

albert XXX

Kennebec, Inc.
3237 Kennebec Road
Suite 101
Pittsburgh, PA 15241
(412) 278-2040

Patient: Mr. Casey Strand
Date of Loss/Onset: 3/1/2010
SSN
Date of Exam 3/8/2010
Insurer
Date of Birth: 5/5/1975

FUNCTIONAL AND STRUCTURAL ASSESSMENTS

Individual physical test measurements and their calculated values are listed below. The first examination serves as a starting point or baseline for comparison, with subsequent test measurements documenting change over time. In this manner, test scores and functional assessments are used as outcome measures.

RANGE OF MOTION (ROM) Testing - Restriction and/or asymmetry in spinal motion was noted in the physical examination. Active range of motion testing was performed to document the extent of those spinal restrictions and asymmetries using the ZERO-NEUTRAL, GRAVITY-BASED SFTR (Sagittal Frontal Transverse Rotation) METHOD developed by John J. Gerhardt, M.D. Range of motion was tested using dual inclinometers, as recommended on page 400 of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. In order to help ensure that the patient was giving an optimum effort, the reproducibility criteria was followed. According to page 399 of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, "When measuring range of motion, the examiner should obtain at least three consecutive measurements and calculate the mean (average) of the three. Measurements should not change substantially with repeated efforts. If the average is less than 50°, three consecutive measurements must fall within 5° of the mean; if the average is greater than 50°, three consecutive measurements must fall within 10% of the mean. Motion testing may be repeated up to six times to obtain three consecutive measurements that meet these criteria. If after six measurements inconsistency persists, the spinal motions are considered invalid. The measurements and accompanying impairment estimates may then be disallowed, in part or in their entirety."

According to page 558 of the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition, 'range of motion may be used to monitor clinical progress in individuals.'

