ATTACHMENT C

RESPONDENT'S ARGUMENT

August 14, 2021

Re: Respondents Argument

To whom it may concern,

The purpose of this letter is to a submit written argument against the proposed decision for my hearing held on May 20th, 2021. Please make reference to my Neurologist Dr. Steven Albinder's notes and the letter from my Therapist Esmerelda Christensen dated August 18th 2021. I was diagnosed with Superior Canal Dehiscence in 2018. The definition of this condition is a thinning or opening of the top layer of the temporal bone. In my case it's on my left side. If you compare my left temporal bone from my right on my CT Scan you will see there is a big difference between the two images. On the right side the top layer of the bone is thicker and on my left side the top layer of the bone has thinned out and the hole was so small that it wasn't even visible on the CT scan. This is why on the radiology report that was presented by Dr Mazer it said that I had a questionable dehiscence. The doctors who performed my craniotomy Dr Isaac Yang and Dr Quinton Gopen were only able to see the hole with precise special high-tech devices they use during these types of surgeries. They are very experienced doctors from UCLA who specialize in these conditions that have performed hundreds of these surgeries. Symptoms of Superior Canal Dehiscence can present themselves even when there is a thinning in the bone it isn't always because there is a hole. In my case I was born with this malformity but was asymptomatic until 2016. That is when my symptoms of dizziness and disequilibrium first started. I saw many different types of doctors before finally getting a diagnosis. This includes: ENT's, Neurologists, Oto-Neurologists, Physical Therapists, Psychologists, Psychiatrists, Chiropractors, Naturopaths, etc. The medical records that were submitted by me and presented at the hearing by doctor Mazer are old records. These records basically show my journey of trying to figure out what was going on with me. It is what has been documented from the beginning of my symptoms to finally receiving a diagnosis. I experience many crippling symptoms on a daily basis that is why it is important to me for this diagnosis to be added to my Calpers file because this is the main reason why I wasn't able to perform my work duties and the reason why I decided to apply for disability retirement. My current Neurologist explained to me that I have a loss of function on my left side. Due to this and the thinning of my inner temporal bone I continue to experience symptoms. These symptoms include: dizziness, disequilibrium, double or blurred vision, light headedness, feeling of passing out, vestibular migraines, oscillopsia, etc. I decided to give myself the opportunity to go back to work in January 2020 to see if I was able to perform my work duties and I experienced a lot of difficulty because of my symptoms. While I was at work I would feel unsteady, boaty floaty sensations, difficulty reading, difficulty looking at the computer screen and scrolling up and down, dizziness while standing, sitting in a chair, and bending over, dizziness with head and body movements, dizziness while walking, feeling of light headedness and feeling of passing out. My eyes would have trouble adjusting with the movements of my head and body and of the computer screen. This caused me to experience visual disturbances that would cause my symptoms to exacerbate and get worse. I had to ask for reasonable accommodations. My supervisor reduced my work hours, significantly reduced my work load, and would send me home every week because I wasn't feeling well.

When COVID started my supervisor allowed me to work from home to reduce the stress that I experienced from being in the office. My work duties were different at home compared to when I was in the office and I had even less of a workload. Even with all of these modifications I still experienced difficulty due to the movement of the computer screen. I also experience symptoms while driving a vehicle due to the movement of the cars around me. I only drive short distances and avoid freeways. Despite going through surgery I still continue to have the same symptoms that I had prior to the surgery. I would also like to point out there was a VNG and a VEMP done by Dr Purcell that did show abnormalities on my left side. Those results were already submitted. Based on these facts I was also approved for social security disability. I have a team of experienced and credible doctors and therapists working with me that I see every week to help me manage my symptoms. I still continue to see an Oto-Neurologist, a Chiropractic Neurologist, a Psychiatrist, a Therapist, and an Acupuncturist. It took a lot of trial and error and a long time to find good quality doctors such as these. Based on the new medical information from my Neurologist and Therapist I ask that you please reconsider your decision.

