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Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

From:

Ivan C Doig [00215848]

To the office of:

Patient Appointment Scheduling

Subject:

RE: Appointment Request

Message:

I already have confirmation of an appointment with Dr. Huff on Sept. 9 at 8 AM, on the Capitol Hill campus. I intend to keep that appointment.

The Olympia appointment is obviously in error. Please cancel it.

--Ivan Doig

The original message below will be attached to your reply message.

----- Message -----

From: Kristin Spear-Thompson

Sent: 8/4/2014 8:03 AM PDT

To: Ivan C Doig

Subject: RE: Appointment Request

Thank you for using MyGroupHealth for your appointment request. I have scheduled you for the date and time listed below. If you are unable to make this appointment date/time, please reply using the 'Reply' button, or call us at 360-923-7880.

Your message will be answered as soon as possible, usually by the end of the next business day. If you have an urgent health concern or require a more immediate response, call your physician's office or the Consulting Nurse Service:

Western Washington: 206-901-2244, 253-596-3400, or toll-free 1-800-297- 6877


Central Washington, Eastern Washington or North Idaho: 1-800-826-3620

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To:
Ivan C Doig

From:
Kristin Spear-Thompson

Received:
8/4/2014 8:03 AM PDT

Thank you for using MyGroupHealth for your appointment request. I have scheduled you for the date and time listed below. If you are unable to make this appointment date/time, please reply using the 'Reply' button, or call us at 360-923-7880.

Please plan to check in for your visit at 7:30 am. This will give us time to prepare you for your visit with Dr. Huff at 8:00 am.

Appointment Information:
Patient's name: Ivan C Doig

Location: Olympia Medical Center
700 Lilly Rd NE
Olympia, WA 98506
360-923-7000

Date: 9/9/14 (Tue)
Check-in time: 7:30 am
Check-in Location: Kiosk located 1B North, Main Entrance, 1B South or Main Check-in on 1st or 2nd floor.
Practitioner's name: Huff, William L, MD

Financial Information: Your estimated office visit copay is \$20. We expect payment at time of service and will accept payments made with a personal check, debit, or credit card. Please also be prepared to provide insurance coverage information at the time of service.

Thank you

Kristin Spear

----- Message -----


From: DOIG,IVAN C
Sent: 8/1/2014 1:41 PM PDT
To: Patient Appointment Scheduling
Subject: Appointment Request

Request submitted by Ivan C Doig [00215848] on 8/1/2014 at
1:41:24 PM
Form Title:
Submitted Data

Appointment for self: Yes
If not self, appointee name:
If not self, appointee ID:
If not self, appointee DOB:

Request appointment with: Provider
If Provider, make appointment with this provider: Huff, William L, MD (Capital Hill Activity, Sports & Exercise Medicine) [003424:10035215]
If Provider, will see another provider: No
If Department/Specialty, make appointment with this department:
If Department/Specialty, make appointment with this provider:
If Department/Specialty, make appointment at this medical center (number):
If Department/Specialty, make appointment at this medical center:

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IVAN C DOIG

[About This Service](#)

What:

Office Visit with William L Huff, MD

When:

Tuesday September 09, 2014 8:00 AM (30 minutes)

Where:

Capital Hill Activity, Sports & Exercise Medicine (Capitol Hill Campus)
125 16th Ave E
Seattle WA 98112-5260

Phone:

206-326-2590

Your estimated copay is \$20.00.

To cancel, click the Cancel This Appointment button. The cancelled appointment will be removed from your list of current appointments.

[BACK TO APPOINTMENT LIST](#)

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11/4/14

1. This time the back really hurts--sometimes 7 or 8 on the scale of 10--and of course it started on Friday, ahead of the weekend, so I've had four days of it. No idea what set it off.

I've tried the physical therapy exercises from last time, but it's so excruciating getting up from a flat position--out of bed etc.--I had to quit. And when I have to go to the bathroom a couple of times every night, it's hazardous getting myself up with that pain and groggy with sleep at the same time.

2. I haven't taken the Hydocodone because I wanted to check with you first about adding it onto all else I'm taking at the moment--and whether we ought to check with Chen that it's OK. (Also, there's an important blood test result he has to monitor from my blood draw next Tues., and affecting test results is one of the Hydocodone warnings.) *Phone me?*

3. If I start taking Hydocodone, does it have to be taken continuously? I have research to do with a couple of friends tomorrow night--at the Baranof bar on Greenwood, believe it or not--that I need to be clearheaded for.

4. If this looks like a case for physical therapy, is there any way to fast-track it so I don't have to wait a week or two for an appointment?

Or is Dr. Huff a better recourse, with the appointment slot or two he keeps open? Last time around, on the hip-and-back problem, physical therapy did not resolve the problem, but his cortisone shot did. I know he wants to hold that to no more than three shots a year, and I've had two, the last one in early Sept., so I don't know if he would think that's the answer this time, but maybe I should find out?

The more I think abt phys ther, less I want to go that route. I have x-rays, have done them diligently - strengthening is not main thing, amt of pain is.

- Temazepam by mail
- Gabapentin helps against cramps!
900 mg @ bedtime
300 " @ lunch
- augmentation drug w/ Pamelor: Cytoran
(both tolerable; but effective?)

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
05/27/2014	4:00 PM	NGS PHYSICAL THERAPY	Justin Lee Johnson, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Back Problem

Allergies as of 5/27/2014

No Known Allergies

Goals (2 Years of Data) as of 5/27/14

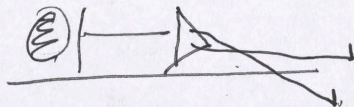
None

Patient Information and Follow-up

Patient Instructions

TFL Stretch

- Do lying on your side with your back to the edge of the bed. Raise the right leg up and back then relax off the edge to feel a stretch.
- Hold for 15-20 sec. Do 3 reps. 3 times a day.



Piriformis Stretch

- Cross the right foot across the left knee with the left leg out straight. Pull the right knee straight across the body.
- Hold for 15-20 sec. Do 3 reps. 3 times a day.



Patient Information and Follow-up (continued)

Patient Instructions (continued)

Follow-up

Check-out Note
6/13 at 2:30

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	5/5/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/5/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/5/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/5/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/5/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
6/18/2014 7:50 AM	Huff, William L, MD	Capital Hill Activity, Sports & Exercise Medicine	206-326-2590	Phone Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
05/27/2014	10:30 AM	CSC ASEM	William L Huff, MD

If you have questions or need further information, call this department at 206-326-2590 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Vitals

Height	Weight	Body Mass Index
5' 7.25" (1.71 m)	155 lb 6.4 oz (70.49 kg)	24.16

Reason for Visit

Referral

Allergies as of 5/27/2014

No Known Allergies

Diagnoses

Lumbar back pain	724.2
Spondylolisthesis	756.12
Hip pain, right	719.45

Conditions Updated Today

ICD-9-CM
SPONDYLOLISTHESIS

Goals (2 Years of Data) as of 5/27/14

None

Patient Information and Follow-up

Patient Instructions

Sleep on your left side with a pillow between your knees, or on your back with a pillow under your knees.

Try using trekking poles when walking or hiking to help unload your legs.

Ice for 20 minutes after activity and when sore.

Continue PT.

Consider reducing your walk to flat or shorter distances and substitute the stationary bike.

We discussed yoga and acupuncture as options.

Please schedule a follow up phone visit with Dr. Huff in 2-3 weeks to discuss your progress and any questions

Patient Information and Follow-up (continued)

Patient Instructions (continued)

you have. Call 855-442-7778 to schedule.

