## 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 Vistareda

Priscilla Castaneda



www.achieveyourtruepotential.com 4142 Adams Ave. Ste. 103-426 San Diego, CA 92116 (619) 567-7399

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,

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

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 05/19/2021

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 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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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 05/19/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed 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, with extension, left rotation with extension in the 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: within normal limits

Left Rotation with Flexion: within normal limits

Gait Testing: unsteadiness on feet

Gait with Cognitive Dual Tasking (serial 7's or alphabet):Abrorma

#### **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."

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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 #: Ins Co: Medicare

Date 05/19/2021

Steven J. Albinder, D.C. Provider:

\*\*\* 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 gdal.

#### DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42) Dizzirless/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

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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 05/24/2021

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

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- 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

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Patient: Castaneda, Priscilla
Ins Co: Medicare Pol#:

Date 05/24/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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Extension:unstable

Right Rotation: within normal limits Left Rotation: within normal limits Right Lateral Flexion: unstable Left Lateral Flexion: unstable

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Right Rotation with Flexion: within normal limits Left Rotation with Flexion: within normal 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 Juli, 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.

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

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Patient: Castaneda, Priscilla Ins Co: Medicare  Date 05/24/2021  Provider: Steven J. Albinder, D.C.  Assessment:  ASSESSMENT: showing improvement. Continued care is necessary to meet to the diagnosis of the information available the diagnosis of the information available the diagnosis of the information of the information available the diagnosis of the information of the information available the diagnosis of	
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- Advised	
- Tx Effect: Treatment rendered without incident	1
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	n as scheduled

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 05/26/2021

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

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

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- 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

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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 #:

05/26/2021 Date

Steven J. Albinder, D.C. Provider:

\*\*\* continued from previous page \*\*\*

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Gait Testing: unsteadiness on feet

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#### **Cervical Joint Position Sense Test:**

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## Chart Notes

Priscilla Castaneda

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

Phone: (619) 344-0111 Fax: (619) 344-0111

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

#### Assessment:

### ASSESSMENT:

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

#### DIAGNOSIS:

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### 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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#### Advised

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Printed: Monday, August 23, 2021 9 27:03 AM

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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.

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

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- 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

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

Priscilla Castaneda
Phone: (619) 344-0111
Fax: (619) 344-0111
Patient: Castaneda, Priscilla

Ins Co: Medicare

Date 05/31/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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

Pol #:

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

#### Cervical Joint Position Sense Test:

Right rotation: within normal limits Left rotation: within normal limits

Flexion: abnormal impairment of and 4cm Extension: abnormal impairment of and 4cm

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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	. 1	
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

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	m previous page ***
treatment effectiveness, low minutes.	ving NMR intervention or 30min. The following ent plan - Electric Mu volt EMS applied to p ent plan - Low Level I ad held low level laser	s were performed: Vestile therapies were perform scle Stimulation (attent osterior cervical (neck) r light Therapy (Laser): therapy was performed	oular therapy ned:gaze stability nded): To optimize region(s) for 15 To optimize
- Advised - Tx Effect: Treatment r - Next Visit: Patient adv		ent atment plan as schedule	ed
		1	
ted: Monday, August 23, 2021 9 27:03 AM	1		Page 95 Of 128

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 06/02/2021

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 Foating 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:

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DIAGNOSIS:

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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 #: Ins Co: Medicare 06/02/2021 Date \*\*\* continued from previous page \*\*\* Steven J. Albinder, D.C. Provider: Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed 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, light 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: meeting expectations and continued same diagnosis. Continued care is necessary to meet her goals.

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

						one: (619) 344-0111 x: (619) 344-0111	
	staneda, Pr	iscilla	-1.0				
Ins Co: M			Pol#:				<del>-</del>
Date 06 Provider:	/02/2021	Albinder, D.			*** conf	inued from previou	ue nage ***
Upon Dizzir dysfu regior	considerates less/Vertinction of a (M99.03	ation of the go, (M53.0 cervical reg B) Segmen	information av Cervicocrani gion, (M99.02)	al Syndrome, Segmental ar c dysfunction	agnosis has (M99.01) Se nd somatic d	remained as: (Regmental and solysfunction of the gion, (M99.07) S	.42) matic racic
Plan: PLAN	9						
Chiro pelvis	practic Sp spinal lev	inal Adjust /els	tment (CSA) to	the C1, C5, C	C7, T1, T2, T	Mechanical or i	5 and right
perfor	med to in	prove coo	rdination of the	e cervical spin	e, the oculo	procedures wer motor system ar ed:Vestibular the	nd the
exerc exerc	ses were ses	performed	l for 30min. Th	ne following the	erapies were	performed:gaze	e stability
treatn minut	ent effec					n (attended): 1 (neck) region(s	
	ent effec	tiveness, h		level laser their	rapy was per	Laser): To optire formed to bilate	
- A			nt rendered wit		aut plan ad	a a ha di ila d	
	- Next VIS	ii: Patient a	advised continu		ent plan as s	scrieduled	
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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 06/09/2021