Thank you for your time and consideration,

illa Vistaneda

Priscilla Castaneda



August 18, 2021

To Whom It May Concern:

Priscilla Castañeda is my patient, and has been under my care since 03/05/20. I am intimately familiar with her history and with the functional limitations imposed by her Physical illness that has lead to emotional/mental related illness. Her working diagnosis is F43.23, Adjustment Disorder with anxiety and depressed mood.

Upon intake, she shared that she had healed from ear surgery, that she went through, with the hope that the dizziness would go away. She shared that her current therapist had explained that because she was dizzy for so long prior to the surgery, now her brain creates dizziness when she fells anxious and anxiety when she feels dizzy. She was taking 10 mg of Lexapro at that time, to manage anxiety. She presented with fear of not healing and overwhelmed with dizziness and anxiety; feeling frustrated that she was not feeling better, as she had hoped the surgery would correct her issue.

Throughout our work together, she has been very driven to improve and has tried different therapies to help her physical and emotional health. Symptoms present throughout our work together include, dizziness, nausea, numbness, tingling in head, lightheadedness, migraines, gastric issues, anxiety, panic attacks, sadness, hopelessness, helplessness, frustration. Priscilla is desperate to heal, when dizziness gets worse, she experiences increased anxiety and hopelessness. If you have any further questions, please feel free to contact me with a signed release of information at (619) 567-7399 ext. 1.

Sincerely,

Elhristenson, MFT, PCC

Esmeralda S. Christensen, MFT, PCC esmeralda@achieveyourtruepotential.com

Licensed by the State of California License Number: MFT 45349 Original Issue Date: 01/20/2008 Status: Active Licensed by the State of California License Number: LPCC 1568 Original Issue Date: 10/13/2014 Status: Active

Patient: Castaneda, Priscilla		
ns Co: Medicare	Pol #:	
Date 05/19/2021		
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Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Approx Date of Onset:2016

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 4/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria Eye Movement Testing:

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rovider:	Steven J.	Albinder,	D.C.		*** con	tinued from pres	/ious page ***
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Patient: C Ins Co: N	astaneda, P ledicare	riscilla	Pol #:	
Date 0	5/19/2021	1		
Provider:	Steven J.	Albinder, D.C.		*** continued from previous page ***

Manual Therapy 11 (2): 99-106. doi:10.1016/j.math.2005.04.003.

Assessment:

ASSESSMENT:

meeting expectations and continued same diagnosis. Continued care is necessary to meet the goal.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

- Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 05/24/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Approx Date of Onset:2016

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 3/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 4/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis; short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

Priscilla Castaneda		5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111
Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 05/24/2021		
Provider: Steven J. Albinde	r, D.C.	*** continued from previous page ***
than 30 seconds i Vergence: The patie Near Point Conve limits Pursuits: Within nor Prosaccades: Abno	<i>ergence:</i> The patient's near poin mal limits <i>rmal</i> accade tasks were abnormal fo	verge the eyes smoothly and equally. It convergence distance is within norma
her eyes closed. The the head placed in fle lateral flexion, right ro flexion, and left rotation	test was performed with the pat xion, extension, right rotation, le tation with extension, left rotation on with flexion. The patient's bal ts are listed below:	as tested on a compliant surface with ient's head in neutral position and with eft rotation, right lateral flexion, left on with extension, right rotation with ance response was observed in each
Neutral:within norm Flexion:within norm Extension:unstable Right Rotation: within Left Rotation within Right Lateral Flexion Left Lateral Flexion Right Rotation with Left Rotation with E Right Rotation with	al limits in normal limits normal limits n: unstable unstable <i>Extension:</i> unstable	

Cervical Joint Position Sense Test:

Right rotation: abnormal impairment of and 4cm Left rotation: within normal limits Flexion : abnormal impairment of and 4cm Extension: abnormal impairment of and 4cm

Treleaven, Julia, Gwendolen Jull, and Nancy Lowchoy. 2006. "The Relationship of Cervical Joint Position Error to Balance and Eye Movement Disturbances in Persistent Whiplash." Manual Therapy 11 (2): 99–106. doi:10.1016/j.math.2005.04.003.