Follow-up

Disposition	Follow-up
Return in about 3 weeks (around 6/17/2014) for update by phone.	Discussed this visit

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	5/5/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/5/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/5/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/5/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/5/2014	CHEN, ERIC Y
CBC/PLT/DIFF (GHC) [85025.003]	5/22/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/22/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/22/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/22/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/22/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
5/27/2014 4:00 PM	Johnson, Justin Lee, PT	Northgate Physical/Occupational Therapy	206-302-1421	Office Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Updated Medication List

Doig, Ivan C (MRN 00215848) Printed at 5/27/14 11:52 AM

Page 2 of 3

Health Reminders (continued)

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Medication	
fluticasone (FLONASE) 50 mcg/actuation nasal spray	2 SPRAYS IN EACH NOSTRIL DAILY
temazepam (RESTORIL) 15 mg capsule	Take 1 capsule (15 mg) by mouth at bedtime as needed for sleep
guaifenesin-codeine (CHERATUSSIN AC) 100-10 mg/5 mL oral liquid	Take 5 mL by mouth every 4 hours as needed
gabapentin (NEURONTIN) 100 mg capsule	TAKE 1-3 CAPSULES (100-300 MG) BY MOUTH AT BEDTIME
GLUCOSAMINE 500 MG ORAL CAP	Patient reported sig

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
06/13/2014	2:30 PM	NGS PHYSICAL THERAPY	Justin Lee Johnson, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Back Problem

Allergies as of 6/13/2014

No Known Allergies

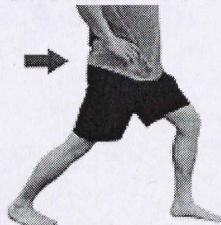
Goals (2 Years of Data) as of 6/13/14

None

Patient Information and Follow-up

Patient Instructions

Gastroc/Calf Stretch in Standing



7-8-14 Tues
3:30 pm. Justin

- Stand and step one foot forward with the involved lower leg back and straight.
- Keep heel of the involved foot on the floor and pointed forward, and shift body forward until a stretch is felt in the calf.

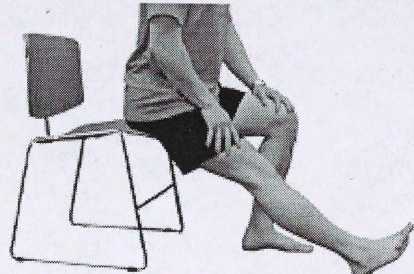
Hold 20 seconds, repeat 2-3 times, 2-3 times/day

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Patient Information and Follow-up (continued)

Patient Instructions (continued)

Knee Extension Stretch in Sitting

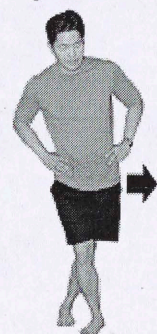


- Sit up tall on the edge of a chair.
- Straighten one knee out with heel down.
- Gently lean your trunk forward until a stretch is felt.

Hold 20 seconds, repeat 2-3 times, 2-3 times/day

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Hip TFL Stretch

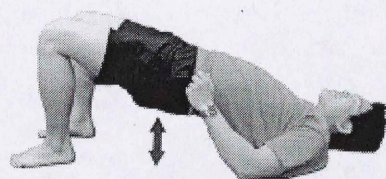


- Stand with the opposite foot crossed in front of the involved leg, keeping both legs straight.
- Lean body sideways away from the involved hip until a stretch is felt.

Hold 20 seconds, repeat 2-3 times, 2-3 times/day

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Bridges



- Lie on your back with both knees bent.
- Lift your bottom off the ground as high as possible. Then slowly return back down.

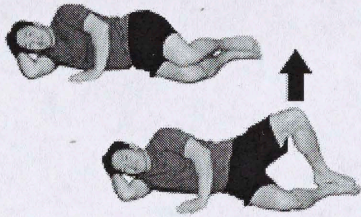
Repeat 10 times, 1-2 sets, 1 times/day,

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Patient Information and Follow-up (continued)

Patient Instructions (continued)

Side Lying Clam Shells

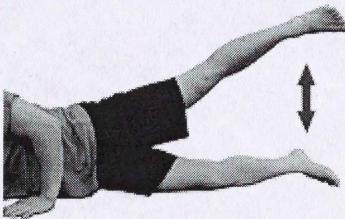


- Lie on your side with your knees bent and pointed forward.
- Keep the top foot on your bottom foot and lift your knee up towards the ceiling, then slowly lower your leg back down.

Repeat 10 times, 1-2 sets, 1 times/day,

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Side Lying Hip Abduction

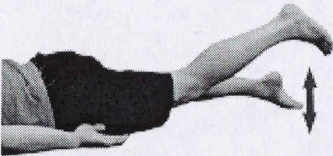


- Lie on your side with lower leg bent and keep upper leg in a straight line with your body.
- Lift top straight leg up as high as possible without moving your hips.

Repeat 10 times, 1-2 sets, 1 times/day,

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Prone Hip Extension



- Lie on your stomach with both legs straight.
- Lift one thigh off the bed with leg straight. Then slowly lower it.

Repeat 10 times, 1 sets, 1 times/day,

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Follow-up

Check-out Note

Check back 7/8 at 3:30 for Recert

Patient Information and Follow-up (continued)

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	5/5/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/5/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/5/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/5/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/5/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
6/23/2014 3:00 PM	Huff, William L, MD	Capital Hill Activity, Sports & Exercise Medicine	206-326-2590	Phone Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.
- A Shingles (Herpes Zoster) vaccine to protect against shingles

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
04/18/2014	2:30 PM	NGS PHYSICAL THERAPY	Justin Lee Johnson, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Back Problem

Allergies as of 4/18/2014

No Known Allergies

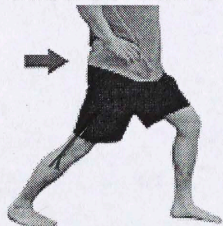
Goals (2 Years of Data) as of 4/18/14

None

Patient Information and Follow-up

Patient Instructions

Gastroc/Calf Stretch in Standing



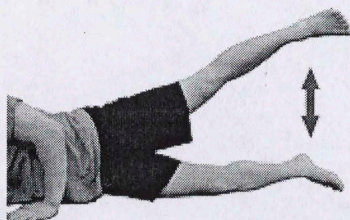
Keep the knee straight

- Stand and step one foot forward with the involved lower leg back and straight.
- Keep heel of the involved foot on the floor and pointed forward, and shift body forward until a stretch is felt in the calf.

Hold 20 seconds, repeat 2-3 times, 2-3 times/day

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Side Lying Hip Abduction



- Keep the hips stacked
- Raise leg up & slightly back.
- Don't raise too high.

- Lie on your side with lower leg bent and keep upper leg in a straight line with your body.

Patient Information and Follow-up (continued)

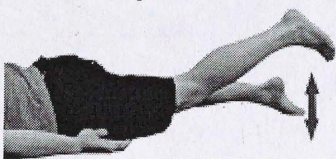
Patient Instructions (continued)

-Lift top straight leg up as high as possible without moving your hips.

Repeat 10 times, 1-2 sets, 1 times/day,

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Prone Hip Extension



Don't raise too high.

-Lie on your stomach with both legs straight.

-Lift one thigh off the bed with leg straight. Then slowly lower it.

Repeat 10 times, 1-2 sets, 1 times/day,

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✓ Quadruped Arm and Leg Lift



-Start on your hands and knees with hands under shoulders and knees under hips.

-Lift one arm up in front of you and opposite leg up behind you while keeping your body still.

Hold each rep 3-5 seconds, repeat 10 times, 1 sets, 1 times/day,

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Follow-up

Disposition

Return in about 2 weeks (around 5/2/2014).

Check-out Note

Ok with Urgent

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Lab Tests Due (continued)

To Do (continued)

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	3/10/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	3/10/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	3/10/2014	CHEN, ERIC Y
CREATININE [82565.002]	3/10/2014	CHEN, ERIC Y
CALCIUM [82310.001]	3/10/2014	CHEN, ERIC Y
CBC/PLT/DIFF (GHC) [85025.003]	4/7/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	4/7/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	4/7/2014	CHEN, ERIC Y
CREATININE [82565.002]	4/7/2014	CHEN, ERIC Y
CALCIUM [82310.001]	4/7/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
5/16/2014 11:00 AM	Shors, Andrew R, MD	capitol Hill Dermatology	206-326-3000	Office Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD

Upcoming Lab Tests (continued)

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
05/06/2014	1:30 PM	NGS PHYSICAL THERAPY	Justin Lee Johnson, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Back Problem

Allergies as of 5/6/2014

No Known Allergies

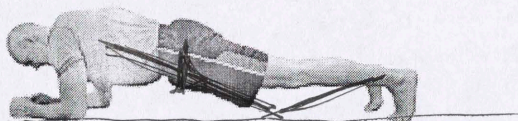
Goals (2 Years of Data) as of 5/6/14

None

Patient Information and Follow-up

Patient Instructions

Front Plank



- Lie on your stomach and raise your body off the floor by supporting yourself with your feet and your arms. Raise yourself up on your toes and your arms with elbows bent.
- Tighten your core muscles and work on keeping your body straight.