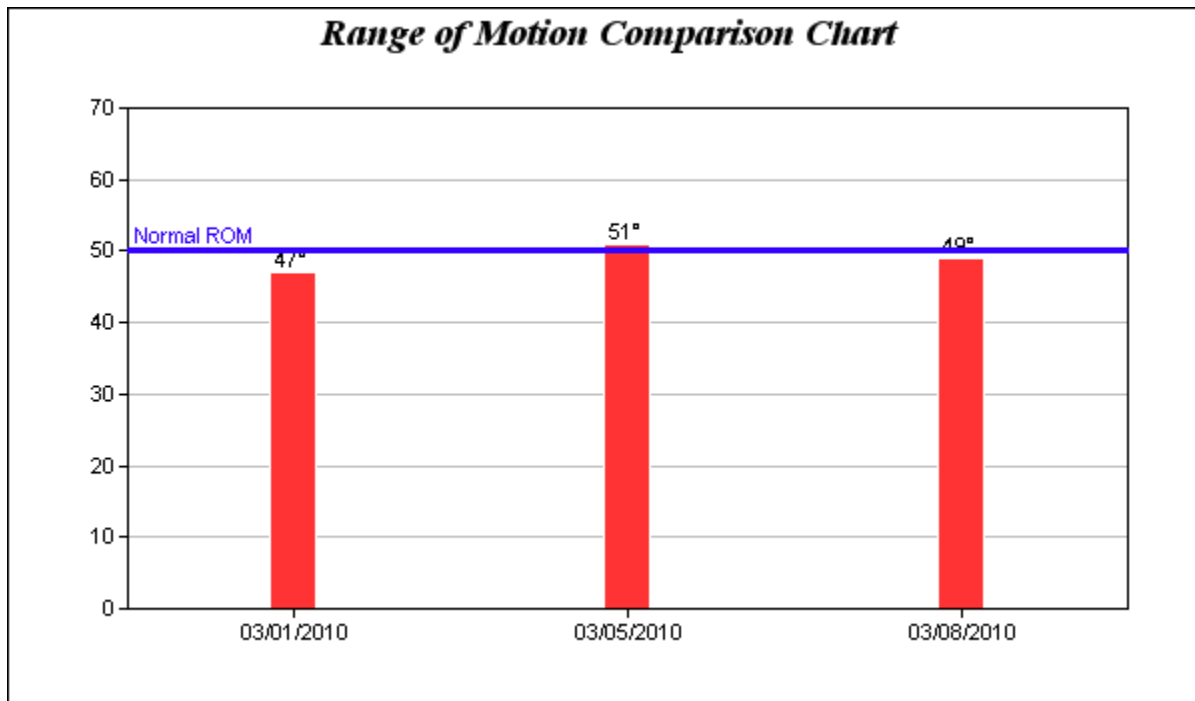
RANGE OF MOTION SESSION REPORT

Cervical Flexion Session Detail

Norm	3/1/2010			3/8/2010			% Improvement
50°							4 %
Occipital	46°	41°	46°	47°	49°	49°	
T1	0°	0°	1°	2°	1°	0°	
Cervical Flexion Angle	46°	0°	47°	49°	0°	49°	
Maximum Cervical Flexion Angle		47°		49°			° Improvement
%Limitation		6 %		2 %			2°

Cervical Flexion Comparison Detail

DATE	ROM	%LIMITATION	%IMPROVEMENT
3/1/2010	47°	6 %	n/a
3/5/2010	51°	0 %	9 %
3/8/2010	49°	2 %	-4 %

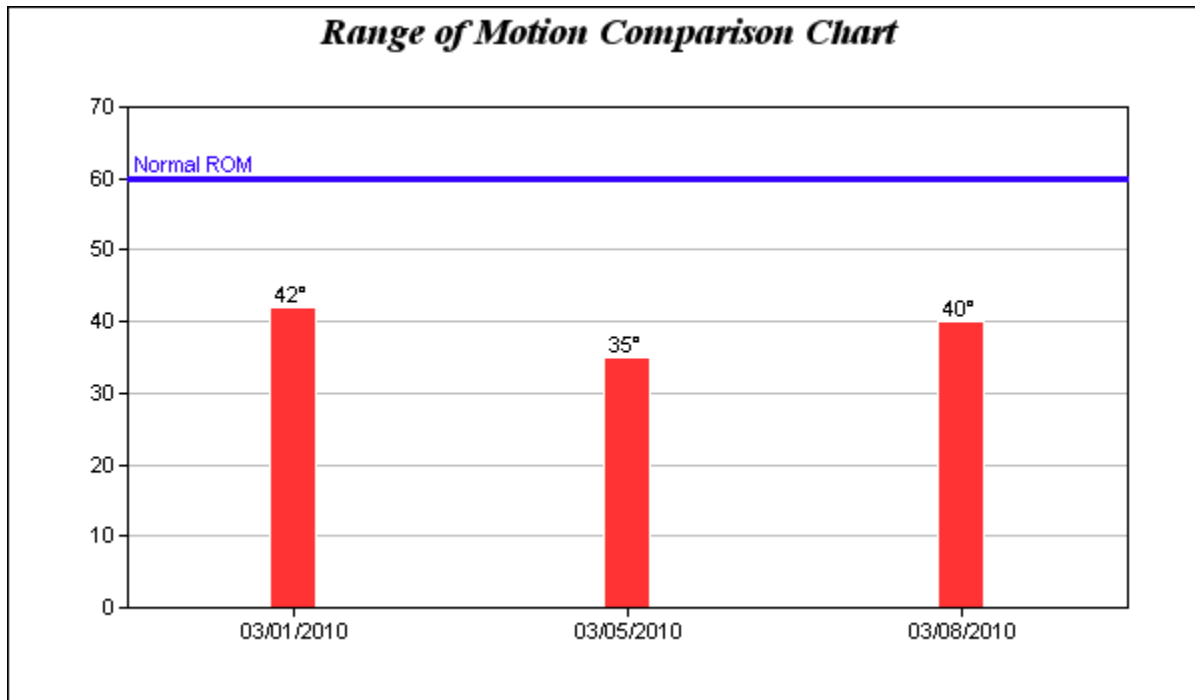


Cervical Extension Session Detail

Norm	3/1/2010			3/8/2010			% Improvement
60°							-5 %
Occipital	42°	40°	39°	40°	43°	39°	
T1	0°	0°	0°	0°	1°	1°	
Cervical Extension Angle	42°	0°	39°	40°	0°	40°	
Maximum Cervical Extension Angle	42°			40°			° Improvement
%Limitation	30 %			33 %			-2°

