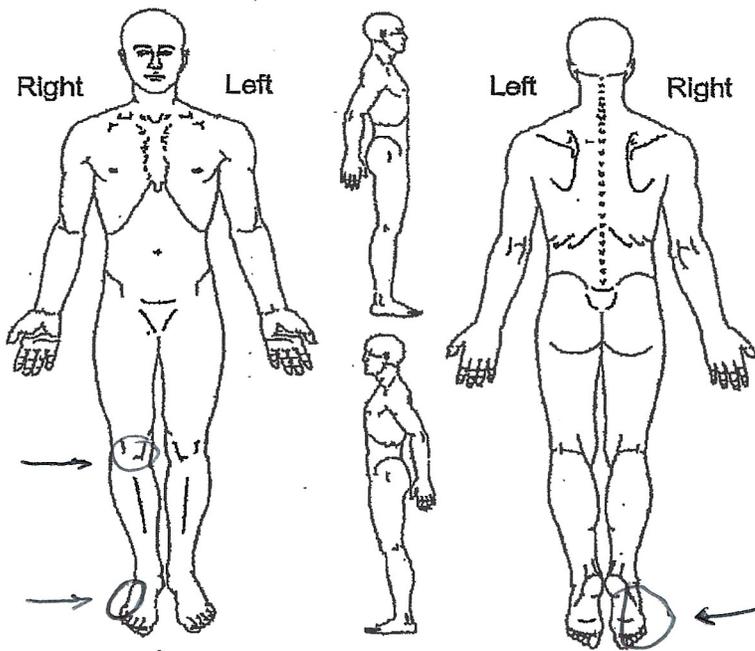
Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>KNEE</u>	0	① 2 3	4 5 6	7 8 9	10
2. <u>RIGHT FOOT (BOTTOM/TOP RIGHT)</u>	0	① 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

OUT/DOB  
 ⊕ Asthma  
 ⊕ Kidney Stones  
 ⊕ blood in stool  
 ⊕ Abcd  
 ⊕ Anxiety / Depression

CA-17 full duty

UTMB Records  
 Dietman

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



PCP - Bataque  
 281 737 1555  
 Express

List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: [Signature] Date: 7 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: Consent\_general, Scanned Date: 05/23/2023

Notes: EMR Form

5/13/24, 12:28 PM

**Patient Name : Heath, Stephen Apr 13, 1967 ( 57 Y, M ) Acc No : 172573**

Accuhealth, Inc  
620 James Drive  
Richardson TX, 75080  
(972) 238-1976

**CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION**

Use and Disclosure of your protected health care information will be used by Advanced Injury and Pain Solutions or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

**NOTICE OF PRIVACY PRACTICES**

You should review the NOTI CE OF PRIVACY PRACTICES for a more complete description of how your Protected Health Care information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office.

You may review the Notice prior to signing this consent. You may also request a copy of the Notice at the front desk.

**REQUESTING THE RESTRICTION ON THE USE OR DISCLOSURE OF YOUR INFORMATION**

Your may request a restriction on the use or disclosure of your Protected Health Information.

This office may or may not agree to restrict the use or disclosure of your Protected Health information.

If we agree to your request, the restriction will be binding with this office. Use or Disclosure of Protected Health Information in violation of the agreed upon restrictions will be a violation of federal privacy standards

**REVOCAION OF CONSENT:**

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use or disclosure that has occurred prior to the date on which you revocation of consent is received will not be affected.

**RESERVATION OF RIGHT TO CHANGE PRIVACY PRACTICE**

This office reserves the right to modify the privacy practices outlined in this notice.

**SIGNATURE:**

I have reviewed this consent form and give my permission to this office to use and disclose my Health Information in accordance with it.

**Signed By:** Heath Stephen  
**Signed On:** 2023-05-23 11:25:44 AM CDT

Document Name: 2023-0407-CA16, Scanned Date: 04/19/2023

Notes:

Authorization for Examination  
And/Or Treatment

U.S. Department of Labor  
Office of Workers' Compensation Programs



The following request for information is required under (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. 130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. NOTE: THIS FORM IS NOT TO BE REPRODUCED OR DUPLICATED (See Instructions). IF INSTRUCTIONS ARE SEPARATED FROM THIS FORM, REFER TO FORM INFORMATION <https://www.dol/owcp/dfec>

OMB No.: 1240-0046  
Expires: 05-31-2024

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service within the meaning of FECA (See Instructions for definition of a qualified physician):

*Accuhealth 1725 Main St. Ste. 2 Houston, TX 77002*

2. Employee's Identification (last, first, middle, SSN)

*Heath Stephen E.*

3. Date of Injury (mo. day, yr.)

*3/29/23*

4. Occupation

*Correctional Officer*

5. Description of Injury or Disease:

*Right knee injury from falling <sup>injury</sup> / Right foot walking <sup>injury</sup> conditions <sup>injury</sup>*

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 3, subject to the condition stated in item A, and to the condition indicated in either 1 or 2, item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services. PLEASE NOTE THIS AUTHORIZATION DOES NOT INCLUDE PRESCRIPTIONS FOR COMPOUND MEDICATIONS OR PHYSICIAN DISPENSED MEDICATION. SEE INSTRUCTIONS FOR ADDITIONAL MEDICAL INFORMATION.

1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from (Type Name and Title of OWCP Official)

8. Name and Address of Employee's Place of Employment

Department or Agency: *Dept of Justice*

Bureau or Office: *FBIOP FDC Houston*

Local Address (Including Zip Code) *1200 TX Ave Houston 77002*

9. Local Employing Agency Telephone Number (Including Area Code):

*(713) 221-5400*

11. Send one copy of your report to:

U.S. DEPARTMENT OF LABOR  
DFEC CENTRAL MAILROOM  
P.O. BOX 8300  
LONDON, KY 40742-8300

10. Name and Title of Authorized Official (Type or Print Clearly): (See Instructions)

*H. Cozart Sr. M.D.*

12. I certify that I am the individual authorized by my employing agency to issue this form concerning medical treatment. I further certify that the information provided above is true and accurate to the best of my knowledge and belief. I realize that any person who knowingly makes any false statement or misrepresentation to obtain FECA compensation is subject to civil or administrative remedies as well as criminal prosecution.

*[Signature]* *4/4/23*

Signature of Authorizing Official/Date (Month, Day/Year)

13. Remarks (See Instructions under Authorized Official):

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

PART B - ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (Last, first, middle)

Heath Stephen

15. What History of the Employment Injury or Disease Did The Employee Give To You?

Patient wa doing a round, and everyone was locked up,he came across some doors and slipped on slippery floors, he tried to catch himself and fell right on his right knee

16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe)

Yes  No

16a. ICD Code(s)

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)

18. What is the Diagnosed Condition(s)

Strain of right knee, initial encounter

18a. ICD Code(s)

S86.911A

19. Do You believe the Condition(s) Found was Caused or Aggravated by the Employment activity Described? (Please explain your answer if there is doubt)

Yes  No

20. Did Injury Require Hospitalization? If yes, date of admission (mo., day, year) Date of discharge (mo., day, year)

Yes  No

21. Is Additional Hospitalization Required?

Yes  No

22. Surgery (If any, describe type)

23. Date Surgery Performed (mo., day, year)

24. What (Other) Type of Treatment Did You Provide?

25. What Permanent Effects, If Any, Do You Anticipate?

26. Date of First Examination (mo., day, year)

04/07/2023

27. Date(s) of Treatment (mo., day, year)

04/07/2023

28. Date of Discharge from Treatment (mo., day, year)

29. Period of Disability (mo., day, year) (If termination date unknown, so indicate)

Total Disability: From To  
Partial Disability: From To

30. Is Employee Able to Resume

Light Work  
 Regular Work

Date:

Date: 04/07/2023

31. If Employee Is Able to Resume Work, Has He/She been Advised?

Yes  No

If Yes, Furnish Date Advised  
04/07/2023

32. If Employee is Able to Resume only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.

33. General Remarks and Recommendations for Future Care, if indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.

34. Do You Specialize?  Yes  No

(If yes, state specialty)

General Surgery

35. I certify that all the statements in this form are true and accurate to the best of my knowledge and belief. Further, I understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation as provided by the FECA, including payment for medical treatment or supplies, or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both, and that physicians are subject to criminal and civil prosecution. In addition, a state or federal criminal conviction for FECA fraud will result in a beneficiary's termination of all current and future FECA benefits.

36. Address (No., Street, City, State, ZIP Code)  
1725 Main Street, Suite 2  
Houston, TX 77002

37. Tax Identification Number  
82-4827893

39. Date of Report

04/07/2023

38. National Provider System Number  
1255596573

Print/Typed Name/Signature of Physician (See Instructions for Definition)

PAYMENT/MEDICAL BILLING: This CA-16 guarantees payment to the original treating physician (or any physician to whom the employee was referred by the original treating physician) for 60 days from date of issuance unless OWCP terminates this authority at an earlier date. Treatment may continue at OWCP expense if the claim is approved. Charges for your services should be presented on the AMA standard "Health Insurance Claim Form" (HCFA-1500, OWCP-1500, OWCP-04 or the UB-04). Physician services must be itemized by Current Procedural Terminology Code (CPT) using current CPT-4 coding schema; or, the UB-04 and the coding schemas acceptable on this form.