Hold each rep 10-15 seconds, repeat 3 times, 1 times/day,

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Try using a tennis ball or dowel rod to do some self massage the the outside of your thigh below the tender point. Do for 2-3 minutes at a time. Once a day.

Follow-up

Disposition Return in about 3 weeks (around 5/27/2014).	Check-out Note Schedule on 5/27 at 4pm
--	---

Test Results

Results From Your Visit

None

Test Results (continued)

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	4/7/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	4/7/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	4/7/2014	CHEN, ERIC Y
CREATININE [82565.002]	4/7/2014	CHEN, ERIC Y
CALCIUM [82310.001]	4/7/2014	CHEN, ERIC Y
CBC/PLT/DIFF (GHC) [85025.003]	5/5/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/5/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/5/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/5/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/5/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
5/16/2014 11:00 AM	Shors, Andrew R, MD	capitol Hill Dermatology	206-326-3000	Office Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
04/04/2014	1:00 PM	NGS PHYSICAL THERAPY	Justin Lee Johnson, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Back Problem
Leg Problem
Certification Medicare

Allergies as of 4/4/2014

No Known Allergies

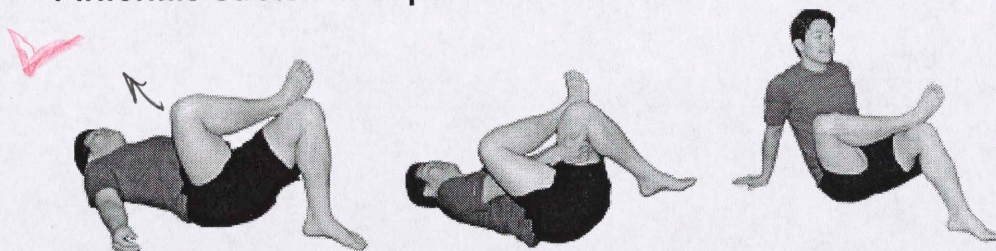
Goals (2 Years of Data) as of 4/4/14

None

Patient Information and Follow-up

Patient Instructions

Piriformis Stretch in Supine



- Lie on your back with both knees bent and cross the ankle of one leg over opposite bent knee.
- Pull crossed knee toward your opposite shoulder using your hands or sit up until a stretch is felt along your bottom.

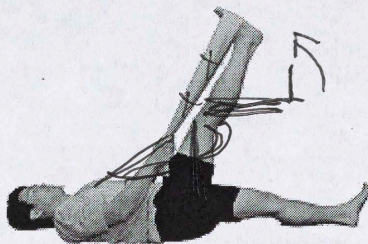
Hold 20 seconds, repeat 3 times, 1 times/day

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Patient Information and Follow-up (continued)

Patient Instructions (continued)

Hamstring Stretch in Supine

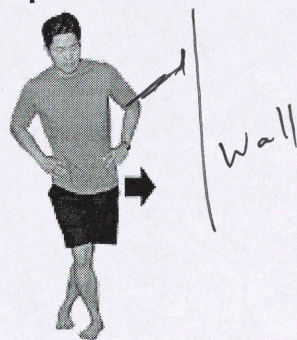


- Lie on your back with both legs straight. Grasp the back of your knee and hold your thigh in a vertical position
- Slowly straighten your knee until a stretch is felt in the back of your thigh.

Hold 5 seconds, repeat 10 times, 1 times/day

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✓ Hip TFL Stretch

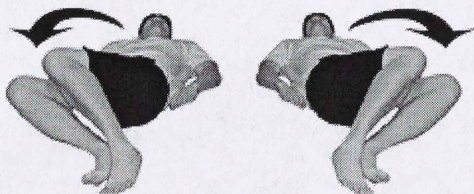


- Stand with the opposite foot crossed in front of the involved leg, keeping both legs straight.
- Lean body sideways away from the involved hip until a stretch is felt.

Hold 20 seconds, repeat 3 times, 1 times/day

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✓ Hooklying Knee Sways



- Lie on your back with both knees bent and feet flat on the floor.
- With your knees together, move them from side to side toward the floor.

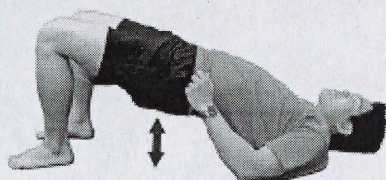
Repeat 10 times, hold each rep 3 seconds, 1 times/day,

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Patient Information and Follow-up (continued)

Patient Instructions (continued)

Bridges

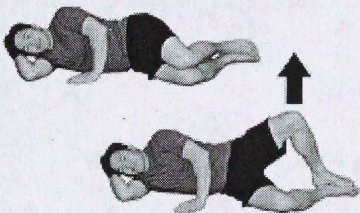


- Lie on your back with both knees bent.
- Lift your bottom off the ground as high as possible. Then slowly return back down.

Repeat 10 times, 1 sets, 1 times/ every other day,

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✓ Side Lying Clam Shells

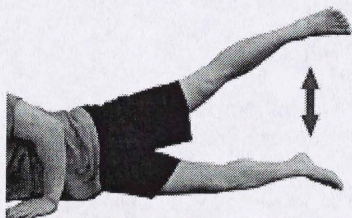


- Lie on your side with your knees bent and pointed forward.
- Keep the top foot on your bottom foot and lift your knee up towards the ceiling, then slowly lower your leg back down.

Repeat 10 times, 1 sets, 1 times/every other day,

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Side Lying Hip Abduction



- Lie on your side with lower leg bent and keep upper leg in a straight line with your body.
- Lift top straight leg up as high as possible without moving your hips.

Repeat 10 times, 1 sets, 1 times/every other day,

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Follow-up

Disposition

Check-out Note

Patient Information and Follow-up (continued)

Follow-up (continued)

Disposition	Check-out Note
Return in about 2 weeks (around 4/18/2014).	Ok with Urgent slot, Cert 7/2/14

Test Results

Results From Your Visit

None

4-18-14

2:30 pm

Justin

Friday

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	3/10/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	3/10/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	3/10/2014	CHEN, ERIC Y
CREATININE [82565.002]	3/10/2014	CHEN, ERIC Y
CALCIUM [82310.001]	3/10/2014	CHEN, ERIC Y

Health Reminders

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM	Every 4 Weeks	5/5/14	Chen, Eric Y, MD

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
09/09/2014	8:00 AM	CSC ASEM	William L Huff, MD

If you have questions or need further information, call this department at 206-326-2590 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Follow-up Care

Allergies as of 9/9/2014

Allergen	Reactions
Thalidomide neuropathy	Other

Goals (2 Years of Data) as of 9/9/14

None

Patient Information and Follow-up

Patient Instructions

POST STEROID INJECTION INSTRUCTIONS

Your diagnosis today: Hip bursitis

Today you received an injection to help lessen the pain. Injections are usually done using a local anesthetic and cortisone. The effect from the anesthetic can last for several hours and you might feel better right after the injection. After the anesthetic wears off, it's not uncommon to feel worse for a few days. It can take up to a week for the pain to improve.

Your care plan:

Avoid doing any strenuous activity with the injected area for at least the next 24-48 hours. It's best to rest the area for the next week.

If you have pain, you can put an ice pack on the area for 20 minutes at a time. You can take acetaminophen (Tylenol) or an over-the-counter anti-inflammatory, such as naproxen or ibuprofen, if you can tolerate them. Take these medicines according to the instructions on the bottle.