Cervical Extension Comparison Detail

DATE	ROM	%LIMITATION	%IMPROVEMENT
3/1/2010	42°	30 %	n/a
3/5/2010	35°	42 %	-17 %
3/8/2010	40°	33 %	14 %



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FUNCTIONAL AND STRUCTURAL ASSESSMENTS

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A COMPUTERIZED COMPARATIVE MUSCLE STRENGTH TEST (CCMT) procedure was performed in order to determine asymmetry in muscle strength and/or to quantify muscle strength loss as noted on the subjective muscle strength test. These muscle strength losses of the upper and/or lower extremities indicate neurological facilitation resulting from trauma to the cervical and/or lumbar spine. According to Bohannon et al [Bohannon, RW and Andrews, AW; Perpetual and Motor Skills, 1999, 89, 878-880], the difference in strength between sides is typically less than 6%.

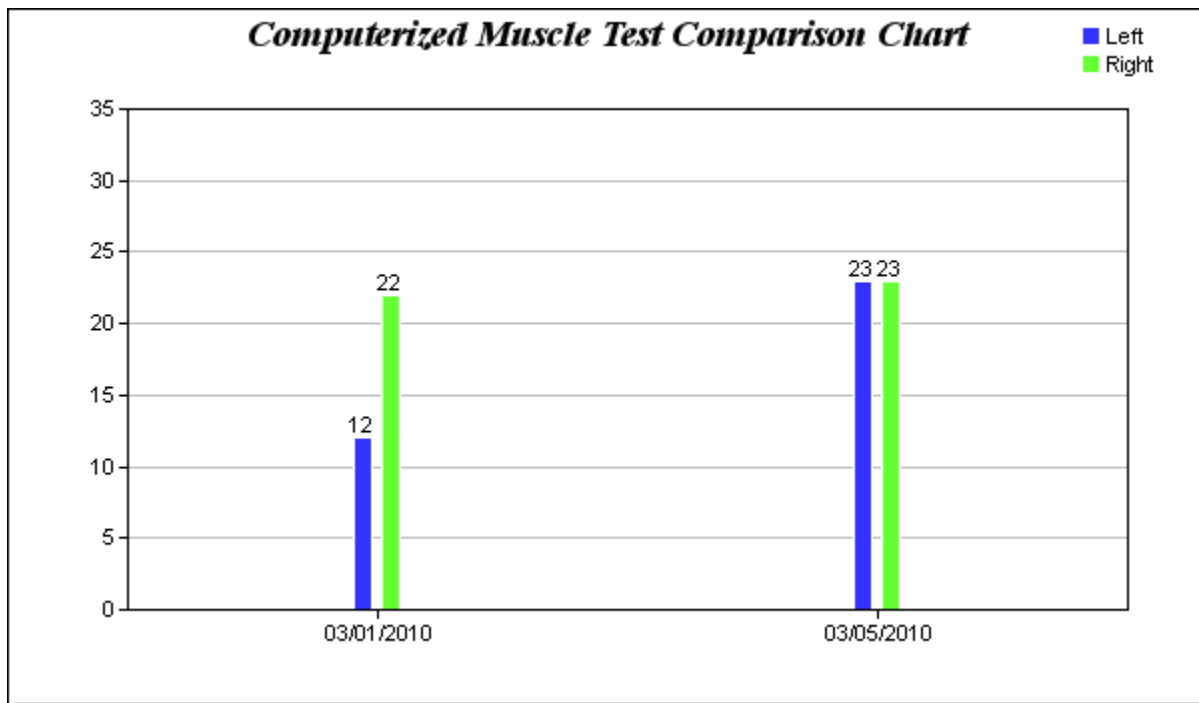
COMPUTERIZED MUSCLE TEST COMPARISON REPORT

Extensor Carpi Radialis/Ulnaris Session Detail

3/1/2010			3/5/2010				
LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT % IMPROVEMENT	RIGHT % IMPROVEMENT
12	22	45 %	23	23	0 %	92 %	5 %