Document Name: 2023-0419-Confirmation, Scanned Date: 04/19/2023

Notes:

## FAX COVER SHEET

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TO	
COMPANY	UTMBHealth
FAX NUMBER	14097725101
FROM	Tru Essence Cosmetic and Medical Spa
DATE	2023-04-19 18:40:26 GMT
RE	HeathStephen

---

### COVER MESSAGE

---

MedicalrecordsrequestAttached  
Please when faxing records back put Attention to Anna B.

Thank you

Document Name: 2023-0419- Confirmation Dr. Catague, Scanned Date: 04/19/2023

Notes:

## FAX COVER SHEET

TO	Dr. Belmund Catague MD
COMPANY	
FAX NUMBER	12817371556
FROM	Tru Essence Cosmetic and Medical Spa
DATE	2023-04-19 18:43:06 GMT
RE	HeathStephen

### COVER MESSAGE

MedicalrecordsrequestAttached  
Please when faxing records back put Attention to Anna B.

Thank you

Document Name: 2023-0407-CA-17 Amended, Scanned Date: 04/19/2023

Notes:

# Duty Status Report

Amended 04/13/23

**U.S. Department of Labor**  
 Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046  
 Expires: 05/31/2024  
 OWCP File Number  
 (If known)

**SIDE A - Supervisor:** Complete this side and refer to physician

**SIDE B - Physician:** Complete this side

1. Employee's Name (Last, first, middle)  
 Heath Stephen E

2. Date of Injury (Month, day, yr.)  
 03/29/2023

3. Social Security Number

4. Occupation  
 Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected  
 Right/knee/elbow/forearm/neck pain/lower back pain from restraining combative inmate

6. The Employee Works  
 Hours Per Day 8 Days Per Week 5

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)  
 he came across some doors and slipped on slippery floors, he tried to catch himself and fell right on his right knee

9. Description of Clinical Findings  
 Strain of right knee, initial encounter

10. Diagnosis(es) Due to Injury  
 S86.911A

11. Other Disabling Conditions

12. Employee Advised to Resume Work?  
 Yes, Date Advised 04/07/23  No

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, If so  Full-Time or  Part-Time \_\_\_\_\_ Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.			Hrs Per Day			Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day
t. Other (Describe)						

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  
 Yes  No (Describe)

15. Date of Examination 04/07/23

16. Date of Next Appointment 04/21/23

17. Specialty  
 General Surgeon

18. Tax Identification Number  
 824827893

19. Physician's Signature

20. Date 04/07/23

CA-17 (Rev. 08-14)

Document Name: 2023-0414-RT Knee, Scanned Date: 04/19/2023

Notes:



Phone: (713) 461-3399  
Fax: (713) 461-1969

**Patient ID:** MMD1512028000  
**Patient Name:** Stephen, Heath  
**DOB:** 13-Apr-1967  
**Modality:** MR  
**Exam Date:** 14-Apr-2023 7:54 AM  
**Accession #:** 4713018  
**Referred By:** Lashondria Renee Camp  
**Location:** M3T\_155

**MRI Knee Right wo Contrast**

---

Clinical information: Knee pain. History of fall.

Technique: Multiplanar T1 and fluid sensitive sequences of the right knee are obtained.

Comparison: None

Comments:

Cruciate ligaments: ACL and PCL are intact.

Collateral ligaments: MCL and LCL complex are intact.

Menisci: A horizontal tear of the posterior horn of the medial meniscus extends to the free margin, best seen on image 24, series 501. Type II signal in the body of the medial meniscus is also shown. Minimal type II signal in the posterior horn, body and anterior horn of the lateral meniscus are also noted.

Extensor mechanism: Only minimal distal quadriceps and proximal patellar tendinosis are noted. Grade 4 chondromalacia patella is seen.

Bones and cartilage: No fracture, marrow contusion, osteonecrosis, or osseous neoplasm is appreciated. 16 x 9 mm osteochondral lesion at the flexion point of the weightbearing and non-weightbearing portions of the anterior lateral femoral condyle and is associated with mild subchondral marrow edema. The weightbearing portion of the lateral femoral condyle and lateral tibial plateau are essentially preserved. Grade I-II chondromalacia along the weightbearing surface of the medial femoral condyle and grade I chondromalacia along the weightbearing surface of the medial tibial plateau are seen.

Miscellaneous: Mild knee effusion is seen. No Baker cyst is seen. No soft tissue hematoma or soft tissue neoplasm is appreciated.

Impression:

1. Medial meniscus tear.

**Thank you for the opportunity to assist in your patient's care.**



Phone: (713) 461-3399  
Fax: (713) 461-1969

**Patient ID:** MMD1512028000

**Patient Name:** Stephen, Heath

**DOB:** 13-Apr-1967

**Modality:** MR

**Exam Date:** 14-Apr-2023 7:54 AM

**Accession #:** 4713018

**Referred By:** Lashondria Renee Camp

**Location:** M3T\_155

**MRI Knee Right wo Contrast**

---

2. No acute fracture or bone contusion is seen.
3. Type II signal in the lateral meniscus is seen.
4. 16 x 9 mm osteochondral lesion at the flexion point of the weightbearing and non-weightbearing portions of the anterior lateral femoral condyle and is associated with mild subchondral marrow edema.
5. Grade IV chondromalacia patella.
6. Grade I-II chondromalacia in the medial compartment of the knee.
7. Mild knee effusion.
8. Minimal distal quadriceps and proximal patellar tendinosis.

Electronically Signed by: Henry Lee, MD, Board Certified Radiologist, on 17-Apr-2023 8:25 AM

**Thank you for the opportunity to assist in your patient's care.**

page 2 of 2

Document Name: 2023-0407-CA17, Scanned Date: 04/13/2023

Notes:

# Duty Status Report

## U.S. Department of Labor Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046  
 Expires: 05/31/2024  
 OWCP File Number  
 (If known)

**SIDE A - Supervisor:** Complete this side and refer to physician

1. Employee's Name (Last, first, middle)  
 Heath Stephen E

2. Date of Injury (Month, day, yr.) 03/29/2023  
 3. Social Security Number

4. Occupation Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected  
 Right/knee/elbow/forearm/neck pain/lower back pain from restraining combative inmate

6. The Employee Works  
 Hours Per Day 8 Days Per Week 5

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

**SIDE B - Physician:** Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)

9. Description of Clinical Findings  
 Strain of right knee, Initial encounter

10. Diagnosis(es) Due to Injury S86.911A  
 11. Other Disabling Conditions

12. Employee Advised to Resume Work?  
 Yes, Date Advised  No

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, If so  Full-Time or  Part-Time \_\_\_\_\_ Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Hrs Per Day	Intermittent		Hrs Per Day
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.						
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA	<input type="checkbox"/>	<input type="checkbox"/>	dBA
t. Other (Describe)			Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  
 Yes  No (Describe)

15. Date of Examination 04/07/23  
 16. Date of Next Appointment 04/21/23

17. Specialty General Surgeon  
 18. Tax Identification Number 824827893

19. Physician's Signature [Signature]  
 20. Date 04/07/23

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

### Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), you are here by notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U. S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other healthcare providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

### Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under 5 U.S.C 8101, et seq. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, NW, Washington, DC 20210, and reference the OMB Control Number 1240-0046. Note: Please do not send the completed form to this office.



Document Name: 2023-0407-MRI Referral Confirmation, Scanned Date: 04/07/2023

Notes:

## FAX COVER SHEET

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TO	
COMPANY	Memorial MRI & Diagnostics
FAX NUMBER	17134611969
FROM	Tru Essence Cosmetic and Medical Spa
DATE	2023-04-07 22:03:25 GMT
RE	Stephen Heath

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## COVER MESSAGE

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Referral Attached  
DOL CA-1

Document Name: Medsheath, Scanned Date: 04/07/2023

Notes:

4/6/23, 9:08 PM

My Medications List - My HealtheVet - My HealtheVet

<b>Medication</b> RX#29000918 INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED FOR ASTHMA Category: Rx Medication Expiration Date: 03/31/2024	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL
<b>Date</b> 03/31/2023	<b>Fill Date:</b>
<b>Status</b> Quantity: 2 for 60 days Refills Remaining: 5	Active
<b>Pharmacy</b> Phone: (800) 454-1062	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b> VIEW DETAILS	TRACK DELIVERY

<b>Medication</b> RX#29000920 INHALE 2 PUFFS MOUTH EVERY 12 HOURS FOR BREATHING Category: Rx Medication Expiration Date: 03/31/2024	MOMETASONE FUROATE 220MCG ORAL INHL 120
<b>Date</b> 03/31/2023	<b>Fill Date:</b>
<b>Status</b> Quantity: 2 for 60 days Refills Remaining: 5	Active
<b>Pharmacy</b> Phone: (800) 454-1062	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b> VIEW DETAILS	TRACK DELIVERY