Patient Information and Follow-up (continued)

Patient Instructions (continued)

Patients with diabetes should check blood sugar levels often for the next week. It is not uncommon to have higher blood sugar levels due to the corticosteroid. You can treat high blood sugar levels by making changes to your diet or diabetes medicines as needed. Contact your primary care provider if you have questions or concerns.

When to see us again:

- If you're having more pain and swelling after 48 hours, even after taking over-the-counter pain medicine, call our office.
- If you're not getting better within 3-4 weeks, send a secure email or schedule a phone appointment.
- We don't advise getting another injection any sooner than 3 months.

If you're getting better, there's no need to schedule a follow up appointment.

Call the Orthopedic Clinic Monday through Friday, 8:00 a.m.-5:00 p.m., at Central: 206-326-3150. Press 3 to speak to your care team. After clinic hours, call the Consulting Nurse Service at 1-800-297-6877. The consulting nurses can reach us 24 hours a day to talk with us about your care.

If you have more questions or concerns, we encourage you to contact your Orthopedic care team with a secure email through your MyGroupHealth for Members account on www.ghc.org. Please don't use secure email messages for urgent concerns.

Follow-up

Disposition	Follow-up
Return if symptoms worsen or fail to improve.	Discussed this visit

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	9/8/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	9/8/2014	CHEN, ERIC Y
CREATININE [82565.002]	9/8/2014	CHEN, ERIC Y
CALCIUM [82310.001]	9/8/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	9/8/2014	CHEN, ERIC Y

Health Reminders

Health Reminders (continued)

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
9/24/2014 4:20 PM	Chen, Eric Y, MD	Bellevue Oncology/Hematology	425-502-3690	Phone Visit
10/14/2014 9:20 AM	Chen, Eric Y, MD	Capitol Hill Oncology/Hematology	206-326-3000	Office Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.
- A Shingles (Herpes Zoster) vaccine to protect against shingles

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	10/6/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	10/6/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	10/6/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	10/6/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	10/6/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	11/3/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	11/3/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	11/3/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	11/3/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	11/3/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	12/1/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	12/1/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	12/1/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	12/1/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	12/1/14	Chen, Eric Y, MD

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

Health Profile (continued)

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Subject: RE: Update on existing health concern**

To:
Ivan C Doig

From:
Patricia E Kato, MD

Received:
5/23/2014 8:47 AM PDT

Thank you Ivan. Bill and our daughter are headed to the Methow this morning. I will follow tomorrow morning. Our son will stay behind, as he unexpectedly qualified for the 4A high school state competition in shot put and will be putting in important practice time. Bill is looking forward to seeing you next week. Have a nice weekend,
Pat Kato

----- Message -----
From: DOIG,IVAN C
Sent: 5/23/2014 7:37 AM PDT
To: Patricia E Kato, MD
Subject: RE: Update on existing health concern

Dear Dr. K--Carol is vastly grateful for the advice about Afrin, and I'm going out to get her some as soon as Rite-Aid opens. She is somewhat better this morning, thank heavens. We're both going to settle in for a nice quiet Memorial Day weekend. The gardener in me is happy to see this rain, although I hope it doesn't dampen the holiday (Methow style?) for you and Dr. H. Again, thanks for everything, and I hope we don't have any more ailment reports for a while.

Regards,
Ivan

----- Message -----
From: Patricia E Kato, MD
Sent: 5/22/2014 4:25 PM PDT
To: Ivan C Doig
Subject: RE: Update on existing health concern


Thank you Ivan. As long as Carol's blood pressure is normal, she can try using Afrin nasal spray for 3 or 4 days. Any more than that can cause problems with rebound congestion. I hope she feels better soon.
Pat Kato, MD

----- Message -----
From: DOIG,IVAN C
Sent: 5/22/2014 1:05 PM PDT
To: Patricia E Kato, MD
Subject: RE: Update on existing health concern

Dr. K, hi--OK, I'll pick up the Temazepam & 300mg Gabapentin next. Tues., when I see that eminent Dr. Huff. And I have enough 100mg capsules to carry me through until then. Last night I got a good long night's sleep thanks to Temazepam and a couple of Aleves, so I'm feeling better, my cold evidently winding down. Carol, though, is in the horrific running nose stage of hers. Any ideas for ameliorating that, she'd no doubt appreciate.
Regards,
Ivan

----- Message -----
From: Patricia E Kato, MD
Sent: 5/22/2014 10:44 AM PDT
To: Ivan C Doig
Subject: RE: Update on existing health concern

Dear Ivan,
Glad to hear the speaking engagements went well!
It looks like the codeine cough syrup was mailed out on the 20th, so you should receive it soon.

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E-Mail Your Health Care Team

[About This Service](#)

Send messages about **non-urgent** health concerns only.

- A reply usually arrives by the end of the next business day, in your MyGroupHealth message inbox.
- Want an e-mail notice when your reply arrives? Enter your personal e-mail at [Update Your Account Profile](#).

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

**This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.**

From: Ivan C Doig

To the office of:

Subject:

Message:

Dr. K, hi--I'm really happy with your report on the flexion/extension xrays; takes a lot off my mind. As to the hip, the pain is less most of the time, hardly noticeable when I'm sitting and even walking around the house or in the garden. But it flares when I get out of bed, and if I don't stand still just right. Will keep on with the exercises--and see how I make it through the plane flights to & from WWalla (Whitman College speaking gig)--and my main concern ahead is walking any distance, like the daily exercise around the neighborhood (nearly 2 miles) with Carol. I won't even try again until the hip feels really okay. Next phys therapy session/advice is May 6; I'll see how things are a week or 10 days after that, about walking and all, and let you know.

Best wishes,
Ivan

Maximum 5000 characters

For immediate medical help, call your physician's office or the Consulting Nurse Service.

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Subject: RE:xray results**To:**

Ivan C Doig

From:

Patricia E Kato, MD

Received:

4/25/2014 12:45 PM PDT

Dear Ivan,

I will prescribe Vicodin (Hydrocodone/Acetaminophen) and send it to the Northgate pharmacy. You can start with 1/2 to 1 tablet twice a day as needed.

Yours truly,
Pat Kato, MD

----- Message -----

From: DOIG,IVAN C
Sent: 4/24/2014 4:48 PM PDT
To: Patricia E Kato, MD
Subject: RE:xray results

Dr. K, just quickly, before the weekend (and I hope you have a good one--Methow-bound?). The doubled Aleve doesn't help consistently, and it makes me a little spacey. Given that reaction, maybe I might as well have the narcotic you would prescribe, do you think? If so, I could pick it up at N'gate on Monday when I come in for xrays.

Best again, Ivan

----- Message -----

From: Patricia E Kato, MD
Sent: 4/24/2014 2:19 PM PDT
To: Ivan C Doig
Subject: RE:xray results

Dear Ivan,

Thanks for your reply. Most likely the hip pain is either a muscular strain or coming from your lower back. Is the higher dose of Aleve helping?
Pat Kato, MD

----- Message -----

From: DOIG,IVAN C
Sent: 4/24/2014 2:14 PM PDT
To: Patricia E Kato, MD
Subject: RE:xray results

Dear Dr. K.--I really appreciate your quick and comprehensive handling of my latest aches and pains. I'll come in Monday for the the further xrays. As to the hip pain, do I savvy correctly that it must be a strain, unless the pair of possible bony defects are causing something? I'll of course keep on with the physical therapy exercises--even unto Sleeping Lady, tomorrow!

Best wishes--Ivan

----- Message -----

From: Patricia E Kato, MD
Sent: 4/24/2014 1:45 PM PDT
To: Ivan C Doig
Subject: xray results

Dear Ivan,

Thank you for coming in to have the xrays done.

The xrays of your hip and thigh (femur) are normal except for a question of two small bony defects, at the lower aspect of the pelvis and in the femur. These were only seen on one view, so may be overlapping shadows. The Radiologist has requested prior films from 2006 to compare. I'll send you a message when I have the final report.