Patient: Ca	staneda, Pris	scilla					
Ins Co: Me	edicare		Pol #:	1			
Date 05	24/2021						
Provider:	Steven J.	Albinder, D.C.			*** con	tinued from prev	vious page ***

Assessment:

ASSESSMENT:

showing improvement. Continued care is necessary to meet the goal.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan:

PLAN:

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- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

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- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and opcipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- *Tx Effect:* Treatment rendered without incident - *Next Visit:* Patient advised continue with treatment plan as scheduled

	: Castaneda, Priscilla Médicare	Pol #:	
Date	05/26/2021		· · · · · · · · · · · · · · · · · · ·

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Approx Date of Onset:2016

-Frequency/Quality:Constant discomfort described as

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- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 4/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- Tissue Tone Changes: left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

San Diego Chiropractic Neurology Chart Notes 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Priscilla Castaneda Phone: (619) 344-0111 Fax: (619) 344-0111 Patient: Castaneda, Priscilla Ins Co: Medicare Pol #: Date 05/26/2021 *** continued from previous page *** Provider: Steven J. Albinder, D.C. Gaze Stability: The patient was able to hold their gaze stable for more than 30 seconds in the in all gaze positions Vergence: The patient was able to converge and diverge the eyes smoothly and equally. Near Point Convergence: The patient's near point convergence distance is within normal limits Pursuits: Within normal limits Prosaccades: Abnormal Antisaccades: Antisaccade tasks were abnormal for the patient Optokinetic Responses: abnormal Dynamic Balance Testing: The batient's balance was tested on a compliant surface with

her eyes closed. The test was performed with the patient's head in neutral position and with the head placed in flexion, extension, right rotation, left rotation, right lateral flexion, left lateral flexion, right rotation with extension, left rotation with extension, right rotation with flexion, and left rotation with flexion. The patient's balance response was observed in each position and the results are listed below:

positio	ph and the re	esults are list	ed below.	1		
Neu	tral:within no	ormal limits		1 1	1	
Flex	ion:within ne	ormal limits	1			
Exte	nsion:unsta	able		1 1		1
Rigi	t Rotation:	within normal	limits			1
Left	Rotation. w	ithin normal li	imits	1 1		1
Righ	t Lateral Fle	<i>exion:</i> unstab	le	1 1		1
Left	Lateral Flex	<i>kion</i> , unstable		1 1		1
Righ	nt Rotation v	vith Extension	n: unstable			1
Left	Rotation with	th Extension:	unstable		1	
Righ	nt Rotation v	with Flexion: v	within norm	al limits		1
Left	Rotation wi	<i>ith Flexion:</i> wi	thin normal	l limits		

Gait Testing: unsteadiness on feet Gait with Cognitive Dual Tasking (serial 7's or alphabet):Abnormal

Cervical Joint Position Sense Test:

Right rotation: abnormal impairment of and 4cm Left rotation: within normal limits Flexion : abnormal impairment of and 4cm Extension: abnormal impairment of and 4cm

Treleaven, Julia, Gwendolen Jull, and Nancy Lowchoy. 2006. "The Relationship of Cervical Joint Position Error to Balance and Eye Movement Disturbances in Persistent Whiplash." Manual Therapy 11 (2): 99–106. doi:10.1016/j.math.2005.04.003.

Patient: Castaneda, Priscilla	1	- 1
Ins Co: Medicare	Pol #:	
Date 05/26/2021	Ĩ	
Provider: Steven I Albinder D	C	*** continued from previous page ***

Assessment:

ASSESSMENT

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Plan:

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Advised

Tx Effect: Treatment rendered without incident Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 05/31/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

RE-EVALUATION:

Ms. Castaneda returned today for a periodic re-evaluation of a condition she is currently being treated at this facility. The findings are as follows:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Approx Date of Onset:2016

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has slight exacerbation since the last visit and the VAS scale is presently rated 5/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has slight exacerbation since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

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Flexion : abnormal impairment of and 4cm		

Chart Notes Priscilla Castaneda		San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111
Patient: Castaneda, Priscilla Ins Co: Medicare	Pol#:	
Date 05/31/2021		
Provider: Steven J. Albinder, D.C.		*** continued from previous page ***

Treleaven, Julia, Gwendolen Jull, and Nancy Lowchoy. 2006. "The Relationship of Cervical Joint Position Error to Balance and Eye Movement Disturbances in Persistent Whiplash." Manual Therapy 11 (2): 99–106. doi:10.1016/j.math.2005.04.003.