Extensor Carpi Radialis/Ulnaris Comparison Detail

DATE	LEFT	RIGHT	%IMPROVEMENT LEFT	%IMPROVEMENT RIGHT
3/1/2010	12	22	n/a	n/a
3/5/2010	23	23	92 %	5 %

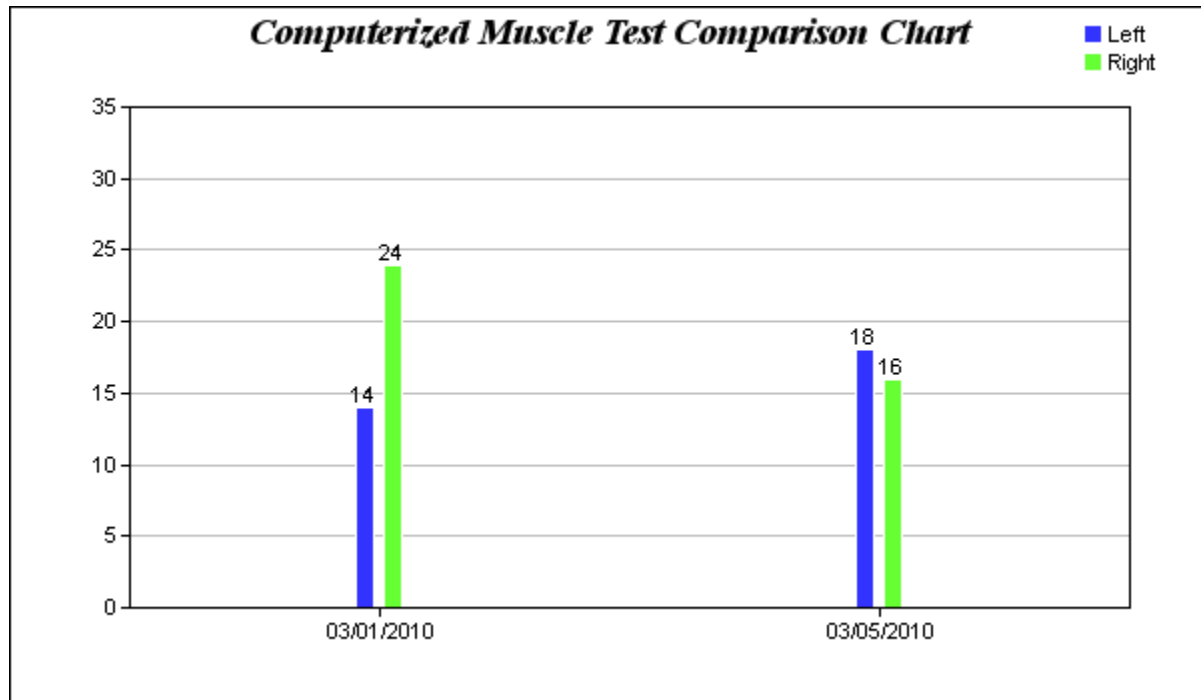


Flexor Carpi Ulnaris Session Detail

3/1/2010			3/5/2010				
LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT % IMPROVEMENT	RIGHT % IMPROVEMENT
14	24	42 %	18	16	11 %	29 %	-33 %