The xrays of the lower spine show arthritic changes resulting in some malalignment of the spine. This can certainly result in lower back pain. The

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X-RAY SPINE LUMBAR 2V OR 3V (STD) AP+LAT+LAT-L5 - Details

Some tests have a standard range; this is the high and low value for a general population. Ask your doctor what your target value should be, based on your own health factors.

Don't need a copy mailed to you? Submit a form to stop (or resume) receiving a paper version of lab results.

Narrative

[HST]: 74 y.o. male with myeloma. Pain in right lower back, lateral hip and posterior thigh.

EXAMINATION: Lumbar spine

COMPARISON: none

REASON: Myeloma, pain

TECHNIQUE:

Upright AP, lateral, lateral L5-S1 spot

FINDINGS:

L5-S1 spondylolisthesis with significant disc space height loss and facet arthropathy. There are no findings of an obvious compression fracture, expansile lesion or grossly destructive lesion. Recommend consideration of flexion and extension views to assess for abnormal motion

Impression

IMPRESSION:

L5-S1 spondylolisthesis with associated osteoarthritic change

Electronically signed by: ASHER A NOV, MD

Date: 04/23/2014

Time: 14:13

Component Results

There is no component information for this result.

General Information

Collected:

04/23/2014 1:50 PM

Resulted:

04/23/2014 2:13 PM

Ordered By:

Patricia E Kato, MD


Result Status:

Final result

[BACK TO LAB LIST](#)

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[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Subject: RE: Update on existing health concern****To:**

Ivan C Doig

From:

Patricia E Kato, MD

Received:

4/22/2014 3:13 PM PDT

Hello Ivan,

Thanks for your message. I will order xrays of your lower back, hip and femur. You are welcome to come in at your convenience to have these done.

Yes, increasing the Gabapentin is fine. You can increase by 100mg every 2-3 days as needed. If you are having any daytime symptoms you can start taking a low dose in the mornings. Watch for drowsiness.

I hope this helps.

Pat Kato, MD

----- Message -----

From: DOIG,IVAN C

Sent: 4/22/2014 8:19 AM PDT

To: Patricia E Kato, MD

Subject: Update on existing health concern

Dr. K, thanks. By now physical therapy has taken my hip pain down some, but boy, are there a lot of the exercises. I believe we ought to xray to make sure what we're dealing with--seems to me the hip has been terrifically painful and leg-deadening etc. for it to be a strain as the phys therapist thinks. And I do have a low-grade nagging discomfort in the small of my back.

--Meanwhile, I'll try 2 Aleves twice a day (hadn't realized I could double up on the dosage) and hold off on the narcotic to see if Aleve works. Will also start on D3, thanks too for that advice.

--While I'm at it, one more medication question. Dr. Chen has granted me another month off from the cancer medications, i.e. until blood tests in late May. Might it be possible to increase the Gabopentine dosage during this time to see if it alleviates my neuropathy problems further? My feet still feel wooden, there's still occasional calf cramping, my hands are still pretty stiff. So while the Gabo has helped a lot, think it could do more?

--regards, Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see About This Service.

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Ivan C Doig

From:

Patricia E Kato, MD

Received:

4/24/2014 1:45 PM PDT

Dear Ivan,

Thank you for coming in to have the xrays done.

The xrays of your hip and thigh (femur) are normal except for a question of two small bony defects, at the lower aspect of the pelvis and in the femur. These were only seen on one view, so may be overlapping shadows. The Radiologist has requested prior films from 2006 to compare. I'll send you a message when I have the final report.

The xrays of the lower spine show arthritic changes resulting in some malalignment of the spine. This can certainly result in lower back pain. The usual treatment is physical therapy for strengthening, but we also recommend further views (flexion and extension) to assess whether there is any abnormal motion with activity. I'll go ahead and order those films. Please return to Radiology at your convenience. Thank you.

Pat Kato

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Patient Information and Follow-up (continued)

Patient Instructions (continued)

If you have pain, you can put an ice pack on the area for 20 minutes at a time. You can take acetaminophen (Tylenol) or an over-the-counter anti-inflammatory, such as naproxen or ibuprofen, if you can tolerate them. Take these medicines according to the instructions on the bottle.

Patients with diabetes should check blood sugar levels often for the next week. It is not uncommon to have higher blood sugar levels due to the corticosteroid. You can treat high blood sugar levels by making changes to your diet or diabetes medicines as needed. Contact your primary care provider if you have questions or concerns.

When to see us again:

- If you're having more pain and swelling after 48 hours, even after taking over-the-counter pain medicine, call our office.
- If you're not getting better within 3-4 weeks, send a secure email or schedule a phone appointment.
- We don't advise getting another injection any sooner than 3 months.

If you're getting better, there's no need to schedule a follow up appointment.

Call the Orthopedic Clinic Monday through Friday, 8:00 a.m.-5:00 p.m., at Central: 206-326-3150. Press 3 to speak to your care team. After clinic hours, call the Consulting Nurse Service at 1-800-297-6877. The consulting nurses can reach us 24 hours a day to talk with us about your care.

If you have more questions or concerns, we encourage you to contact your Orthopedic care team with a secure email through your MyGroupHealth for Members account on www.ghc.org. Please don't use secure email messages for urgent concerns.

phone visit 6/23: told him I'm mostly better, generally don't notice hip except s'times getting out of bed or after daily walk ($\frac{1}{2}$ mi, mostly on pavement), any twinges are 1 or 2 on scale of 10. Asked about a cortisone shot ahead of Y'stone trip, he OK'd it (shd not have more than 3 a year, he said); w/ week of taking it easy, I shd sched right after Labor Day, call 3 wks ahead for appointment. Name of his nautro path pal in Edmonds if needed: Mark Nolting.

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	5/5/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	5/5/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	5/5/2014	CHEN, ERIC Y
CREATININE [82565.002]	5/5/2014	CHEN, ERIC Y
CALCIUM [82310.001]	5/5/2014	CHEN, ERIC Y

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
06/04/2014	11:30 AM	CSC ASEM	William L Huff, MD

If you have questions or need further information, call this department at 206-326-2590 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Follow-up Care

Allergies as of 6/4/2014

No Known Allergies

Diagnoses

Trochanteric bursitis of right hip - Primary	726.5
--	-------

Goals (2 Years of Data) as of 6/4/14

None

Patient Information and Follow-up

Patient Instructions

Ice for 20 minutes 2-3 times a day for the next 2-3 days and when sore.

Hold PT exercises for the next 2-3 days.

Walking is fine but stick to flat.

Reschedule phone visit for 3 weeks from now.

POST STEROID INJECTION INSTRUCTIONS

Your diagnosis today: Hip bursitis

Today you received an injection to help lessen the pain. Injections are usually done using a local anesthetic and cortisone. The effect from the anesthetic can last for several hours and you might feel better right after the injection. After the anesthetic wears off, it's not uncommon to feel worse for a few days. It can take up to a week for the pain to improve.

Your care plan:

Avoid doing any strenuous activity with the injected area for at least the next 24-48 hours. It's best to rest the area for the next week.

Hay 6/23

better - can stand 10 minutes at a time; considerable periods when I don't notice hip.

- Still are twinges, achy reminders ^{sometimes} when I get out of bed. walking on pavement - still bothers some - 1/2 mi w/ Carol & an attentive younger friend - can feel it after it, don't ^{usually} hip settles down when I sit down to work or ice it.

- cortisone shot wears off, Justin's phys therapist encouraged me on X-rays (which I'm doing diligently) - Important trip in Sept. - Y's store & Jackson, but they're honestly in my next novel - possible to get a shot ahead of that, if I still am having twinges? (Resting for a week - shot just after Labor Day? When make an appt?)

name of naturopath?

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Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.

From: Ivan C Doig

To the office of:

Subject:

Message:

Dr. Huff, howdy as they say in Jackson Hole and beyond. You asked for an update on our trip, and the hip news is pretty good. The cortisone shot got me through days in a small car with only some twinges. The hip has behaved that same way pretty much ever since, occasional pain sometimes, but mostly I don't notice it. You wondered about any future travel when we might have to resort to this again, and there's a chance Carol and I will go to New York at about the end of winter. Will keep you informed, and in the meantime the phys therapy seem to help.