4/6/23, 9:08 PM

My Medications List - My HealtheVet - My HealtheVet

<b>Medication</b> RX#27478416D TAKE ONE TABLET BY MOUTH EVERY EVENING Category: Rx Medication Expiration Date: 08/18/2023	MONTELUKAST NA 10MG TAB
<b>Date</b> 10/30/2022	<b>Fill Date:</b>
<b>Status</b> Quantity: 90 for 90 days Refills Remaining: 1	Active
<b>Pharmacy</b> Phone: (800) 454-1062	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b>	<a href="#">VIEW DETAILS</a>

<b>Medication</b> RX#28471574 INSTILL 1 SPRAY IN EACH NOSTRIL TWICE A DAY , MAY USE 2 SPRAYS AS DIRECTED IF NEEDED FOR ALLERGY Category: Rx Medication Expiration Date: 05/07/2023	FLUTICASONE PROP 50MCG 120D NASAL INHL
<b>Date</b> 08/11/2022	<b>Fill Date:</b>
<b>Status</b> Quantity: 2 for 60 days Refills Remaining: 4	Active
<b>Pharmacy</b> Phone: (800) 454-1062	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b>	<a href="#">VIEW DETAILS</a>

4/6/23, 9:13 PM

My Medications List - My HealtheVet - My HealtheVet

<b>Medication</b> RX#28471934 TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIS PAIN. TAKE WITH FOOD. Category: Rx Medication Expiration Date: 05/07/2023	MELOXICAM 15MG TAB
<b>Date</b> 07/05/2022	<b>Fill Date:</b>
<b>Status</b> Quantity: 30 for 30 days Refills Remaining: 0	Active
<b>Pharmacy</b>	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b>	VIEW DETAILS

<b>Medication</b> RX#28521014 INHALE 2 INHALATIONS BY MOUTH DAILY FOR BREATHING (2 PUFF AT THE SAME TIME ONCE A DAY) Category: Rx Medication Expiration Date: 06/09/2023	OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH
<b>Date</b> 04/10/2023	<b>Fill Date:</b>
<b>Status</b> Quantity: 1 for 30 days Refills Remaining: 3	Discontinued
<b>Pharmacy</b> Phone: (800) 454-1062	HOUSTON TX VAMC
<b>Source</b>	VA
<b>I want to:</b> VIEW DETAILS	TRACK DELIVERY

Document Name: Authorization, Scanned Date: 04/07/2023

Notes:

Authorization for Examination  
And/Or Treatment

U.S. Department of Labor  
Office of Workers' Compensation Programs



The following request for information is required under (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. 130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. NOTE: THIS FORM IS NOT TO BE REPRODUCED OR DUPLICATED (See Instructions). IF INSTRUCTIONS ARE SEPARATED FROM THIS FORM, REFER TO FORM INFORMATION <https://www.dol/owcp/dfec>

OMB No.: 1240-0046  
Expires: 05-31-2024

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service within the meaning of FECA (See Instructions for definition of a qualified physician):

*Accu health 1725 Main st. Ste. 2 Houston, TX 77002*

2. Employee's Identification (last, first, middle, SSN)

*Heath, Stephen E.*

3. Date of Injury (mo. day, yr.)

*3/29/23*

4. Occupation

*Correctional Officer*

5. Description of Injury or Disease:

*Right knee injury from falling 1st injury / Right foot <sup>injury</sup> walking condition ~~injury~~*

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 3, subject to the condition stated in item A, and to the condition indicated in either 1 or 2, item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services. PLEASE NOTE THIS AUTHORIZATION DOES NOT INCLUDE PRESCRIPTIONS FOR COMPOUND MEDICATIONS OR PHYSICIAN DISPENSED MEDICATION. SEE INSTRUCTIONS FOR ADDITIONAL MEDICAL INFORMATION.

- B.  1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.
- 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from (Type Name and Title of OWCP Official)

8. Name and Address of Employee's Place of Employment

Department or Agency: *Dept of Justice*  
Bureau or Office: *FBOP FDC Hunk -*  
Local Address (Including Zip Code) *1200 TX Ave Hunk 77002*

9. Local Employing Agency Telephone Number (Including Area Code):

*(713) 221-5400*

10. Name and Title of Authorized Official (Type or Print Clearly): (See Instructions)

*H. Cozart, Sr. Supt. Admin.*

11. Send one copy of your report to:

U.S. DEPARTMENT OF LABOR  
DFEC CENTRAL MAILROOM  
P.O. BOX 8300  
LONDON, KY 40742-8300

12. I certify that I am the individual authorized by my employing agency to issue this form concerning medical treatment. I further certify that the information provided above is true and accurate to the best of my knowledge and belief. I realize that any person who knowingly makes any false statement or misrepresentation to obtain FECA compensation is subject to civil or administrative remedies as well as criminal prosecution.

13. Remarks (See Instructions under Authorized Official):

*[Signature]* *4/4/23*  
Signature of Authorizing Official/Date (Month, Day/Year)

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

**PART B - ATTENDING PHYSICIAN'S REPORT**

14. Employee's Name (Last, first, middle)		
15. What History of the Employment Injury or Disease Did The Employee Give To You?		
16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	16a. ICD Code(s)	
17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)	18. What is the Diagnosed Condition(s)	18a. ICD Code(s)
19. Do You believe the Condition(s) Found was Caused or Aggravated by the Employment activity Described? (Please explain your answer if there is doubt) <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Did Injury Require Hospitalization? If yes, date of admission (mo., day, year) Date of discharge (mo., day, year) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Is Additional Hospitalization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Surgery (If any, describe type)	23. Date Surgery Performed (mo., day, year)	
24. What (Other) Type of Treatment Did You Provide?	25. What Permanent Effects, If Any, Do You Anticipate?	
26. Date of First Examination (mo., day, year)	27. Date(s) of Treatment (mo., day, year)	28. Date of Discharge from Treatment (mo., day, year)
29. Period of Disability (mo., day, year) (If termination date unknown, so indicate) Total Disability: From _____ To _____ Partial Disability: From _____ To _____	30. Is Employee Able to Resume <input type="checkbox"/> Light Work                      Date: _____ <input type="checkbox"/> Regular Work                      Date: _____	
31. If Employee Is Able to Resume Work, Has He/She been Advised? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Furnish Date Advised		
32. If Employee is Able to Resume only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.		
33. General Remarks and Recommendations for Future Care, if indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.		
34. Do You Specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, state specialty)		
35. I certify that all the statements in this form are true and accurate to the best of my knowledge and belief. Further, I understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation as provided by the FECA, including payment for medical treatment or supplies, or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both, and that physicians are subject to criminal and civil prosecution. In addition, a state or federal criminal conviction for FECA fraud will result in a beneficiary's termination of all current and future FECA benefits.	36. Address (No., Street, City, State, ZIP Code)	
	37. Tax Identification Number	39. Date of Report
	38. National Provider System Number	
Print/Typed Name/Signature of Physician (See Instructions for Definition) PAYMENT/MEDICAL BILLING: This CA-16 guarantees payment to the original treating physician (or any physician to whom the employee was referred by the original treating physician) for 60 days from date of issuance unless OWCP terminates this authority at an earlier date. Treatment may continue at OWCP expense if the claim is approved. Charges for your services should be presented on the AMA standard "Health Insurance Claim Form" (HCFA-1500, OWCP-1500, OWCP-04 or the UB-04). Physician services must be itemized by Current Procedural Terminology Code (CPT) using current CPT-4 coding schema; or, the UB-04 and the coding schemas acceptable on this form.		

**INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A. PLEASE READ FIRST.** The CA-16 is solely used by the employing agency to authorize emergency care to an injured employee. To protect against potential fraud and abuse, it is important that this form not be duplicated or reproduced without express written consent by OWCP to include via electronic means (including Internet postings). **PLEASE ENSURE THESE INSTRUCTIONS ACCOMPANY THE CA-16 FORM.**

**AUTHORIZING OFFICIAL**

- Authorized personnel may include an Injury Compensation Specialist, Safety Specialist, or Human Resources Specialist whose current position includes duties relate to the FECA program. The injured employee's Supervisor or other individual in their supervisory chain of command at the time of injury may also sign and issue this form. If you are other than these noted, please explain in the Remarks section, item 13 of the CA-16 the circumstances which required issuance by you and to what authority, if applicable. Please be aware that union officials, claimant representatives, or others may not serve as an authorizing official unless they meet the criteria listed above.