Flexor Carpi Ulnaris Comparison Detail

DATE	LEFT	RIGHT	%IMPROVEMENT LEFT	%IMPROVEMENT RIGHT
3/1/2010	14	24	n/a	n/a
3/5/2010	18	16	29 %	-33 %

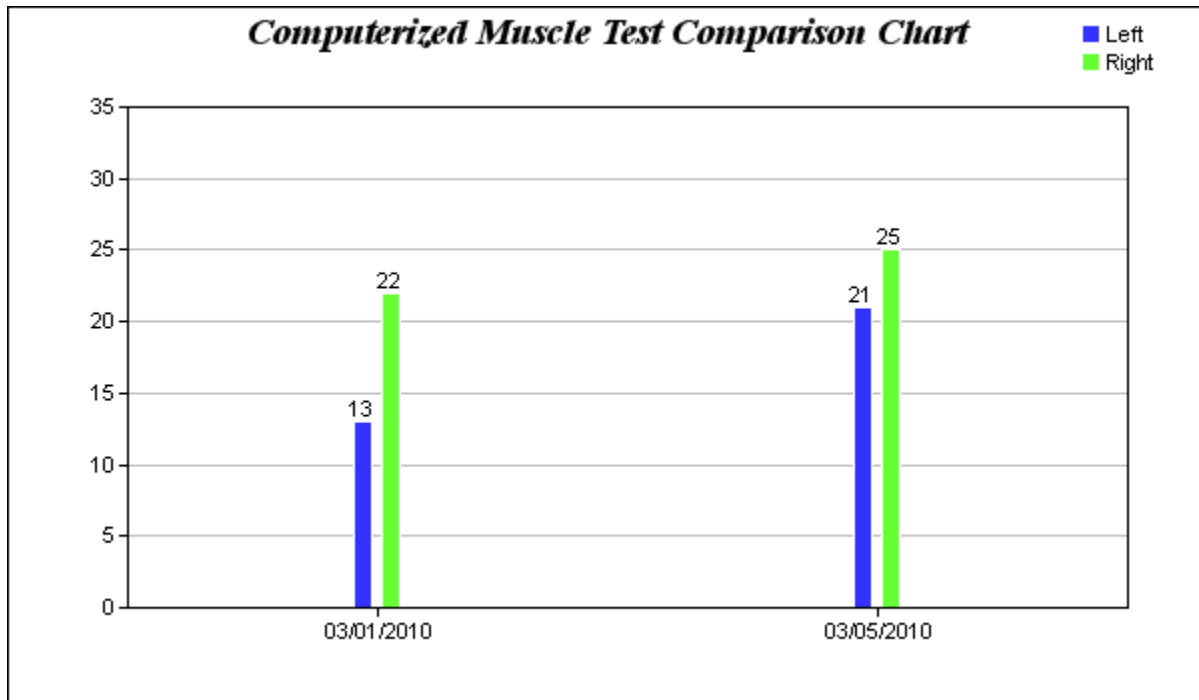


Stemocleidoma/Scaleni/Erector Spinae Session Detail

3/1/2010			3/5/2010				
LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT % IMPROVEMENT	RIGHT % IMPROVEMENT
13	22	41 %	21	25	16 %	62 %	14 %