Just emailed the good Dr. Kato, so this is my morning of prime health care from your household. Meanwhile, I'm forging ahead to finish my next book by the end of the year. expected publishing date, next summer.

Maximum 5000 characters

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From: Ivan C Doig

To the office of:

Subject:

Message:

Dr. Huff, good morning. Reluctantly I have come to the conclusion that this ailing hip is crippling our household too perilously, and I had better advance to a Cortisone shot sooner rather than later, if you agree. (Sorry to say, the phys therapy exercises, walking pole, and all else we're trying doesn't seem to help.) A couple of recent circumstances have changed the situation:

--You may know Carol yesterday morning lost her balance and took a scary fall on her daily walk, and I was not there to prevent it or to help. Dr. Kato is referring her to a neurologist about her balance problem, but in the meantime I need to be as able as I can to cope with our household life.

--Secondly, my latest blood tests show enough of a spike in serum protein etc. that Dr. Chen is almost certain to put me back on Revlimid and Dexamethasone (and possibly the latest card up his sleeve, Melfelan, rugged on the patient when taken with the other two, I know from last time around, but highly effective on the blood readings), and I shudder at contending with the hip pain on top of the usual side effects--leg cramps and weird foot sensations--of the Rev and Dex. *hip*

So, could you check with Dr.Chen to see if you (or Dr. Kato?) can ~~speak~~ *see* me in for a Cortisone shot, ahead of his likely resumption of the Dex steroids which probably would be at the start of next week?

Thanks--Ivan


Maximum 5000 characters

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Ivan C Doig

From:

Patricia E Kato, MD

Received:

4/21/2014 5:34 PM PDT

Dear Ivan,

Thank you for your message. If your pain persists, we should do some xrays. My notes remind me that your pain is along the outside of the hip and the back of the thigh. Is your back also bothering you?

If maximum doses of Aleve (2 tablets twice a day) or Ibuprofen (800mg three times a day) aren't helping, I can prescribe narcotics. You can start with 1/2 to 1 tablet at a time to see if you get adequate relief without troublesome side effects.

If you are not taking any vitamin D, your level is probably low. I would start with 5000iu of D3 daily for the first 3 months, then we can check your level.

I'll order the xrays and narcotics once I hear back from you.

Take care,

Pat Kato

----- Message -----

From: DOIG,IVAN C

Sent: 4/21/2014 8:09 AM PDT

To: Patricia E Kato, MD

Subject: New symptom or concern

Dr. K, hi--Update on my hip situation:

--It's surprisingly painful, and actually got more so late last week. Physical therapy helps some, and I have one more stint of that and a May 6 appointment. But in the meantime I have 2 big speaking events (Sleeping Lady & Whitman), and is there anything you can prescribe that might take down the pain yet not make me logey? Alleve and Advil don't help, aspirin seems to help a little but not enough.

--Carol spotted in People's Pharmacy yesterday the story of someone who'd tamped down chronic hip pain by taking Vitamin D-3. We wondered if this is something I might try, inasmuch as I don't really get much sunlight, covering myself quite thoroughly when I'm outside because of skin concerns. What think?--regards, Ivan

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X-RAY of Femur 2V (std) AP+lat - Details

Some tests have a standard range; this is the high and low value for a general population. Ask your doctor what your target value should be, based on your own health factors.

Don't need a copy mailed to you? Submit a form to stop (or resume) receiving a paper version of lab results.

Narrative

[HST]: 74 y.o. male with myeloma. Pain in right lower back, lateral hip and posterior thigh.

EXAM: FEMUR 2 VIEW AP, LATERAL and 2 VIEWS OF THE RIGHT HIP

Number of views/side/technic: Right

No prior films available for comparison at this time.

Findings: No right hip joint space narrowing.

Questionable possible small bony defect proximal femoral diaphysis and also in inferior right pubic ramus region as seen on the AP views only (these are not confirmed on the lateral views of the femur and right hip).

Otherwise normal bony density.

The remainder of the femur is unremarkable.

No knee joint space compartment narrowing or definite effusion.
No acute or healing fracture.

Arterial vascular calcification in the femoral system and in the upper calf.

No suspicious-appearing soft tissue calcifications.

Impression

IMPRESSION: Questionable possible small bony defect proximal femoral diaphysis and also in inferior right pubic ramus region as seen on the AP views only (these are not confirmed on the lateral views of the femur and right hip).
Otherwise normal bony density.

No right hip joint space narrowing.

Prior exam from April 20, 2006 has been requested.
Addendum will be dictated when prior exam becomes available.

Electronically signed by: HARVEY I J NIEBULSKI, MD
Date: 04/23/2014
Time: 16:55

Component Results

There is no component information for this result.

General Information

Collected:
04/23/2014 1:50 PM

Resulted:
04/23/2014 4:55 PM

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
03/26/2014	2:00 PM	NGT FAMILY PRACTICE	Patricia E Kato, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Vitals

Blood Pressure	Pulse	Temperature	Weight	Body Mass Index	Oxygen %
118/78	65	97.6 °F (36.4 °C) (Temporal)	161 lb (73.03 kg)	23.76	99%

Reason for Visit

Pain
Sleeping Problems

Allergies as of 3/26/2014

No Known Allergies

Diagnoses

Pain in joint, lower leg - Primary	719.46
Lower back pain	724.2
Neuropathy due to chemotherapeutic drug	357.6, E933.1

Conditions Updated Today

ICD-9-CM
Neuropathy due to chemotherapeutic drug

Goals (2 Years of Data) as of 3/26/14

None

Patient Information and Follow-up

Patient Instructions

Thank you for coming in today. It's always nice to see you.

Please make an appointment with Physical Therapy.

I will discuss Gabapentin with Dr. Chen and send you an e-mail.

Referral Appointments Ordered This Visit

To Schedule

REF PT/OT (IGP) [99201.142 Custom]

Scheduling Instructions:

Referral Appointments Ordered This Visit (continued)

To Schedule (continued)

PT/OT Referral Information

Your practitioner has referred you to the Group Health Department of Physical and Occupational Therapy for a consultation or for specialized care. We look forward to seeing you for this visit.

Please call the appropriate Physical and Occupational Therapy office at the number listed below.

If your condition worsens before you call or after you've set up your appointment, please contact your referring practitioner's office.

There is a possibility that the Physical and Occupational Therapy office may request that you have additional tests before your visit.

Your initial evaluation may take up to one hour. During the evaluation, your therapist will provide appropriate testing and discuss various treatment strategies designed to help you reach your optimal state of health and function. It is advised that you wear comfortable and loose clothing for this initial evaluation. If your legs or feet are being examined, gym shorts are recommended.

INSURANCE COVERAGE: Do call the Customer Service Center at 1-888-901-4636 if you have questions about your insurance coverage for this service.

CANCELLATIONS: If you need to cancel your appointment, please try to give us at least 48 hours notice so that we may offer the time to another patient.

Driving directions and maps to all GHC medical facilities are available online at the Group Health Web site, www.ghc.org, or through your practitioner's office.

Northgate Medical Center
Appointment Line: 206-302-1421
9800 4th Avenue NE
Seattle, WA 98115-2158

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	3/10/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	3/10/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	3/10/2014	CHEN, ERIC Y
CREATININE [82565.002]	3/10/2014	CHEN, ERIC Y
CALCIUM [82310.001]	3/10/2014	CHEN, ERIC Y

Lab Tests Due (continued)

Health Reminders

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	4/7/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Medication	
temazepam (RESTORIL) 15 mg capsule	TAKE 1 TO 2 CAPSULES AT BEDTIME AS NEEDED FOR SLEEP
GLUCOSAMINE 500 MG ORAL CAP	Patient reported sig

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

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**This communication will become part of the medical record for Ivan C Doig.
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From: Ivan C Doig

To the office of:

Kato, Patricia E, MD -PCP-

Subject:

Update on existing health concern

Message:

Dr. K. hi--Here I am, still with the painful hip etc., sorry to report. I've put in 6 diligent weeks of physical therapy, and can't really see any progress--and this past weekend, I've had some terrific sieges of pain, 5-6 on the 1-10 scale, sometimes in bed, sometimes when I just stand for a minute or two doing some kitchen chore. (I have not resorted to the hydrocodone because of its warnings about drowsiness and loss of alertness--to top things off, I have a bad cold and am foggy with that already. More about that in a moment.) Is there anything else we can do instead to get this under control? I feel some urgency, because Chen will likely be putting me back on some level of myeloma medications at the end of this month, with the attendant side effects.