**SELECTION OF PHYSICIAN**

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical office or hospital or any duly qualified physician/ hospital of the employee's choice.
- If an employee elects to be treated by a private physician; a copy of the American Medical Association Standard Billing Form (AMA) OWCP-1500 should be supplied together with the submitted Form CA-16. Additionally, medical providers should register with the OWCP Medical Bill Processing Contractor in order to receive payment. Further information can be found on the DFEC website at <https://www.dol.gov/owcp/dfec/>
- If an employee, in an emergency situation has to be sent and/or admitted to an Acute Care Facility for emergency surgery or care, a copy of the OWCP Uniformed Billing Form (UB-04-1450) should be supplied together with the submitted Form CA-16.
- A physician who is excluded from the FECA program as provided at 20 CFR 10.815-826 may not be authorized to examine or treat an injured Federal employee.
- Generally, a roundtrip distance of up to 100 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered. For non-emergency medical treatment, if roundtrip travel of more than 100 miles is contemplated, or air transportation or overnight accommodations will be needed, submit a written request to OWCP for prior authorization with information describing the circumstances and necessity for such travel expenses.

**PERIOD OF AUTHORIZATION**

- Form CA-16 is valid for up to sixty days from date of injury, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

**FEDERAL MEDICAL FACILITIES**

- U. S. Medical Facilities include Army, Navy, Air Force or the VA. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.300).

**DEFINITION OF INJURY**

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP. Simple exposure to a workplace hazard, such as an infectious agent, does not constitute a work place injury, entitling an employee to medical treatment under FECA.

**QUALIFIED MEDICAL FACILITY/ PHYSICIAN**

- *Qualified hospital* means any hospital licensed as such under State law which has not been excluded by the FECA program in accordance with its governing regulations. Except as otherwise provided by regulation, a qualified hospital shall be deemed to be designated or approved by OWCP.
- *Qualified provider of medical support services or supplies* means any person, other than a physician or a hospital, who provides services, drugs, supplies and appliances for which OWCP makes payment who possesses any applicable licenses required under State law, and who has not been excluded.
- The term "physician" includes doctors of medicine (MDs), surgeons, podiatrists, dentists, clinical

psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination related laboratory test and X-rays to diagnose a subluxation of the spine and treatment consistent of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

- Qualified physician means any physician who has not been excluded under the provisions of subpart I of this part. Except as otherwise provided by regulation, a qualified physician shall be deemed to be designated or approved by OWCP. (See 20 CFR. 10.5, WHAT DEFINITIONS APPLY TO REGULATIONS IN THIS SUBCHAPTER)
- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item B. Check B1 or B2 in Item 6, whichever is appropriate.
- Send the completed form to the OWCP address shown in item 11. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.
- See 20 CFR and/or Publication CA-810, Injury Compensation for Federal Employees.
- If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

**FORM  
COMPLETION**

**ADDITIONAL  
INFORMATION**

**REQUESTS FOR  
ACCOMMODATIONS  
OR AUXILIARY AIDS  
AND SERVICES**

## INSTRUCTIONS FOR AUTHORIZED PHYSICIAN/MEDICAL FACILITY FOR COMPLETION OF PART B

### YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of injury, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.815-826 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, forward your request to the address shown in Part A. Item 11.
- This form covers office visits and consultations, laboratory work, hospital services (including inpatient), x-rays, MRIs, CT scans, physical therapy, emergency services (including surgery) and chiropractic services. Chiropractic services are limited to charges for physical examinations and x-rays to diagnose a subluxation of the spine and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by x-ray.
- This form does not cover elective and non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym membership and work hardening programs. **ALSO, PLEASE NOTE THIS AUTHORIZATION DOES NOT INCLUDE PRESCRIPTIONS FOR COMPOUND MEDICATION OR PHYSICIAN DISPENSED MEDICATIONS BILLED WITH HCPCS CODES J3490, J3590, J7999, J8499, J8999 OR J9999.**

### USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. A private room may be authorized only if the diagnosed condition is medically necessary as determined by the treating physician and concurred by the OWCP District Medical Advisor. Ancillary treatment may be provided to a hospitalized employee as necessary.

### REPORTS

- After examination, complete items 14 through 39, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, item 11. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

### RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

### BILLING FOR SERVICES

- All medical providers must be enrolled with our Medical Bill Processing Contractor in order to receive authorization and payment. Additional information can be found on our website at [www.dol.gov/owcp/dfec](http://www.dol.gov/owcp/dfec).
- If an employee elects to be treated by a private physician, a copy of the American Medical Association Standard Billing Form (AMA) OWCP-1500 should be supplied together with the submitted Form CA-16.
- OWCP requires that when services are provided by a private physician, charges be itemized using the AMA standard Health Insurance Claim Form, HCFA-1500/OWCP-1500. The form should contain appropriate International Classification of Disease (ICD) coding schemas in Block-21, and related correctly to the Diagnosis Pointers referenced in Block 24E. The form should also identify services rendered using the Current Procedural Terminology (CPT-4), and HealthCare Common Procedure Codes (HCPC) schemas.
- OWCP requires that when services are performed in an emergency situation, and in an Acute Care Facility for emergency surgery or care, a copy of the OWCP Uniformed Billing Form (UB-04-1450), should be supplied together with the submitted Form CA-16. The form should contain the appropriate International Classification of Diseases (ICD) coding schemas in Blocks 66-70, and reference any surgical procedures performed in the facility in Blocks 74a-74e using the International Classification of Disease (ICD) Surgical Procedure Codes. The UB-04 should be itemized in Block #42 in a summarization listing all ancillary services performed during the stay, and each service; (radiology, Labs, pharmacy, supplies, etc.) should be referenced using Revenue Center Codes (RCC). Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

### TAX IDENTIFICATION NUMBER

- The Provider/Facility Tax Identification Number (TIN) is an important identifier in the OWCP system. To ensure accurate processing and to reduce inaccuracy of payment, the provider billing on an OWCP-1500 billing form should reference the TIN (Employer Identification Number or SSN in Block #25), and indicate this identifier on all submitted reports and billings submitted consistently. The Tax Identification Number for Facilities billing on the UB-04 Billing form, should reference their Federal Tax Identification number in Block #5.

CA-16 PAGE 5 (Rev. 03-18)

#### ADDITIONAL INFORMATION

- Refer to Information for Medical Providers at <http://www.dol.gov/owcp/dfec/>

#### REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES

- If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

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#### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U. S .Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other healthcare providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/ administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Document Name: CA-17Heath, Scanned Date: 04/07/2023

Notes:

# Duty Status Report

**U.S. Department of Labor**  
 Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046  
 Expires: 05/31/2024  
 OWCP File Number  
 (If known)

**SIDE A - Supervisor: Complete this side and refer to physician**

1. Employee's Name (Last, first, middle)  
 Heath Stephen E

2. Date of Injury (Month, day, yr.) 03/29/2023  
 3. Social Security Number

4. Occupation Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected  
 Right/knee/elbow/forearm/neck pain/lower back pain from restraining combative inmate

6. The Employee Works  
 Hours Per Day 8 Days Per Week 5

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

**SIDE B - Physician: Complete this side**

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)

9. Description of Clinical Findings

10. Diagnosis(es) Due to Injury

11. Other Disabling Conditions

12. Employee Advised to Resume Work?  
 Yes, Date Advised  No

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, If so  Full-Time or  Part-Time \_\_\_\_\_ Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.			Hrs Per Day			Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day

t. Other (Describe)

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  
 Yes  No (Describe)

15. Date of Examination

16. Date of Next Appointment

17. Specialty

18. Tax Identification Number

19. Physician's Signature

20. Date

#### Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), you are here by notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U. S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other healthcare providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

#### Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under 5 U.S.C 8101, et seq. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, NW, Washington, DC 20210, and reference the OMB Control Number 1240-0046. Note: Please do not send the completed form to this office.

Document Name: IntakeHeath, Scanned Date: 04/07/2023

Notes:

## PATIENT INFORMATION

Información del Paciente

Name HEATH STEPHEN EVANS Date 7 APRIL 2023  
Last First M  
 Nombre Apellido HEATH EVANS Fecha 7 APRIL 2023  
Primer M  
 Address 10035 DRAFTWOOD PARK DR City HOUSTON State TX Zip 77095  
Dirección Ciudad Estado Código Postal  
 Telephone ( ) Cell Tele (281) 467-1852 Soc Sec # 231 - 90 - 4590 Driver Lc# 21308332  
Teléfono Celular # de Seg. Soc. Licencia de Conducir  
 EMAIL ADDRESS S3HEATH@BOP.GOV  
Correo Electronico  
 Age 55 Birthdate 04/13/1967 Sex M Status (M) S W D # of Children  
Edad Fecha De Nacimiento Sexo (M o F) Estado Civil C S V D # de Hijos  
 Occupation CONDUCTOR Employer DEPARTMENT OF JUSTICE Telephone (713) 221-5400  
Ocupación Empleador FEDERAL BUREAU OF PRISONS Teléfono  
 Employer's Address 1200 TEXAS AVE City HOUSTON State TX Zip 77002  
Dirección de Empleador Ciudad Estado Código Postal  
 Spouse's Name KATHLEEN Occupation N/A Employer N/A  
Nombre de Espos(a) Ocupación Empleador  
 Person responsible for this account \_\_\_\_\_  
Persona responsable por esta cuenta  
 Name and address of closest relative not living with you \_\_\_\_\_  
Nombre y dirección de familiar mas cercano a usted

Phone # \_\_\_\_\_

What are your symptoms?  
 Cuales son sus sintomas? PAIN IN RIGHT FOOT (UNDERSIDE) TOP RIGHTSIDE)  
CONTINUOUS MOTION

Date pain & symptoms first appeared: 3/25/2023 How were you referred? FDC HOUSTON  
Fecha que empezaron sus sintomas Como a estado referido?  
 How long have you had this condition? 1 YEAR Have you had this or similar condition in the past? YES  
Cuanto tiempo tiene con esta condicion? A tenido estos sintomas anteriormente?