Assessment:

PROGNOSIS:

Undetermined - treatment indicated. The patient has a chronic injury as outlined. Chronic pain and dizziness intervention is warranted and will consist of controlling break-though pain and inflammation while focusing on restoration of motion and function as well as vestibular compensation. The care plan outlined below has been specifically designed to meet those clinical goals. Our office will continue to monitor response to care and the possibility of exacerbation and/or regression. Care is taken to promote cost effective pain management while minimizing negative clinical side-effects.

Re-Evaluation/Discharge Assessment:

- Current Status: Overall, since the last evaluation, Priscilla is Stabilizing

- Indicators: Priscilla is reporting less discomfort and is showing improved function with STG met, LTG progressing with the following functional deficits: exercising and performing household chores being addressed. She states her ability to concentrate, exercise and grocery shop has improved about 20% since the onset of this complaint/condition.

- Continuation of Care: In consideration of the findings from today's re-evaluation, continued active chiropractic treatment is necessary for this condition and the new treatment plan will be modified to decrease number of visits.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained the same: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were

Chart Notes Priscilla Castaneda	San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111
Patient: Castaneda, Priscilla	T

 Ins Co:
 Medicare
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 Date
 05/31/2021

 Provider:
 Steven J. Albinder, D.C.

performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and opcipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- *Tx Effect:* Treatment rendered without incident - *Next Visit:* Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 06/02/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 3/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria Eye Movement Testing:

Priscilla Castaneda

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meeting expectations and continued same diagnosis. Continued care is necessary to meet her goals.

DIAGNOSIS:

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 06/02/2021		

Provider: Steven J. Albinder, D.C.

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Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and opcipital region(s) for 15 minutes at pre-programmed setting.

- Advised

Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 06/09/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 2/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling
- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 3/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- Tissue Tone Changes: left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

Priscilla Castaneda

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Chart Notes Priscilla Castaneda

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Patient: Castaneda, Priscilla		
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Date 06/09/2021		

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Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

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- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and opcipital region(s) for 15 minutes at pre-programmed setting.

- Advised

Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:		
Date 06/24/2021			

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality: Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 2/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 3/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- Tissue Tone Changes: left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

Priscilla Castaneda

San Diego Chiropractic Neurology 6230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

		Fax: (619) 344-0111
Patient: Castaneda, Priscilla		
ns Co: Medicare	Pol #:	
Date 06/24/2021		
Provider: Steven J. Albin	der, D.C.	*** continued from previous page ***
than 30 seconds <i>Vergence:</i> The pa	vergence: The patient's near	ir gaze stable for more d diverge the eyes smoothly and equally. point convergence distance is within normal
Prosaccades: Abn	lormal	1.
Antisaccades: Ant	isaccade tasks were abnorma	al for the patient
Optokinetic Respo		
her eyes closed. The the head placed in fi lateral flexion, right r flexion, and left rotat position and the rest <i>Neutral:</i> within norr <i>Flexion:</i> within norr <i>Extension:</i> unstable <i>Right Rotation:</i> with <i>Right Rotation:</i> with <i>Right Lateral Flexio</i> <i>Right Rotation with</i> <i>Right Rotation with</i>	e test was performed with the lexion, extension, right rotatio rotation with extension, left ro tion with flexion. The patient's ults are listed below: mal limits mal limits e thin normal limits in normal limits <i>ion:</i> unstable <i>n:</i> unstable <i>h Extension:</i> unstable	e was tested on a compliant surface with patient's head in neutral position and with n, left rotation, right lateral flexion, left tation with extension, right rotation with balance response was observed in each
- 1	Extension: unstable	
Right Rotation with	h Flexion: unstable	
Left Rotation with		
Gait Testing: unste Gait with Cognitive	adiness on feet e Dual Tasking (serial 7's or	alphabet):Abnormal
Assessment:		
ASSESSMENT:		
meeting expectation her goals.	is and continued same diagno	osis. Continued care is necessary to meet
DIAGNOSIS:		
DIAGNO3IA.		

