

ATTACHMENT C

RESPONDENT'S ARGUMENT

August 14, 2021

Re: Respondents Argument

To whom it may concern,

The purpose of this letter is to 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,

A handwritten signature in black ink that reads "Priscilla Castaneda". The signature is written in a cursive, flowing style.

Priscilla Castaneda



Achieve Your True Potential

design your life

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 feels 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

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 #: [REDACTED]

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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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:

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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): Abnormal

Cervical Joint Position Sense Test:

Right rotation: abnormal impairment of and 4cm

Left rotation: within normal limits

Flexion : abnormal impairment of and 4cm

Extension: abnormal impairment of and 4cm

Treleaven, Julia, Gwendolen Jull, and Nancy Lowchoy. 2006. "The Relationship of Cervical Joint Position Error to Balance and Eye Movement Disturbances in Persistent Whiplash."

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

Assessment:

ASSESSMENT:

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

DIAGNOSIS:

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

Plan:

PLAN:

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

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

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

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

- Advised

- *Tx Effect:* Treatment rendered without incident

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

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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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- **Radiation of Symptoms:** Currently non-radiating

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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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Ins Co: Medicare	Pol #: [REDACTED]
Date 05/26/2021	
Provider: Steven J. Albinder, D.C.	

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Pol #:

Date 05/26/2021

Provider: Steven J. Albinder, D.C.

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Patient: Castaneda, Priscilla	[REDACTED]
Ins Co: Medicare	Pol #: [REDACTED]
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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*Extension:*unstable

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Pol #:

Date 05/31/2021

Provider: Steven J. Albinder, D.C.

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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-through pain and inflammation while focusing on restoration of motion and function as well as vestibular compensation. The care plan outlined below has been specifically designed to meet those clinical goals. Our office will continue to monitor response to care and the possibility of exacerbation and/or regression. Care is taken to promote cost effective pain management while minimizing negative clinical side-effects.

Re-Evaluation/Discharge Assessment:

- **Current Status:** Overall, since the last evaluation, Priscilla is Stabilizing
- **Indicators:** Priscilla is reporting less discomfort and is showing improved function with STG met, LTG progressing with the following functional deficits: exercising and performing household chores being addressed. She states her ability to concentrate, exercise and grocery shop has improved about 20% since the onset of this complaint/condition.
- **Continuation of Care:** In consideration of the findings from today's re-evaluation, continued active chiropractic treatment is necessary for this condition and the new treatment plan will be modified to decrease number of visits.

DIAGNOSIS:

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

Plan:

PLAN:

- **Today's Primary Treatment (2-3 regions):** Drop Table and Mechanical or instrument - Chiropractic Spinal Adjustment (CSA) to the C1, C5, C7, T1, T2, T3, T8, T9, L1, L5 and right pelvis spinal levels
- **As per treatment plan - Neuromuscular Re-education:** NMR procedures were

Chart Notes

Priscilla Castaneda

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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 05/31/2021

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

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

Chart Notes

Priscilla Castaneda

San Diego Chiropractic Neurology
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San Diego, CA 921211779
Phone: (619) 344-0111
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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 06/02/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-**Frequency/Quality:** Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

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

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

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

- **Radiation of Symptoms:** Currently non-radiating

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

Objective:

MUSCULOSKELETAL ASSESSMENT:

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

- **Postural Analysis:** short right leg (pelvic deficiency)

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

- **Extraspinal restrictions/subluxations:** right TMJ

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

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

Right Eye: esophoria

Left Eye: esophoria

Eye Movement Testing:

Chart Notes

Priscilla Castaneda

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5230 Carroll Canyon Rd. STE 108
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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 06/02/2021

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): Abnormal

Assessment:

ASSESSMENT:

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

DIAGNOSIS:

Patient: Castaneda, Priscilla [REDACTED]
Ins Co: Medicare Pol #: [REDACTED]

Date 06/02/2021

Provider: Steven J. Albinder, D.C.