Circle any activities that aggravate your condition:

Circle cualquier actividad que agrava su condicion  
 Standing  Walking  Sitting  Lying  Bending  Lifting  Twisting  Coughing  
Estar Parado caminando sentar Acostado inclinarse al recojer retorcinmeto toser

What other activities aggravate your condition? \_\_\_\_\_

Cuales otras actividades agravan su condición? \_\_\_\_\_

Is this condition getting progressively worse?  YES  NO  CONSTANT  COMES AND GOES

Su condición va empeorando?  SI  NO  constantemente  va y viene

OTHER DOCTORS SEEN FOR THIS CONDITION:  MD  DC  DO  DDS

Otros doctores que a visto para esta condicion

Doctor's Name GRACE VALOCCHI Diagnosis \_\_\_\_\_ Date Consulted 2022

Nombre De Doctor \_\_\_\_\_ Diagnisis \_\_\_\_\_ fecha de consulta \_\_\_\_\_

Length of time under care CONTINUOUS X-rays/MRI Y/N \_\_\_\_\_ Other \_\_\_\_\_

Duración del cuidado \_\_\_\_\_ Rayos-X/MRI Si/No \_\_\_\_\_ Otro \_\_\_\_\_

### INSURANCE INFORMATION: GROUP

Información de seguro

Name of Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_

Nombre de Compañia de Seguro \_\_\_\_\_ Nombre se Asegurado \_\_\_\_\_

Claim # \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

Numero de Reclamo \_\_\_\_\_ Numero de póliza \_\_\_\_\_ Numero de grupo \_\_\_\_\_ numero de telefono \_\_\_\_\_

Insurance's Address \_\_\_\_\_

Dirección del compania de seguro \_\_\_\_\_

### ACCIDENT INFORMATION

Información de accidente

Was your injury caused by an accident?  Yes  No Did you slip and fall?  Yes  No

¿su lesión fue causada por un accidente?  Si  No ¿Resbaló usted y caída?  Si  No

Did you accident occur while at work?  Yes  No      Were you involved in an automobile accident?  Yes  No  
¿Ocurrió su accidente mientras en el trabajo?  Si  No      Estaba involucrado en un accidente automovilístico?  Si  No  
Date 4/21/2023 Time 9:10 AM Injury reported to employer?  Yes  No Name of Supervisor \_\_\_\_\_  
Fecha 3/25/2023 Hora \_\_\_\_\_ Fue reportado a su empleado?  Si  No Nombre del supervisor \_\_\_\_\_  
Attorney's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Nombre del abogado \_\_\_\_\_ Num. De Telefono \_\_\_\_\_

Please present the following to the receptionist:  
Por favor presente lo siguiente a la recepcionsita:

- Auto Insurance Card       Insurance Information on the other driver
- tarjeta de seguro de auto      Información sobre seguros en el otro conductor
- Accident Report       Drivers License       Major Medical Insurance Card
- Reporte de accidente      Licencia de conducir      tarjeta de seguro médico

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I authorize payment from my insurance carrier directly to this office with the understanding that all monies will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Yo entiendo y estoy de acuerdo que las pólizas de seguro-que cubren accidente de auto + salud estan en un acuerdo conmigo y lay aseguranza. Yo autorizo que se haga pago directamente a esta oficina, con el entendido que todo el dinero recibido sera acreditado a mi cuenta. Yo claramente entiendo y estoy de acuerdo que los servicios recibidos seran cargados directamente a mi cuenta que yo soy responsable de pago y que si suspendo mi cuidado y tratamiento todos cargos y servicios profesionales recibidos tendran que ser pagados inmediatamente.

PATIENT'S SIGNATURE Stephen Heath  
Firma de Paciente \_\_\_\_\_

Form created 8/6/15

### PATIENT INFORMATION

Información del Paciente

Name HEATH STEPHEN EVANS Date 7 APRIL 2023  
 Last First M  
 Nombre Apellido Primer  
 Address 10035 DRIFTWOOD PARK DR. City HOUSTON State TX Zip 77095  
 Dirección Ciudad Estado Código Postal  
 Telephone ( ) Cell Tele (281) 467-1852 Soc Sec # 231-90-4598 Driver Lc# 21308332  
 Teléfono Celular # de Seg. Soc. Licencia de Conducir  
 EMAIL ADDRESS ~~STEPHEN~~ S3HEATH@BOP.GOV  
 Correo Electronico  
 Age 55 Birthdate 04/13/1967 Sex M Status (M) S W D # of Children  
 Edad Fecha De Nacimiento Sexo (M o F) Estado Civil C S V D # de Hijos  
 Occupation CORRECTIONAL OFFICER Employer DEPT OF JUSTICE Telephone (713) 221-5400  
 Ocupación Empleador Teléfono  
 Employer's Address 1200 TEXAS AVE City HOUSTON State TX Zip 77002  
 Dirección de Empleador Ciudad Estado Código Postal  
 Spouse's Name KATHLEEN Occupation N/A Employer N/A  
 Nombre de Esposo(a) Ocupación Empleador  
 Person responsible for this account  
 Persona responsable por esta cuenta  
 Name and address of closest relative not living with you  
 Nombre y dirección de familiar mas cercano a usted

What are your symptoms? PAIN IN/ON RIGHT KNEE. FROM SLIPPING AND FALLING. Phone # \_\_\_\_\_  
 Cuales son sus sintomas? PAIN IN/ON RIGHT KNEE. FROM SLIPPING AND FALLING.

Date pain & symptoms first appeared: 3/29/2023 How were you referred? FDC HOUSTON  
 Fecha que empezaron sus sintomas Como a estado referido?  
 How long have you had this condition? 3/29/2023 Have you had this or similar condition in the past? NO  
 Cuanto tiempo tiene con esta condicion? A tenido estos sintomas anteriormente?

Circle any activities that aggravate your condition:  
 Círcule cualquier actividad que agrava su condicion  
 Standing  Walking  Sitting  Lying  Bending  Lifting  Twisting  Coughing  
 Estar Parado caminando sentar Acostado inclinarse al recoger retorcimineto toser

What other activities aggravate your condition? STANDING UP FROM SITTING POSITION  
 Cuales otras actividades agravan su condicion?  
 Is this condition getting progressively worse? YES  NO  CONSTANT  COMES AND GOES  
 Su condición va empeorando? SI NO constantemente va y viene

OTHER DOCTORS SEEN FOR THIS CONDITION: MD DC DO DDS  
 Otros doctores que a visto para esta condicion  
 Doctor's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_ Date Consulted \_\_\_\_\_  
 Nombre De Doctor Diagnosi fecha de consulta  
 Length of time under care \_\_\_\_\_ X-rays/MRI Y / N Other \_\_\_\_\_  
 Duración del cuidado Rayos-X/MRI Si/No Otro \_\_\_\_\_

**INSURANCE INFORMATION: GROUP**  
 Información de seguro  
 Name of Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_  
 Nombre de Compañía de Seguro Nombre se Asegurado  
 Claim # \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_  
 Numero de Reclamo Numero de póliza Numero de grupo numero de telefono  
 Insurance's Address \_\_\_\_\_  
 Dirección del compania de seguro

**ACCIDENT INFORMATION**  
 Información de accidente  
 Was your injury caused by an accident? Yes  No  Did you slip and fall? Yes  No   
 ¿su lesión fue causada por un accidente? Si No ¿Resbaló usted y caída? Si No

Did you accident occur while at work?  Yes  No      Were you involved in an automobile accident?  Yes  No  
 ¿Ocurrió su accidente mientras en el trabajo?  Si  No      Estaba involucrado en un accidente automovilístico?  Si  No  
 Date 4/2/2023 - 9:10 PM Time ~ 4:45 PM Injury reported to employer?  Yes  No      Name of Supervisor E. ZARATE, SUPERVISOR  
 Fecha 3/29/2023 Hora ~ 4:45 PM Fue reportado a su empleado?  Si  No      Nombre del supervisor LUCCED  
 Attorney's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Nombre del abogado \_\_\_\_\_ Num. De Telefono \_\_\_\_\_

Please present the following to the receptionist:  
 Por favor presente lo siguiente a la recepcionsita:

- Auto Insurance Card       Insurance Information on the other driver
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Yo entiendo y estoy de acuerdo que las polizas de seguro-que cubren accidente de auto + salud estan en un acuerdo conmigo y lay aseguranza. Yo autorizo que se haga pago directamente a esta oficina, con el entendido que todo el dinero recibido sera acreditado a mi cuenta. Yo claramente entiendo y estoy de acuerdo que los servicios recibidos seran cargados directamente a mi cuenta que yo soy responsable de pago y que si suspendo mi cuidado y tratamiento todos cargos y servicios profesionales recibidos tendran que ser pagados inmediatamente.