Chart Notes Priscilla Castaneda	San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111
Patient: Castaneda, Priscilla	

 Patient: Castalleda, Priscina

 Ins Co: Medicare
 Pol #:

 Date
 06/24/2021

 Provider:
 Steven J. Albinder, D.C.

Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 06/28/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 2/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has slight exacerbation since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- Tissue Tone Changes: left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

*Right Eye:*esophoria *Left Eye:*esophoria

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

ate 06	28/2021			
	Steven J. Albinder,	D.C.	*** continued f	rom previous page ***
Gaz th Ver N limits Pur Pro Ant	e Stability: The pa an 30 seconds in gence: The patien lear Point Conver suits: Within norm saccades: Abnorr	atient was able to hold the the in all gaze positions at was able to converge gence: The patient's near that limits mal ccade tasks were abnor	and diverge the eyes smo ar point convergence dist	oothly and equally.
the he latera flexio positi Neu Flex Exte Rig Left Rig Left Rig	ad placed in flexi flexion, right rota n, and left rotation on and the results <i>tral:</i> within normal <i>con:</i> within normal <i>con:</i> within normal <i>con:</i> within normal <i>con:</i> within normal <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>tral:</i> <i>t</i>	on, extension, right rota ation with extension, left with flexion. The patien are listed below: limits limits normal limits cunstable instable <i>ixtension:</i> unstable <i>tension:</i> unstable <i>lexion:</i> unstable	ne patient's head in neut ion, left rotation, right late rotation with extension, ri t's balance response was	eral flexion, left ight rotation with
	Testing: unsteadi with Cognitive D ssment:	ness on feet ual Tasking (serial 7's	or alphabet):Abnormal	

DIAGNOSIS:

Printed: Monday, August 23, 2021 9:27:05 AM

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 06/28/2021		

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 07/07/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 3/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria Left Eye:esophoria Eye Movement Testing:

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Date 07/07/2021		
		*** continued from previous page ***
Provider: Steven J. Albinde		
		or spontaneous eye movement observed
	patient was able to hold the	eir gaze stable for more
	the in all gaze positions	the second and the second second to the second second by
Vergence: The patie	nt was able to converge a	nd diverge the eyes smoothly and equally.
	rgence: The patient's near	point convergence distance is within norma
limits		
Pursuits: Within nor		
Prosaccades: Abnor		
	accade tasks were abnorm	hal for the patient
Optokinetic Respons	ses: abnormal	
Dynamic Balance Te	sting: The patient's balan	ce was tested on a compliant surface with
her eyes closed. The	est was performed with th	e patient's head in neutral position and with
the head placed in fle	kion, extension, right rotati	on, left rotation, right lateral flexion, left
lateral flexion, right ro	ation with extension, left n	otation with extension, right rotation with
flexion, and left rotatio	n with flexion. The patient	's balance response was observed in each
position and the result	s are listed below:	
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meeting expectations and continued same diagnosis. Continued care is necessary to meet her goals.

DIAGNOSIS:

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 07/07/2021		

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

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- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 07/12/2021		

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 3/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the pain scale is presently rated 5/10 (10 being most severe) by using the Visual Analog Scale

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria Left Eye:esophoria Eye Movement Testing:

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

rouidor	7/12/2021 Steven J.		c		*** continued from previous page	*** 00
Sp Ga tt Ve I Innits Pu An	ontaneous ze Stability nan 30 sec gence: Th vear Point saccades isaccades	Eye Move The patie onds in the e patient w Convergen in normal Abnormal Antisacca	ments:No nystagr ent was able to ho e in all gaze position vas able to conver nce: The patient's limits	Id their gaze st ons ge and diverge near point con	eous eye movement observe able for more the eyes smoothly and equa vergence distance is within r	ed ally,
her e the h latera flexic posit Ne Fle Ex Rig Lea Rig Lea Rig Rig	yes closed ead placed a flexion, r m, and left ion and the <i>utral</i> :within <i>xion</i> :within <i>xion</i> :within <i>xion</i> :within <i>xion</i> :within <i>tral</i> <i>t</i> <i>Rotation</i> <i>t</i> <i>Rotation</i> <i>t</i> <i>Rotation</i> <i>t</i> <i>Rotation</i>	The test in flexion ght rotation rotation w results ar normal lin normal lin stable n: within nor Flexion: un within nor Flexion: uns n with Exten n with Flex	was performed wi , extension, right r on with extension, ith flexion. The pare listed below: nits nits nits mal limits mal limits nstable	ith the patient's otation, left rota left rotation with	sted on a compliant surface w head in neutral position and ation, right lateral flexion, left h extension, right rotation wit response was observed in e	d with : :h
Lei	1 11	nsteadine	ss on feet	71	t):Abnormal	