Stemocleidoma/Scaleni/Erector Spinae Comparison Detail

DATE	LEFT	RIGHT	%IMPROVEMENT LEFT	%IMPROVEMENT RIGHT
3/1/2010	13	22	n/a	n/a
3/5/2010	21	25	62 %	14 %

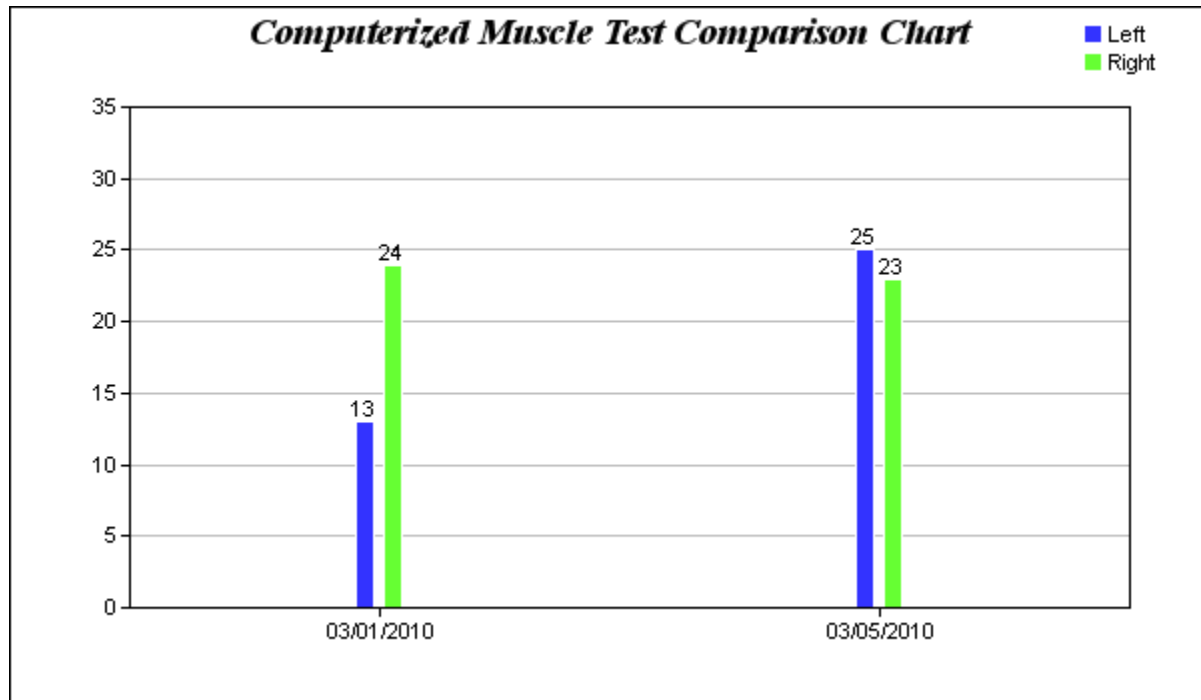


Abductor Pollicis Brevis Session Detail

3/1/2010			3/5/2010				
LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT % IMPROVEMENT	RIGHT % IMPROVEMENT
13	24	46 %	25	23	8 %	92 %	-4 %

Abductor Pollicis Brevis Comparison Detail

DATE	LEFT	RIGHT	%IMPROVEMENT LEFT	%IMPROVEMENT RIGHT
3/1/2010	13	24	n/a	n/a
3/5/2010	25	23	92 %	-4 %

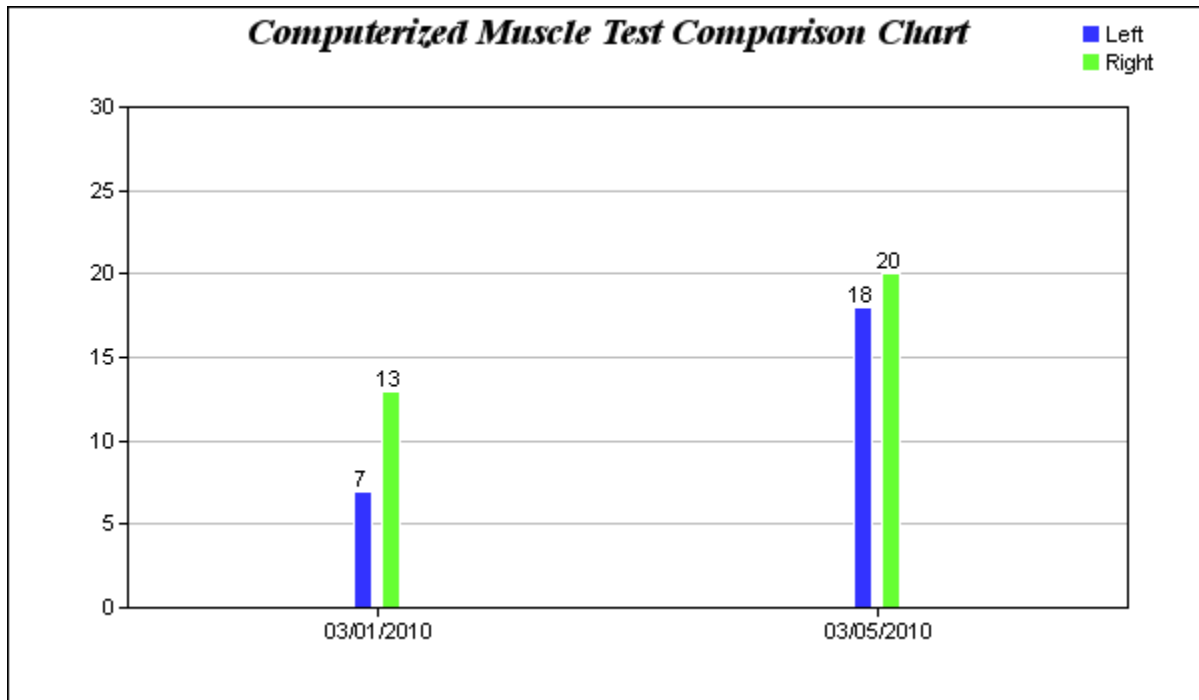


1st Dorsal Interosseus- Index Finger Session Detail

3/1/2010			3/5/2010				
LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT OR UNILATERAL	RIGHT	%DIFFERENCE	LEFT % IMPROVEMENT	RIGHT % IMPROVEMENT
7	13	46 %	18	20	10 %	157 %	54 %

1st Dorsal Interosseus- Index Finger Comparison Detail

DATE	LEFT	RIGHT	%IMPROVEMENT LEFT	%IMPROVEMENT RIGHT
3/1/2010	7	13	n/a	n/a
3/5/2010	18	20	157 %	54 %



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Notes on Mr. Casey Strand :

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