PATIENT'S SIGNATURE   
 Firma de Paciente \_\_\_\_\_

Form created 8/6/15

**PATIENT AUTHORIZATION AND ASSIGNMENT**

**Authorization for direct payment**

This authorization and assignment is irrevocable and applies only to the payment of medical expenses incurred at this office. I hereby authorize and direct any and all insurance companies or third party pay or accepting liability for payment of my injury claim, or are contracted otherwise to furnish me medical payments benefits, to make and send payment directly to Accuhealth at 1725 Main Street, Houston, TX 77002 for medical expenses incurred at this office. If payment is not made until time of settlement, I instruct the third party to issue a separate draft to be payable to the physician/clinic for the medical bills. In the event that the insurance company is unable to furnish separate payment for medical expenses, then I direct the insurance company making settlement of my claims to include Accuhealth on any settlement or payment checks, and deliver check(s) to: 1725 Main Street, Houston, TX 77002.

This agreement supercedes any agreement with my insurance company regarding payment and disbursement of funds for payment or settlement of my claim.

**Assignment of benefits**

For payment of any medical bills incurred at this office, I assign my insurance benefits to be paid directly to Accuhealth at: 1725 Main Street, Houston, TX 77002

I instruct any monies due from my personal injury protection to be paid directly to my physician. Furthermore, claims shall be paid in accordance with Article 5.06-3, in a timely manner, not to exceed 30 days upon receipt of each claim.

I instruct my attorney to pay on full any outstanding monies due my physician at the time of settlement with any liability claim that may result from this case. My attorney shall not withhold any portion of the amount due to my doctor under this agreement to offset attorney's fees which my attorney now or hereafter may claim to be owed by me. I instruct my attorney to pay my doctor immediately upon settlement, by way of issuance of a separate draft made payable to the physician/clinic.

**Assignment of Cause of Action**

I hereby transfer the cause of action that exists in my favor against any insurance company that is contractually obligated to make payment for my claim. I authorize you, the doctor, to prosecute said section, or settle my medical bills as you see fit. It is understood that you will refrain from collection efforts directly from me, the patient, given that I have granted by this assignment all reasonable attempts to collect from the insurance company.

**Authorization to endorse checks for medical expenses**

For payment of medical bills incurred at this office only, I authorize this office to endorse any checks or settlement checks for payment of my bill. I understand that any overpayments of my medical bills incurred at this office will be refunded to me, the patient.

**Authorization to release medical records**

I authorize the release of any medical records necessary for my medical treatment, and to the insurance company for payment of my bills.

A photocopy of this form shall be as valid as the original.

STEPHEN E HEATH  
Printed Name

[Signature]  
Signature

7 APRIL 2023  
Date

**To the insurance company**

As adjuster agent acting on behalf of the insurance company for this patient's claim for alleged injury occurring on \_\_\_\_\_, I acknowledge receipt of the agreement between this patient and Accuhealth and agree to make payment to Accuhealth directly and separately at, or before, the time settlement for this injury. In the event that separate payment cannot be made, I agree to include Accuhealth on any settlement check(s) for medical expenses, and deliver the settlement check(s) to the above address. I understand that this agreement supersedes any verbal agreement with the patient for disbursement of payment for incurred medical expenses.

\_\_\_\_\_  
Printed Name of Agent or Adjuster for Insurance Company

\_\_\_\_\_  
Signature Date



**RECORDS REQUEST**

Date: 7 APRIL 2023  
TO: VA MEDICAL CENTER, MICHAEL E DEBAKEY HOSPITAL  
ADDRESS: 2002 HOLCOMBE BLVD  
CITY: HOUSTON ST: TX ZIP: 77030  
PHONE NO: (713) 794-7228 FAX NO: \_\_\_\_\_

**RE: MEDICAL RECORDS**

PATIENT: SE HEATH STEPHEN E HEATH  
ADDRESS: 10035 DUFFWOOD PARK DR.  
SSN: 231 90 4590  
DATE OF BIRTH: 13 APRIL 1967

**PURPOSE OF DISCLOSURE: EVALUATION AND TREATMENT**

I HEREBY AUTHORIZE THE RELEASE OF ALL MY RECORDS, INCLUDING BUT NOT LIMITED TO: DAILY SOAP NOTES, INTIAL AND FINAL REPORTS, X-RAY REPORTS, EMG/NCV AND MRI TESTING AS WELL AS ANY OTHER RECORDS THAT MIGHT BE IN MY FILE TO THE ABOVE FACILITY AND DOCTOR. I AUTHORIZE THE TRANSFER OF ALL MY RECORDS TO THE FOLLOWING FACILITY:  
THIS AUTHORIZATION IS VALID FOR 1 YEAR FROM THE DATE OF SIGNATURE

**ACCUHEALTH**  
1725 MAIN STREET #2  
HOUSTON, TX 77002  
PHONE NO: (713) 485-5200  
FAX NO: (972) 238-0456

STEPHEN E HEATH  
PATIENTS NAME

  
SIGNATURE

Date: 7 APRIL 2023





**CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION**

Use and Disclosure of your protected health care information will be used by Accuhealth or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

**NOTICE OF PRIVACY PRACTICES**

You should review the NOTICE OF PRIVACY PRACTICES for a more complete description of how your Protected Health Care information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office.

You may review the Notice prior to signing this consent. You may also request a copy of the Notice at the front desk.

**REQUESTING THE RESTRICTION ON THE USE OR DISCLOSURE OF YOUR INFORMATION**

Your may request a restriction on the use or disclosure of your Protected Health Information. This office may or may not agree to restrict the use or disclosure of your Protected Health information. If we agree to your request, the restriction will be binding with this office. Use or Disclosure of Protected Health Information in violation of the agreed upon restrictions will be a violation of federal privacy standards

**REVOCAION OF CONSENT:**

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use of disclosure that has occurred prior to the date on which you revocation of consent is received will not be affected.

**RESERVATION OF RIGHT TO CHANGE PRIVACY PRACTICE:**

This office reserves the right to modify the privacy practices outlined in this notice:

**SIGNATURE:**

I have reviewed this consent form and give my permission to this office to use and disclose my Health Information in accordance with it.

Patient Name: STEPHEN E. HEATH

Signature of patient: [Handwritten Signature]

Date signed: 7 APRIL 2023

Signature of patient representative: \_\_\_\_\_

Relationship of patient representative to patient \_\_\_\_\_

Office Representative \_\_\_\_\_

Date: \_\_\_\_\_

# Accuhealth

## Injury & Wellness

### MEDICAL HISTORY FORM

Name: STEPHEN E HEATH Date: 7 APR 23 SS 231904590  
Height: 6' Weight: 195 DOB: 13 APR 1967  
Email Address: S3HEATH@BUP.GOV  
Primary Care Physician: GRACE VALOCCHI (DR) Phone: 713 794-7228

#### CHIEF COMPLAINT

Why are you here to see the doctor? KNEE (RIGHT) INJURY FROM SLIP/FALL

Do you have any of the following:

Jewelry or metal allergies? Yes  No  What type of metals: \_\_\_\_\_

Solution allergies? Yes  No  What type of solutions? IVP DYE

Tape allergies? Yes  No  What type of tape or Band-Aids? \_\_\_\_\_

Latex? Yes  No

#### MEDICAL HISTORY:

Are you currently having or have had problems in the past with any of the following?

	Circle	Describe all YES answers
Previous knee treatment	<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>HURT KNEE RUNNING ON CONCRETE.</u>
Home exercise	<input type="radio"/> Yes <input type="radio"/> No	_____
Steroid Injections	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Lungs/breathing/emphysema?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>ASTHMA</u>
Diabetes (High blood sugar)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
High blood pressure?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>RECENT</u>
Bleeding/circulatory problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Balance problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Numbness or tingling?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>NECK INJURY</u>
Blackout problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Aids?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Cancer?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Type: _____ Treatment: _____
Hepatitis?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Type A B C _____
Tuberculosis?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Neurological/Epilepsy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Heart problems/heart attack?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Angina?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Stroke?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Low back pain?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	History of back pain <u>2005</u>
Blood clots/Phlebitis?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Chronic infections?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Site of infection? _____
Arthritis?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Rheumatoid? <u>NO / NECK</u>
Gout?	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____

Patient signature: [Signature] Date: 7 APRIL 2023  
Physician reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

08/24/2015

# Accuhealth

## Injury & Wellness

### Consent for Medical and Surgical Procedure(s)

To the patient:

You have been given information about your condition and the recommended procedure (s) to be used. This consent is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s)