meeting expectations and continued same diagnosis. Continued care is necessary to meet her goals.

DIAGNOSIS:

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:
Date 07/12/2021	

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

Tx Effect: Treatment rendered without incident

Next Visit: Patient advised continue with treatment plan as scheduled

Patient: Castaneda, Priscilla Ins Co: Medicare	Pol #:	
Date 07/21/2021	la l	

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has slight exacerbation since the last visit and the VAS scale is presently rated 5/10 (10/10 being most severe). She reports that since during and after our last visit, her dizziness reduced to a 2/10

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 3/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- Tissue Tone Changes: left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed
Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

ate 07/21/2021		
rovider: Steven J. Albing		***
Gaze Stability: The than 30 seconds Vergence: The pat	e patient was able to hold the in the in all gaze positions ient was able to converge ar <i>vergence:</i> The patient's near	*** continued from previous page *** eir gaze stable for more nd diverge the eyes smoothly and equally. point convergence distance is within normal
	saccade tasks were abnorm	al for the patient
her eyes closed. The the head placed in fl lateral flexion, right r flexion, and left rotat position and the resu <i>Neutral</i> :within norm <i>Flexion</i> :within norm <i>Extension</i> :unstable <i>Right Rotation</i> : with <i>Left Rotation</i> : with <i>Right Lateral Flexion</i> <i>Right Rotation with</i>	e test was performed with the exion, extension, right rotation otation with extension, left ro- ion with flexion. The patient's filts are listed below: that limits hal limits hal limits on: unstable filts and limits on: unstable	e was tested on a compliant surface with e patient's head in neutral position and with on, left rotation, right lateral flexion, left tation with extension, right rotation with s balance response was observed in each
Gait Testing: unstea Gait with Cognitive	adiness on feet Dual Tasking (serial 7's or	alphabet):Abnorma
Assessment:		
ASSESSMENT: slight exacerbation o	f dizziness. Continued care i	s necessary to meet her goals.
DIAGNOSIS:	the information quality to	ne diagnosis has remained as: (R42)

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient	: Castaneda, Priscilla			
Ins Co:	Medicare	Pol #:		
Date	07/21/2021			

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: <u>PLAN:</u>

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla

Pol #:

Date 07/26/2021

Ins Co: Medicare

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms:Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 4/10 (10/10 being most severe). She reports that the dizziness went down to a 2/10 following last visit

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the pain scale is presently rated 3/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla

Ins Co: Medicare Pol #: Date 07/26/2021 *** continued from previous page *** Provider: Steven J. Albinder, D.C. Gaze Stability: The patient was able to hold their gaze stable for more than 30 seconds in the in all gaze positions Vergence: The patient was able to converge and diverge the eyes smoothly and equally. Near Point Convergence: The patient's near point convergence distance is within normal limits

Pursuits: Within normal limits Prosaccades: Abnormal Antisaccades: Antisaccade tasks were abnormal for the patient Optokinetic Responses: abnormal

Dynamic Balance Testing: The patient's balance was tested on a compliant surface with her eyes closed. The test was performed with the patient's head in neutral position and with the head placed in flexion, extension, right rotation, left rotation, right lateral flexion, left lateral flexion, right rotation with extension, left rotation with extension, right rotation with flexion, and left rotation with flexion. The patient's balance response was observed in each position and the results are listed below:

Neutral: within normal limits Flexion: within normal limits Extension:unstable *Right Rotation:* within normal limits Left Rotation: within normal limits Right Lateral Flexion: unstable Left Lateral Flexion: unstable Right Rotation with Extension: unstable Left Rotation with Extension: unstable Right Rotation with Flexion: unstable Left Rotation with Flexion: unstable

Gait Testing: unsteadiness on feet Gait with Cognitive Dual Tasking (serial 7's or alphabet): Abnormal

Assessment:

ASSESSMENT:

showing improvement. Continued care is necessary to meet her goals.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic

Chart Notes Priscilla Castaneda	San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111
Patient: Castaneda, Priscilla	

Date 07/26/2021

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- *Tx Effect:* Treatment rendered without incident

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient:	Castaneda,	Priscilla
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Pol #:

Date 08/02/2021

Ins Co: Medicare

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has improved since the last visit and the VAS scale is presently rated 3/10 (10/10 being most severe). She reports that the dizziness went down to a 2/10 following last visit

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 2/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements:No nystagmus or spontaneous eye movement observed Gaze Stability: The patient was able to hold their gaze stable for more

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Date 08/02/2021	
Provider: Steven J. Albinder, D.C.	*** continued from previous page ***
than 30 seconds in the in all gaze posit	tions
Near Point Convergence: The patient's	erge and diverge the eyes smoothly and equally. s near point convergence distance is within normal
limits	
intrines	
Pursuits: Within normal limits	
Pursuits: Within normal limits	bnormal for the patient

her eyes closed. The test was performed with the patient's head in neutral position and with the head placed in flexion, extension, right rotation, left rotation, right lateral flexion, left lateral flexion, right rotation with extension, left rotation with extension, right rotation with flexion, and left rotation with flexion. The patient's balance response was observed in each position and the results are listed below:

Neutral:within normal limits Flexion:within normal limits Extension:unstable Right Rotation: within normal limits Left Rotation: within normal limits Right Lateral Flexion: unstable Left Lateral Flexion: unstable Right Rotation with Extension: unstable Left Rotation with Extension: unstable Right Rotation with Flexion: unstable Left Rotation with Flexion: unstable

Gait Testing: unsteadiness on feet Gait with Cognitive Dual Tasking (serial 7's or alphabet):Abnormal

Assessment:

ASSESSMENT:

showing improvement. Continued care is necessary to meet her goals.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

atient: Castaneda, Priscilla		
ns Co: Médicare	Pol #:	
Date 08/02/2021		

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient:	Castaneda, Priscilla
Ins Co:	Medicare

Date 08/11/2021

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Pol #:

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 4/10 (10/10 being most severe). She reports that the dizziness went down to a 2/10 following last visit

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has mild exacerbation since the last visit and the pain scale is presently rated 4/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements:No nystagmus or spontaneous eye movement observed Gaze Stability: The patient was able to hold their gaze stable for more

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Date 08/11/2021		
Provider: Steven J. Albing	der, D.C.	*** continued from previous page ***
than 30 seconds	in the in all gaze positions	
Vergence: The pat	tient was able to converge a	and diverge the eyes smoothly and equally.
		ar point convergence distance is within normal
limits		
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Pursuits: Within no	ormal limits	
Pursuits: Within no Prosaccades: Abn		nal for the patient

her eyes closed. The test was performed with the patient's head in neutral position and with the head placed in flexion, extension, right rotation, left rotation, right lateral flexion, left lateral flexion, right rotation with extension, left rotation with extension, right rotation with flexion, and left rotation with flexion. The patient's balance response was observed in each position and the results are listed below:

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Gait Testing: unsteadiness on feet Gait with Cognitive Dual Tasking (serial 7's or alphabet):Abnormal

Assessment:

ASSESSMENT:

meeting expectations with lessening frequency of flare ups. Continued care is necessary to meet her goals.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 08/11/2021		

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

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- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient:	Castaneda, Priscilla
Ins Co:	Medicare

		100 C	
Date	08	17/2021	The second

Provider: Steven J. Albinder, D.C.