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

Plan:
PLAN:

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

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

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

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

- Advised

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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 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 +/- 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

Chart Notes

Priscilla Castaneda

San Diego Chiropractic Neurology
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San Diego, CA 921211779
Phone: (619) 344-0111
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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)

Chart Notes

Priscilla Castaneda

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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

Chart Notes
Priscilla Castaneda

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

Pol #: [REDACTED]

Date 06/24/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-**Frequency/Quality:** Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

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

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

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

- **Radiation of Symptoms:** Currently non-radiating

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

Objective:

MUSCULOSKELETAL ASSESSMENT:

- **Inspection/Percussion +/- 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

Chart Notes

Priscilla Castaneda

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Phone: (619) 344-0111
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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)

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 #: [REDACTED]

Date 06/24/2021

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

Chart Notes
Priscilla Castaneda

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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 #: [REDACTED]

Date 06/28/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-**Frequency/Quality:** Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

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

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

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

- **Radiation of Symptoms:** Currently non-radiating

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

Objective:

MUSCULOSKELETAL ASSESSMENT:

- **Inspection/Percussion +/- 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:

Chart Notes
Priscilla Castaneda

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Patient: Castaneda, Priscilla [REDACTED]
Ins Co: Medicare Pol #: [REDACTED]

Date 06/28/2021

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): Abnormal

Assessment:

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

DIAGNOSIS:

Chart Notes

Priscilla Castaneda

San Diego Chiropractic Neurology
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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 06/28/2021

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

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

Plan:

PLAN:

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

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

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

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

- Advised

- *Tx Effect:* Treatment rendered without incident

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

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

Ins Co: Medicare

Pol #: [REDACTED]

Date 07/07/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-**Frequency/Quality:** Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

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

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

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

- **Radiation of Symptoms:** Currently non-radiating

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

Objective:

MUSCULOSKELETAL ASSESSMENT:

- *Inspection/Percussion +/- 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:

Chart Notes
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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #: [REDACTED]

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): Abnormal

Assessment:

ASSESSMENT:

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

DIAGNOSIS:

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #: [REDACTED]

Date 07/07/2021

Provider: Steven J. Albinder, D.C.

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

Plan:

PLAN:

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

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

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

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

- Advised

- *Tx Effect:* Treatment rendered without incident

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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 07/12/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-Frequency/Quality: Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

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

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

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

- Radiation of Symptoms: Currently non-radiating

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

Objective:

MUSCULOSKELETAL ASSESSMENT:

- Inspection/Percussion +/- 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:

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 #: [REDACTED]

Date 07/12/2021

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:

Patient: Castaneda, Priscilla [REDACTED]
Ins Co: Medicare Pol #: [REDACTED]

Date 07/12/2021

Provider: Steven J. Albinder, D.C.

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

Plan:
PLAN:

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

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

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

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

- Advised

- *Tx Effect:* Treatment rendered without incident

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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 07/21/2021

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 +/- 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

Chart Notes
Priscilla Castaneda

San Diego Chiropractic Neurology
5230 Carroll Canyon Rd. STE 108
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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #: [REDACTED]

Date 07/21/2021

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:

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

Chart Notes

Priscilla Castaneda

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

Ins Co: Medicare

Pol #: [REDACTED]

Date 07/21/2021

Provider: Steven J. Albinder, D.C.

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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

Chart Notes

Priscilla Castaneda

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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 +/- 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

Chart Notes

Priscilla Castaneda

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

Pol #: [REDACTED]

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

Chart Notes

Priscilla Castaneda

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

Ins Co: Medicare

Pol #: [REDACTED]

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

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 #: [REDACTED]

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 +/- 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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #:

Date 08/02/2021

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:

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

Chart Notes

Priscilla Castaneda

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Phone: (619) 344-0111
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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

Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #: [REDACTED]

Date 08/11/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-Frequency/Quality: Constant discomfort described as 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 +/- 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

Chart Notes
Priscilla Castaneda

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

Ins Co: Medicare

Pol #: [REDACTED]

Date 08/11/2021

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:

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

Chart Notes

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Patient: Castaneda, Priscilla

Ins Co: Medicare

Pol #: [REDACTED]

Date 08/11/2021

Provider: Steven J. Albinder, D.C.

*** continued from previous page ***

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

Plan:

PLAN:

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

- **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

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 08/17/2021

Provider: Steven J. Albinder, D.C.

Subjective:

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

-Frequency/Quality: Constant discomfort described as Rocking on a boat, Unsteadiness while walking, Feeling like I don't have control of my legs and Floating outside of my body

-Change in Complaint/VAS: Complaint has relief that lasts for a while since the last visit and the VAS scale is presently rated 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 +/- 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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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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Date 08/17/2021

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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

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August 24, 2021

To whom it may concern,

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

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

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

Respectfully,

A handwritten signature in blue ink that reads "Fatima Larcome".

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