1. **Condition:** My clinician has explained to me that the following condition(s) exist in my case: Osteoarthritis of the knee
2. **Proposed Procedure(s):** I understand that the following procedure(s) proposed for my condition is(are): Fluoroscopic /ultrasound guided intra-articular injection of Hyalgan with contrast into the knee(s) Right \_\_\_ Left \_\_\_ Bilateral \_\_\_
3. **Risks/benefits of Proposed Procedure:** Just as there may be benefits to the proposed procedure(s), I also understand that the described procedure(s) involve risks. These risks included, but are not limited to, pain, bleeding, infection, failure to produce desired results and drug reactions from minor to major.
4. **Complications, Unforeseen Conditions, Results:** My clinician has explained to me in terms that I can understand, the most likely complications that may occur with the above procedure(s). I am aware that in the practice of medicine, other unexplained risks or complications not discussed may occur. No one has given me a promise or a guarantee of what the results of the procedure(s) will be.
5. **Acknowledgements:** We have Discussed alternative types of treatment, including doing nothing. I understand what has been discussed with me as well as the contents of this consent form and have been given the opportunity to ask questions and have received satisfactory answers.
6. **Consent to Procedure(s) and Treatment:** Having read this form and talked with my doctor, my signature below acknowledges that:
  - a. I voluntarily give my authorization and consent to the series of five injections as described above by my doctor or other trained persons.
  - b. Date of procedure (sig) \_\_\_\_\_
  - c. I consent to the administration of a local anesthetic as required for the above procedures

Patient Signature:  Date: 7 APRIL 2023

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

08/24/2015



**CONSENT FOR EXAMINATION**

I have received a free knee screening and preliminary evaluation and I understand that from this point on I or my insurance company **will be responsible** for any other services that I receive here at ACCUHEALTH, including but not limited to examination and X-rays.

Patient Signature: 

Date: 7 April 2023

08/24/2015

# Accuhealth

## Injury & Wellness

### Patient Pledge

**Provider:** This form must be completed for all patients.

**Patient:** You acknowledge that your physician, \_\_\_\_\_, has prescribed certain controlled substances, or other treatments or therapies, as further described below. Your physician has recommended this course of treatment based on his/her professional medical judgment. Patient compliance with physician recommendations is a key element of a successful relationship and positive outcomes, and lack of compliance is a frequent cause why prescribed therapies fail. By entering into this agreement, you agree to the following:

- You will, to the best of your ability, take all prescribed medications in the dosage and frequency as ordered by your physician.
- You will, to the best of your ability, follow your physician's instructions as to all other recommended therapies or treatments (whether at home or with another provider/facility).
- You will notify your physician as soon as possible regarding any side effect or injury you experience related to the prescribed treatments or therapies.

If you fail to meet the expectations of this pledge, your physician may refer you to another professional to seek treatment.

**Prescribed controlled substances, therapies or other treatments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Patient

STEPHEN E. HEATH  
\_\_\_\_\_  
Type or Print Name of Patient

Date: 7 APRIL 2023  
\_\_\_\_\_

N/A  
\_\_\_\_\_  
Signature of Parent or Guardian (if applicable)

N/A  
\_\_\_\_\_  
Type or Print Name of Parent or Guardian  
(if applicable)

# Accuhealth

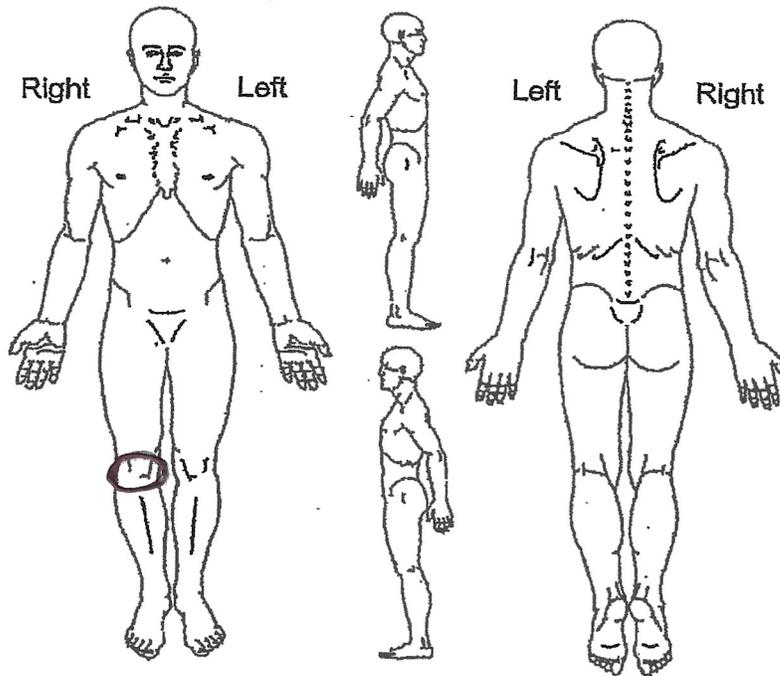
## Injury & Wellness

Name: STEPHEN E HEATH

Date: 7 APRIL 2023

Area:	Pain Level Today										
	No Pain	Mild			Moderate			Severe			Extreme
1. <u>RIGHT KNEE</u>	0	<u>1</u>	2	3	4	5	6	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10
6. _____	0	1	2	3	4	5	6	7	8	9	10

Please circle or use an "X" to indicate the areas that you have pain. Draw arrows ↓ to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature: *[Handwritten Signature]*

Date: 7 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

# Accuhealth

## Injury & Wellness

Patient Name STEPHEN E HEATH Today's Date 7 APRIL 2013  
Age 55 Birthdate 13 APRIL 1967 Date of last physical examination \_\_\_\_\_  
What is your reason for visit? KNEE INJURY FROM SLIP/FALL

### - Symptoms -

Check (✓) conditions you currently have or have had in the past year.

- |  |   |  |   |
|--|---|--|---|
| <p><b>GENERAL</b></p> <input type="checkbox"/> Chills<br><input checked="" type="checkbox"/> Depression<br><input type="checkbox"/> Dizziness<br><input type="checkbox"/> Fainting<br><input type="checkbox"/> Fever<br><input type="checkbox"/> Forgetfulness<br><input checked="" type="checkbox"/> Headache<br><input type="checkbox"/> Loss of sleep<br><input type="checkbox"/> Loss of weight<br><input checked="" type="checkbox"/> Nervousness<br><input type="checkbox"/> Numbness<br><input type="checkbox"/> Sweats | <p><b>GASTROINTESTINAL</b></p> <input type="checkbox"/> Appetite poor<br><input checked="" type="checkbox"/> Bloating<br><input type="checkbox"/> Bowel changes<br><input type="checkbox"/> Constipation<br><input checked="" type="checkbox"/> Diarrhea<br><input type="checkbox"/> Excessive hunger<br><input type="checkbox"/> Excessive thirst<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Hemorrhoids<br><input type="checkbox"/> Indigestion<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Rectal bleeding<br><input type="checkbox"/> Stomach pain<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Vomiting blood | <p><b>EYE, EAR, NOSE, THROAT</b></p> <input type="checkbox"/> Bleeding gums<br><input type="checkbox"/> Blurred vision<br><input type="checkbox"/> Crossed eyes<br><input type="checkbox"/> Difficulty swallowing<br><input type="checkbox"/> Double vision<br><input type="checkbox"/> Earache<br><input type="checkbox"/> Ear discharge<br><input type="checkbox"/> Hay fever<br><input type="checkbox"/> Hoarseness<br><input type="checkbox"/> Loss of hearing<br><input type="checkbox"/> Nosebleeds<br><input type="checkbox"/> Persistent cough<br><input checked="" type="checkbox"/> Ringing in ears<br><input checked="" type="checkbox"/> Sinus problems<br><input type="checkbox"/> Vision - Flashes<br><input checked="" type="checkbox"/> Vision - Halos | <p><b>MEN only</b></p> <input type="checkbox"/> Breast lump<br><input type="checkbox"/> Erection difficulties<br><input type="checkbox"/> Lump in testicles<br><input type="checkbox"/> Penis discharge<br><input type="checkbox"/> Sore on penis<br><input type="checkbox"/> Other   |
| <p><b>MUSCLE/JOINT/BONE</b></p> <p>Pain, weakness, numbness in:</p> <input type="checkbox"/> Arms <input type="checkbox"/> Hips<br><input type="checkbox"/> Back <input checked="" type="checkbox"/> Legs<br><input checked="" type="checkbox"/> Feet <input type="checkbox"/> Neck<br><input type="checkbox"/> Hands <input type="checkbox"/> Shoulders   | <p><b>CARDIOVASCULAR</b></p> <input type="checkbox"/> Chest pain<br><input checked="" type="checkbox"/> High blood pressure<br><input type="checkbox"/> Irregular heart beat<br><input type="checkbox"/> Low blood pressure<br><input type="checkbox"/> Poor circulation<br><input type="checkbox"/> Rapid heart beat<br><input type="checkbox"/> Swelling of ankles<br><input type="checkbox"/> Varicose veins   | <p><b>SKIN</b></p> <input type="checkbox"/> Bruise easily<br><input type="checkbox"/> Hives<br><input type="checkbox"/> Itching<br><input type="checkbox"/> Change in moles<br><input type="checkbox"/> Rash<br><input type="checkbox"/> Scars<br><input type="checkbox"/> Sore that won't heal  | <p><b>WOMEN only</b></p> <input type="checkbox"/> Abnormal Pap Smear<br><input type="checkbox"/> Bleeding between periods<br><input type="checkbox"/> Breast lump<br><input type="checkbox"/> Extreme menstrual pain<br><input type="checkbox"/> Hot flashes<br><input type="checkbox"/> Nipple discharge<br><input type="checkbox"/> Painful intercourse<br><input type="checkbox"/> Vaginal discharge<br><input type="checkbox"/> Other |
| <p><b>GENITO-URINARY</b></p> <input checked="" type="checkbox"/> Blood in urine<br><input type="checkbox"/> Frequent urination<br><input type="checkbox"/> Lack of bladder control<br><input checked="" type="checkbox"/> Painful urination  |   |  | <p>Date of last menstrual period _____</p> <p>Date of last Pap Smear _____</p> <p>Have you had a mammogram? _____</p> <p>Are you pregnant? _____</p> <p>Number of children _____</p>  |