Subjective:

Patient Presents for Dizziness Symptoms: Reports Sensation described as "rocking on a boat"

-Frequency/Quality:Constant discomfort described as

Pol #:

Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 4/10 (10/10 being most severe). She reports having a dizziness episode this morning that may have been triggered by eating poorly yesterday.

Complaint #2: Reports a chronic complaint in the posterior cervical (neck), upper thoracic, right posterior trapezius, left trapezius and posterior head region

- Frequency/Quality: Constant discomfort described as aching and pulling

- Radiation of Symptoms: Currently non-radiating

- Change in Complaint/VAS: Complaint has improved since the last visit and the pain scale is presently rated 3/10 (10 being most severe) by using the Visual Analog Scale.

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/or Palpation: posterior head, posterior cervical (neck), left trapezius, right posterior trapezius, lower thoracic, left lumbar, lumbar, right sacroiliac and right posterior pelvis/hip

- Postural Analysis: short right leg (pelvic deficiency)

- Spinal Stability/Restriction(s)/Subluxation(s): C1, C2, C6, C7, T1, T2, T6, T7, T8, T9, L1, L5 and right pelvis

- Extraspinal restrictions/subluxations: right TMJ

- *Tissue Tone Changes:* left trapezius, right posterior trapezius, right lower thoracic, left lumbar, posterior cervical (neck), left TMJ, right TMJ, mid thoracic and right mid thoracic muscle spasms present

Eye Position Testing: Maddox Rod testing and Cover/Uncover testing revealed

Right Eye:esophoria

Left Eye:esophoria

Eye Movement Testing:

Spontaneous Eye Movements:No nystagmus or spontaneous eye movement observed Gaze Stability: The patient was able to hold their gaze stable for more

Priscilla Castaneda

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Date 0	3/17/2021		
Provider:	Steven J.	Albinder, D.C.	*** continued from previous page ***
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Gait Testing: unsteadiness on feet Gait with Cognitive Dual Tasking (serial 7's or alphabet):Abnormal

Assessment:

ASSESSMENT:

meeting expectations with lessening frequency of flare ups. Continued care is necessary to meet her goals.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizziness/Vertigo, (M53.0) Cervicocranial Syndrome, (M99.01) Segmental and somatic

Priscilla Castaneda

San Diego Chiropractic Neurology 5230 Carroll Canyon Rd. STE 108 San Diego, CA 921211779 Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		
Ins Co: Medicare	Pol #:	
Date 08/17/2021		

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M99.03) Segmental and somatic dysfunction of lumbar region, (M99.07) Segmental and somatic dysfunction of upper extremity

Plan: PLAN:

- Today's Primary Treatment (2-3 regions): Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels

- As per treatment plan - Neuromuscular Re-education: NMR procedures were performed to improve coordination of the cervical spine, the oculomotor system and the vestibular system. The following NMR interventions were performed:Vestibular therapy exercises were performed for 30min. The following therapies were performed:gaze stability exercises

- As per treatment plan - Electric Muscle Stimulation (attended): To optimize treatment effectiveness, low volt EMS applied to posterior cervical (neck) region(s) for 15 minutes.

- As per treatment plan - Low Level Light Therapy (Laser): To optimize treatment effectiveness, hand held low level laser therapy was performed to bilateral head and occipital region(s) for 15 minutes at pre-programmed setting.

- Advised

- Tx Effect: Treatment rendered without incident

Gavin Newsom Governor



Employment, Independence & Equality

855 Third Avenue, Suite 3350, Chula Vista, CA 91911



State of California Health and Human Services Agency

August 24, 2021

To whom it may concern,

This letter is written as requested by Ms. Priscilla Castaneda.

Ms. Priscilla Castaneda worked for the Department of Rehabilitation as Staff Service Analyst, Service Coordinator.

She was approved for FMLA due to her disability and surgery recuperation. She came back to work in January 2020. Based on her doctor's recommendations, she was working on a 20-hour a week schedule. Sometimes, going home earlier than scheduled due to symptoms of her disability. She reported dizziness while entering data in the computer for longer periods of time. Besides, accommodating her work hours, she was also given time to telework.

Respectfully, anne

Fatima Larcome, M.S. Staff Services Manager I Fatima.Larcome@dor.ca.gov (619)426-0125