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

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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 06/09/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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:

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

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42)

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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 06/09/2021		

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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

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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 06/24/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-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

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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 06/24/2021

Provider: Steven J. Albinder, D.C. \*\*\* continued from previous page \*\*\*

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:

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

DIAGNOSIS:

Upon consideration of the information available the diagnosis has remained as: (R42)

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

			1	
Patient: Castaneda, P Ins Co: Medicare	riscilla	Pol #:		
Date 06/24/2021		. 01111	in the second	
	Albinder, D.	_	**:	continued from previous page ***
Dizziness/Vert dysfunction of region, (M99.0	igo, (M53.0 cervical reç 3) Segmen	) Cervicocranial gion, (M99.02) S	Syndrome, (M99.0 egmental and some dysfunction of lumb	1) Segmental and somatic atic dysfunction of thoracic par region, (M99.07) Segmental
Plan: PLAN:				
Chiropractic S pelvis spinal le - As per treat performed to it vestibular syste exercises were exercises - A treatment effe minutes A treatment effe and occipital r - Advised - Tx Effect	pinal Adjustivels iment plan improve code em. The fore performed s per treat ctiveness, I s per treat ctiveness, I egion(s) fore ct: Treatme	- Neuromusculordination of the lowing NMR into differ 30min. The ment plan - Ele ow volt EMS apparent plan - Lowing held low let 15 minutes at part rendered with	the C1, C5, C7, T1,  lar Re-education: It cervical spine, the cervical spine, the cerventions were perfollowing therapies  ctric Muscle Stimulation of the posterior cervical spine to posterior cervical laser therapy was re-programmed service.	

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	- A	
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

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

Eye Movement Testing:

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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.

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Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

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:

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

#### DIAGNOSIS:

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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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Patient: Castaneda, P	riscilla		1.1	
Ins Co: Medicare		Pol #:		
Date 06/28/2021				
A CALL TO SERVICE OF THE SERVICE OF	Albinder, D			*** continued from previous page ***
Dizziness/Verl dysfunction of region, (M99.0	tigo, (M53. cervical re 3) Segmei	0) Cervicocrania gion, (M99.02)	al Syndrome, Segmental and dysfunction of	agnosis has remained as: (R42) (M99.01) Segmental and somatic and somatic dysfunction of thoracic of lumbar region, (M99.07) Segmental
Chiropractic S pelvis spinal le - As per treat performed to i vestibular syst exercises were exercises - A treatment effe minutes A treatment effe and occipital r - Advised - Tx Effect	pinal Adjustivels timent plan inprove contem. The former is per treactiveness, estiveness, egion(s) former.	stment (CSA) to  n - Neuromusco ordination of the ollowing NMR in od for 30min. The tment plan - El low volt EMS ap tment plan - Lo hand held low low or 15 minutes at	ular Re-educate cervical spin terventions we following the ectric Muscle oplied to poste ow Level Light evel laser their pre-programm	ation: NMR procedures were ne, the oculomotor system and the vere performed: Vestibular therapy erapies were performed: gaze stability e Stimulation (attended): To optimize erior cervical (neck) region(s) for 15 that Therapy (Laser): To optimize rapy was performed to bilateral head med setting.

## Chart Notes

Priscilla Castaneda

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

Phone: (619) 344-0111 Fax: (619) 344-0111

Patient: Castaneda, Priscilla		17	
Ins Co: Medicare	Pol #:		
Date 07/07/2021			
Provider: Steven J. Albinder, I	D.C.	N I	

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:** 

Printed: Monday, August 23, 2021 9 27:06 AM

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#: Ins Co: Medicare Date 07/07/2021

Provider: Steven J. Albinder, D.C. \*\*\* continued from previous page \*\*\*

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

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): Abriormal

Assessment:

ASSESSMENT:

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

DIAGNOSIS:

Monday, August 23, 2021 9 27:06 AM Printed:

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

1					Phone: (619) 344-0111 Fax: (619) 344-0111	
Patient: Cast	taneda, P	riscilla		7		
Ins Co: Med			Pol#:			
Date 07/0	7/2021					
Provider: S	Steven J.	Albinder, D.	C.	Last Variable 2	*** continued from previous	page ***
Dizzine dysfund region, and sor	ess/Vert ction of (M99.0	igo, (M53.0 cervical reg 3) Segment	) Cervicocrania ion, (M99.02) S	l Syndrome, (M99 Segmental and sor dysfunction of lun	sis has remained as: (R4 .01) Segmental and som natic dysfunction of thora nbar region, (M99.07) Se	atic acic
Plan: PLAN:						
Chiropr	oday's ractic Spinal le	pinal Adjust	reatment (2-3 r ment (CSA) to	egions): Drop Tal the C1, C5, C7, T	ole and Mechanical or in 1, T2, T3, T8, T9, L1, L5	strument and right
- As p	er treat	ment plan	- Neuromuscu	lar Re-education	: NMR procedures were	
perform	ned to in	nprove coo	rdination of the	cervical spine, the	oculomotor system and	l the
vestibu	lar svst	em. The fol	lowing NMR int	erventions were p	erformed:Vestibular ther	ару
exercis	es were	performed	for 30min. The	following therapie	es were performed:gaze	stability
exercis		Pomo	19. 99.	3	- Carrier C	•
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treatme	ont offer	ctiveness k	w volt EMS an	nlied to nosterior	cervical (neck) region(s)	for 15
minutes		Juveriess, ic	JW VOIL LIVIO ap	plied to posterior c	civical (ricon) region(e)	101 10
minutes			mont plan I o	Lovel Light The	erapy (Laser): To optimi	70
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and oc	cipitai re	egion(s) for	15 minutes at p	ore-programmed s	eung.	
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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 07/12/2021		
Provider: Steven J. Albinder, D.	C.	

Subjective:

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

-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:

Monday, August 23, 2021 9:27:06 AM Printed:

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 07/12/2021

Steven J. Albinder, D.C. Provider:

\*\*\* continued from previous page \*\*\*

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

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:

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

DIAGNOSIS:

Printed: Monday, August 23, 2021 9:27:06 AM

Monday, August 23, 2021 9:27:06 AM

Printed:

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

				1 44	(013) 344 0111
	t: Castaneda, F	riscilla	Pol#:		
_	: Medicare		P01#:		-
Date Provid	07/12/2021	. Albinder, D.			nued from previous page ***
Up Di dy re	oon conside zziness/Ver vsfunction of gion, (M99.0	ration of the tigo, (M53.0 cervical reg (3) Segmen	information available th )) Cervicocranial Syndro gion, (M99.02) Segment	ne diagnosis has i me, (M99.01) Se al and somatic dy	remained as: (R42) gmental and somatic
	an: _AN:				
pe ve ve ex ex tre m	niropractic Selvis spinal le As per trea erformed to i estibular sys kerc ses wer kerc ses - A eatment effe inutes A eatment effe nd occipital r - Advised - Tx Effe	pinal Adjust evels tment plan mprove cootem. The fole e performed as per treat ctiveness, la ctiveness, hegion(s) for	The the C1, C2 - Neuromuscular Re-entrological lowing NMR intervention of for 30min. The following ment plan - Electric May ow volt EMS applied to present plan - Low Level	ducation: NMR spine, the oculor swere performe therapies were uscle Stimulation costerior cervical Light Therapy (In therapy was performed setting).	notor system and the ed:Vestibular therapy performed:gaze stability  n (attended): To optimize (neck) region(s) for 15  Laser): To optimize formed to bilateral head
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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 07/21/2021

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 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

Printed: Monday, August 23, 2021 9:27:07 AM

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:

limits

Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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

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:

slight exacerbation of dizziness. 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

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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: 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

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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

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:** 

Monday, August 23, 2021 9:27:07 AM

Spontaneous Eye Movements: No nystagmus or spontaneous eye movement observed

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#### **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 07/26/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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

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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

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

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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 08/02/2021

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 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

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## **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

08/02/2021

Provider: Steven J. Albinder, D.C.

\*\*\* continued from previous page \*\*\*

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 dysfunction of cervical region, (M99.02) Segmental and somatic dysfunction of thoracic

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 08/02/2021			

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

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.

Subjective:

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

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 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

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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.

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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:

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

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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

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08/17/2021

Provider: St

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 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
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#### - Advised

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





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

August 24, 2021

To whom it may concern,

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

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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,

Fatima Larcome, M.S.
Staff Services Manager I
Fatima.Larcome@dor.ca.gov

(619)426-0125