### - Conditions -

Check (✓) conditions you currently have or have had in the past year.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> AIDS<br><input type="checkbox"/> Alcoholism<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Anorexia<br><input type="checkbox"/> Appendicitis<br><input checked="" type="checkbox"/> Arthritis<br><input checked="" type="checkbox"/> Asthma<br><input type="checkbox"/> Bleeding Disorders<br><input type="checkbox"/> Breast Lump<br><input type="checkbox"/> Bronchitis<br><input type="checkbox"/> Bulimia<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Cataracts | <input type="checkbox"/> Chemical Dependency<br><input type="checkbox"/> Chicken Pox<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Emphysema<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Glaucoma<br><input type="checkbox"/> Goiter<br><input type="checkbox"/> Gonorrhea<br><input type="checkbox"/> Gout<br><input type="checkbox"/> Heart Disease<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> Herpes | <input type="checkbox"/> High Cholesterol<br><input type="checkbox"/> HIV Positive<br><input type="checkbox"/> Kidney Disease<br><input type="checkbox"/> Liver Disease<br><input type="checkbox"/> Measles<br><input type="checkbox"/> Migraine Headaches<br><input type="checkbox"/> Miscarriage<br><input type="checkbox"/> Mononucleosis<br><input type="checkbox"/> Multiple Sclerosis<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Pacemaker<br><input type="checkbox"/> Pneumonia<br><input type="checkbox"/> Polio | <input type="checkbox"/> Prostate Problem<br><input type="checkbox"/> Psychiatric Care<br><input type="checkbox"/> Rheumatic Fever<br><input type="checkbox"/> Scarlet Fever<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Suicide Attempt<br><input type="checkbox"/> Thyroid Problems<br><input type="checkbox"/> Tonsillitis<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Typhoid Fever<br><input type="checkbox"/> Ulcers<br><input type="checkbox"/> Vaginal Infections<br><input type="checkbox"/> Venereal Disease |
|---|---|---|--|

### - Medications -

List medications you are currently taking.

SEE ATTACHED SHEETS

Pharmacy Name MICHAEL E DEBAKEY HOUSTON, TX Phone \_\_\_\_\_  
VA MEDICAL CENTER

### - Allergies -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### - Health History -



**- Family History -**

Relation	Age	State of Health	Age at Death	Cause of Death	Check (✓) if, your blood relatives had any of the following:	
					Disease	Relationship to you
Father					Arthritis, Gout	
Mother					Asthma, Hay Fever	
Brothers					Cancer	
					Chemical Dependency	
					Diabetes	
					Heart Disease, Strokes	
Sisters					High Blood Pressure	
					Kidney Disease	
					Tuberculosis	
					Other	

**- Hospitalizations -**

Year	Hospital	Reason for Hospitalization and Outcome

Have you ever had a blood transfusion?  Yes  No  
 If yes, please give approximate dates \_\_\_\_\_

Serious Illness/Injuries	Date	Outcome

**- Pregnancies -**

Year of Birth	Sex of Birth	Complications if any

**- Health Habits -**

Check (✓) which you use and how much you use.

	Caffeine	
	Tobacco	
	Street Drugs	
	Other	

**- Occupational -**

Check (✓) if your work exposes you to:

	Stress	Hazardous Substances
	Heavy Lifting	Other

Occupation \_\_\_\_\_

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

_____ Signature of Patient, Parent, Guardian or Personal Representative	_____ Date
_____ Please print name of Patient, Parent, Guardian or Personal Representative	_____ Relationship to Patient
_____ Reviewed By	_____ Date



## VISCOSUPPLEMENTATION INJECTION INFORMED CONSENT

I have determined that you are a candidate for the use of the treatment of arthritis that uses the injection of a compound known as Hyaluronate into the joint(s). This substance is intended to decrease pain and improve function in the afflicted joint(s). The medication that is to be injected is derived from natural sources and should not be used in anyone allergic to feathers, chicken, eggs, or vaccination products derived from eggs. If you have any of these allergies or problems, let me know and you will not be injected with this medication. It is dangerous to do so.

The most common complications of the injections with Synvisc, Hyalgan, and other viscosupplements have been gastrointestinal upset, nausea, transient flare-up of the joint with pain, irritation at the injection site, skin irritation at the injection site, and headaches. Violent allergic reactions have been reported in a small number of cases. If any of the above symptoms or signs appear after you receive the injection, or if you have any other problems, you should call the office.

It may be necessary for you to receive a series of injections. You may not notice improvement until the last of the series of injections. If you discontinue the injections because of adverse reaction before the completion of the injections, you may not realize any benefit from the treatment.

As in any injection into a joint there is a chance of infection being introduced into the joint. If this were to occur, aggressive treatment including the possibility of surgery might be necessary.

There is no treatment for arthritis that benefits every patient. There is no guarantee, implied or stated that the treatment will be effective in your case.

There are other similar types of treatment (such as cortisone injections), which may temporarily resolve your symptoms. You have agreed that viscosupplementation is appropriate in your situation. Synvisc and Hyalgan have been approved by the FDA as a "device". It has not been approved as a drug or medicine.

I, \_\_\_\_\_, have been fully informed of the risks, hazards and complications of the injections of Synvisc/Hyalgan into my joint(s).

I request that my Provider/Dr.: \_\_\_\_\_, inject my \_\_\_\_\_ joint(s) with Synvisc/Hyalgan.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness



MRS Checklist - BEFORE HRT

Which of the following symptoms apply at this time?  
Place an "X" for EACH symptom. For symptoms that do not apply, please mark NONE.

	None	Mild	Moderate	Severe	Extremely Severe
1. <b>Hot flashes, sweating</b> (episodes of sweating)	<input type="checkbox"/>				
2. <b>Heart discomfort</b> (unusual awareness of heart beat, heart skipping, heart racing, tightness)	<input type="checkbox"/>				
3. <b>Sleep problems</b> (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)	<input type="checkbox"/>				
4. <b>Depressive mood</b> (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>				
5. <b>Irritability</b> (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>				
6. <b>Anxiety</b> (inner restlessness, feeling panicky)	<input type="checkbox"/>				
7. <b>Physical and mental exhaustion</b> (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>				
8. <b>Sexual problems</b> (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>				
9. <b>Bladder problems</b> (difficulty in urinating, increased need to urinate, bladder incontinence)	<input type="checkbox"/>				
10. <b>Dryness of vagina</b> (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>				
11. <b>Joint and muscular discomfort</b> (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>				

Please share any additional comments about your symptoms you would like to address.

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Female \*



**AMS Checklist - BEFORE HRT**

Which of the following symptoms apply at this time?  
 Place an "X" for EACH symptom. For symptoms that do not apply, please mark NONE.

	None	Mild	Moderate	Severe	Extremely Severe
1. Decline in your feeling of general well-being (general state of health, subjective feeling)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sleep problems (difficulty in falling asleep difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased need for sleep, often feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Irritability (feeling aggressive, easily upset about little things, moody)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nervousness (inner tension, restlessness, feeling fidgety)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anxiety (feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Decrease in muscular strength (feeling of weakness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling that you have passed your peak	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feeling burnt out, having hit rock-bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decrease in beard growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Decrease in ability/frequency to perform sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Decrease in the number of morning erections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Decrease in sexual desire/libido (lacking pleasure in sex, lacking desire for sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments about your symptoms you would like to address.

Please list any prior hormone therapy?

Recent PSA: \_\_\_\_\_ Recent Digital Rectal Exam (Date): \_\_\_\_\_ Normal / Abnormal

History of Prostate problems or Biopsy. If so, please provide details.

# male #



## Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services. Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.
2. I understand and agree that:
  - I will not be in the same location or room as my medical provider.
  - My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
  - Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
  - Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
  - I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide

# Accuhealth

## Injury & Wellness

information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.

- I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.
- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.
- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.



\_\_\_\_\_  
Signature of patient (or guardian)

STEPHEN E HEATH

\_\_\_\_\_  
Printed name

7 APRIL 2023

\_\_\_\_\_  
Date