As to the cold: it hit me last Thursday, and has worsened. Main problem at the moment is hacking coughs, mainly at night. Carol nobly has shared a bit of her Guafien-Cod medication you prescribed--could you have some mailed to me, please?

Best wishes,
Ivan


Maximum 5000 characters

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RE: xray results

To:

Patricia E Kato, MD

From:

Ivan C Doig

Sent:

4/24/2014 4:48 PM PDT

Dr. K, just quickly, before the weekend (and I hope you have a good one--Methow-bound?). The doubled Aleve doesn't help consistently, and it makes me a little spacey. Given that reaction, maybe I might as well have the narcotic you would prescribe, do you think? if so, I could pick it up at N'gate on Monday when I come in for xrays.

Best again, Ivan

----- Message -----

From: Patricia E Kato, MD

Sent: 4/24/2014 2:19 PM PDT

To: Ivan C Doig

Subject: RE:xray results

Dear Ivan,

Thanks for your reply. Most likely the hip pain is either a muscular strain or coming from your lower back.

Is the higher dose of Aleve helping?

Pat Kato, MD

----- Message -----

From: DOIG,IVAN C

Sent: 4/24/2014 2:14 PM PDT

To: Patricia E Kato, MD

Subject: RE:xray results

Dear Dr. K.--I really appreciate your quick and comprehensive handling of my latest aches and pains. I'll come in Monday for the the further xrays. As to the hip pain, do I savvy correctly that it must be a strain, unless the pair of possible bony defects are causing something? I'll of course keep on with the physical therapy exercises--even unto Sleeping Lady, tomorrow!

Best wishes--Ivan

----- Message -----

From: Patricia E Kato, MD

Sent: 4/24/2014 1:45 PM PDT

To: Ivan C Doig

Subject: xray results

Dear Ivan,

Thank you for coming in to have the xrays done.

The xrays of your hip and thigh (femur) are normal except for a question of two small bony defects, at the lower aspect of the pelvis and in the femur. These were only seen on one view, so may be overlapping shadows. The Radiologist has requested prior films from 2006 to compare. I'll send you a message when I have the final report.

The xrays of the lower spine show arthritic changes resulting in some malalignment of the spine. This can certainly result in lower back pain. The usual treatment is physical therapy for strengthening, but we also recommend further views (flexion and extension) to assess whether there is any abnormal motion with activity. I'll go ahead and order those films. Please return to Radiology at your convenience. Thank you.

Pat Kato

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To the office of:

Subject:

Message:

Dr. K, hi--Update on my hip situation:
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--Carol spotted in People's Pharmacy yesterday the story of someone who'd tamped down chronic hip pain by taking Vitamin D-3. We wondered if this is something I might try, inasmuch as I don't really get much sunshine, covering myself quite

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PEOPLE'S PHARMACY

Stethoscopes often fall through sanitation cracks

By Joe and Teresa Graedon
Syndicated columnists

Q: I frequently see medical personnel in their scrubs with their stethoscopes around their necks in the hospital cafeteria or even nearby restaurants. I wonder how often they sanitize those stethoscopes. They seem oblivious to the possibility that they might be spreading germs.

A: Hospitals have been working hard to control infections by encouraging health care workers to wash their hands between patients. In many institutions, these efforts have resulted in higher rates of hand washing and lower rates of infection.

Stethoscopes are another matter. Recent research has shown that stethoscopes used to examine patients are as contaminated as the doctor's hands by the end of the exam (Mayo Clinic Proceedings, March 2014).

The investigators note that 70 to 90 percent of physicians "do not disinfect systematically their stethoscope after every patient contact."

The lead author, Didier Pittet, M.D., M.S., says that stethoscopes should be disinfected between patients to avoid spreading dangerous bacteria. Just as patients are being encouraged to ask about hand washing,

they also might request that the stethoscope be cleaned before it is used on their skin.

Q: About five years ago, I began to suffer with severe pain in my left hip and leg. It was agonizing when I lay in bed. I had to crawl on hands and knees to climb stairs.

Physical therapy did not work. Scans showed no arthritis. After two years of disability, a blood test revealed that I was severely deficient in vitamin D. I don't get much sunlight on my skin to produce the vitamin naturally.

I began taking vitamin D-3 to raise my blood levels. Happily, I am now free of that terrible pain and can walk and climb stairs freely! I am convinced that the vitamin D-3 has done wonders for my mood and well-being. I wonder if combating vitamin D deficiency would help

many of your readers as it did for me.

A: vitamin D deficiency is associated with muscle weakness, bone pain, achiness, arthritis, cancer, depression, diabetes, heart disease, asthma and autoimmune diseases like multiple sclerosis. What we don't know is whether adding extra vitamin D in the form of a supplement will reverse any of these conditions.

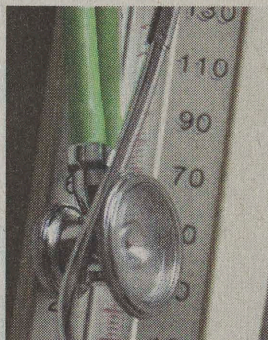
We're delighted that adding extra vitamin D-3 to your regimen made such a difference in the quality of your life.

Q: My wife has been taking three Tums tablets (750 mg) daily for years as a source of calcium. Is this amount safe? She has lost her appetite.

A: Your wife is getting 2,250 mg of calcium carbonate daily, 40 percent of which is elemental calcium. That means she is taking in 900 mg of the mineral in addition to any calcium in her diet. That might be too much.

Taking in excess calcium and antacid (such as in calcium carbonate) for months or years can result in "milk-alkali syndrome." This condition may lead to symptoms such as loss of appetite and stomach pain, and raise the risk of kidney stones.

In their column, Joe and Teresa Graedon answer letters from readers. Write to them c/o King Features Syndicate, 300 W. 57th St., 15th floor, New York, NY 10019, or via their website: www.peoplespharmacy.org



S. Times April 20 '14



SEATTLETIMES.COM

Lab Tests Due (continued)

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
6/6/2014 4:20 PM	Chen, Eric Y, MD	Bellevue Oncology/Hematology	425-502-3690	Phone Visit
6/13/2014 2:30 PM	Johnson, Justin Lee, PT	Northgate Physical/Occupational Therapy	206-302-1421	Office Visit
6/18/2014 7:50 AM	Huff, William L, MD	Capital Hill Activity, Sports & Exercise Medicine	206-326-2590	Phone Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.


Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Medication	
temazepam (RESTORIL) 15 mg capsule	TAKE 1 CAPSULE (15 MG) BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP
gabapentin (NEURONTIN) 300 mg capsule	TAKE 1 CAPSULE (300 MG) BY MOUTH 3 TIMES DAILY
fluticasone (FLONASE) 50 mcg/actuation nasal spray	2 SPRAYS IN EACH NOSTRIL DAILY
GLUCOSAMINE 500 MG ORAL CAP	Patient reported sig

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Reply** **Carol M DOIG**

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

From: Carol M Doig [00215847]

To the office of:
Patricia E Kato, MD

Subject:

Message:

Dr. Kato, Ivan here reporting on Carol, who is upstairs chopping vegetables for supper same like always. Bless you for your prompt response (it's Sunday!). She has quite a shiner (and is icing it by the hour) and a slightly skinned knee, but otherwise, no apparent damage. It shook her up, of course, and she is taking it easy, but I think she's coming out of it okay. The friend who is a nurse who found her before I could get there thought she was okay, clear-eyed and totally responsive and so forth. So, we had a scare, and we hope neurology can help with this balance problem. Have a nice remainder of the weekend, please!

Best wishes,
Ivan

The original message below will be attached to your reply message.

----- Message -----

From: Patricia E Kato, MD
Sent: 6/1/2014 2:39 PM PDT
To: Carol M Doig
Subject: RE: New symptom or concern

Dear Carol,
Thank you for your message. I will send the referral to Neurology: (206) 326-3080. I'm sorry you fell. I hope you did not sustain any injuries.

Your message will be answered as soon as possible, usually by the end of the next business day. If you have an urgent health concern or require a more immediate response, call your physician's office or the Consulting Nurse Service:

Western Washington: 206-901-2244, 253-596-3400, or toll-free 1-800-297- 6877

Central Washington, Eastern Washington or North Idaho: 1-800-826-3620

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Sabina, final phys therapy session, Aut. 17 '07:

--She gave me final set of exercises; I'll need to do them for maintenance. If I tail off in 2-3 months and back etc gets worse, I'm to call a doctor for another phys therapy reference.

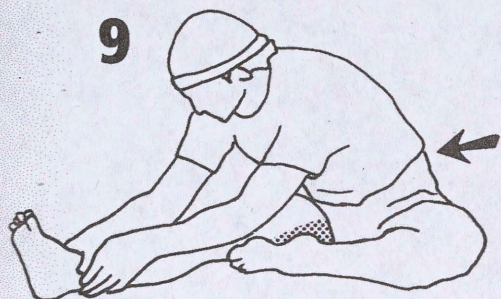
Overall results: my back and walking is much better, although I'm short of her goal of getting me to stand pain-free for 15 min.--it's more like 5-8, I think.

Neuropathy: she told me that unless it's caused by a specific medication, it may not be reversible or at least may take quite a while.

Told her about last night's siege of leg tension than kept me awake for an hour or so in middle of night and that I'd ended up taking 2nd $\frac{1}{2}$ of sleeping pill and drinking a glass of tonic water for quinine. She said in a staff meeting in the past week or so, quinine was downplayed, so I should ask one of my doctors about it.

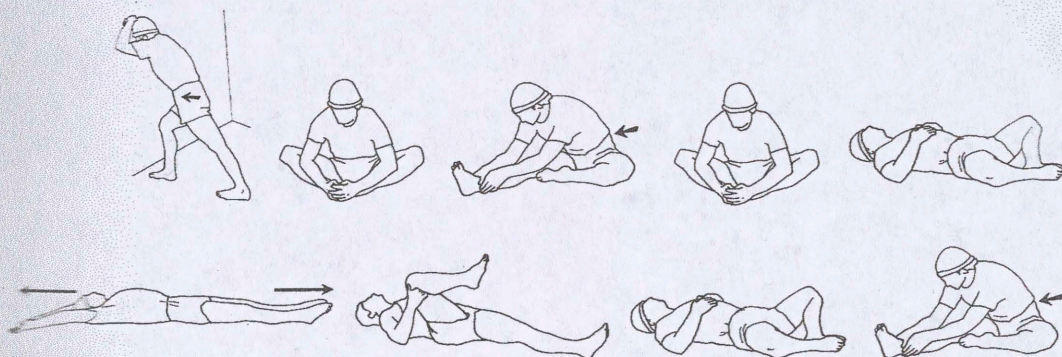
She told me it would help when I'm standing if I rest one foot on something low--rung of chair, little stool, a bottom shelf--or one knee on something knee-high. I checked with her about my habit of squatting, one knee up, to relieve my back and she okayed it. She urged me not to bend over--at all, really--when reaching for something low; bend the knees, semi-squat.

9



Now repeat the stretches for your hamstrings. Have you changed at all? Do you feel more limber and less tense than before stretching?

SUMMARY



These are just a few stretches to get you started. I want you to understand that stretching is not a contest in flexibility. Your flexibility will naturally improve with proper stretching. Stretch with feelings you can enjoy.

Many of the stretches should be held for 20–30 seconds. But after a while the time you hold stretches will vary. Sometimes you may want to hold a stretch longer because you are extra tight that day, or you are just enjoying the stretch. Or you may not want to hold a stretch as long when your body already feels fairly limber; this would generally be when you hold a stretch for 5–15 seconds. *Remember that no two days are the same* so you must gauge your stretching by how you feel at the moment.

LINEBACKER SQUAT

Position: Stand with feet slightly wider than shoulder-width apart. Heels down. Lean forward from hips while keeping head and shoulders erect. Maintain small inward curve in lower back.

Action: Bend knees into partial squat. Hold _____. Return to upright stance.

Repeat _____ times. Weight _____.
Tubing _____.



E / FOOT - 15

ce: Unilateral

pt to balance on
T / LEFT leg,
pen.

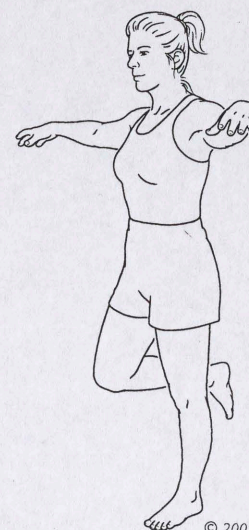
_____ seconds.

_____ times per set.

_____ sets per session.

_____ sessions per day.

o perform exercise
eyes closed.



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CKC

HIP / KNEE - 38

Stretching: Hamstring (Supine)

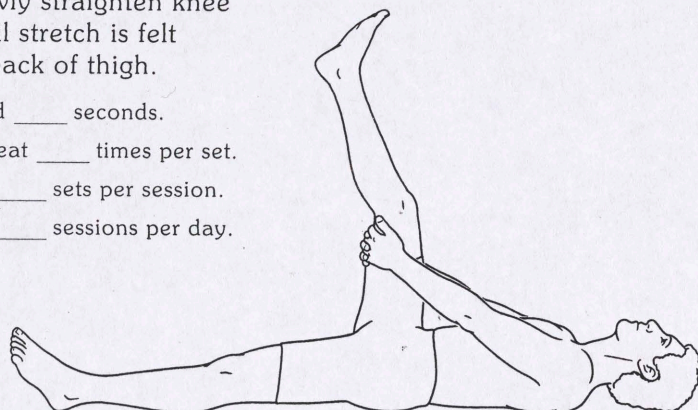
Supporting RIGHT / LEFT thigh behind knee, slowly straighten knee until stretch is felt in back of thigh.

Hold _____ seconds.

Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

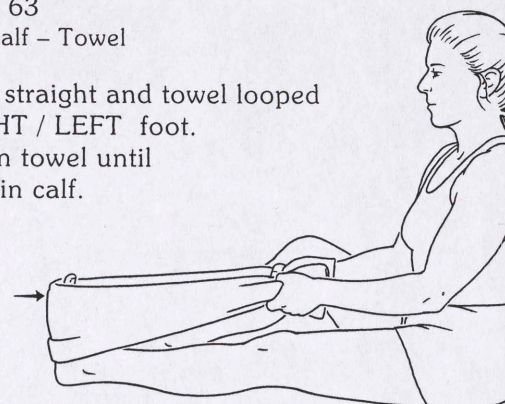


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HIP / KNEE - 63

Stretching: Calf - Towel

Sit with knee straight and towel looped around RIGHT / LEFT foot. Gently pull on towel until stretch is felt in calf.



Hold _____ seconds. Repeat _____ times per set.

Do _____ sets per session. Do _____ sessions per day.

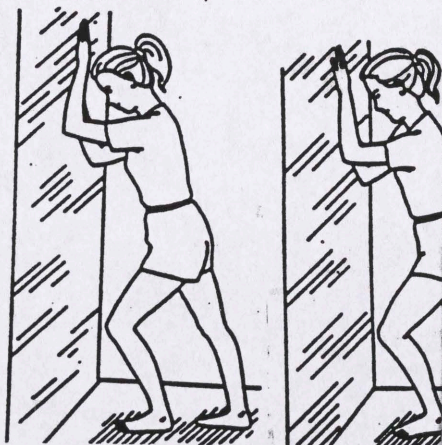
© 2003 VHI

7. Stand as pictured. Lean your hips toward the wall, keeping your back knee

☒ straight

☐ slightly bent

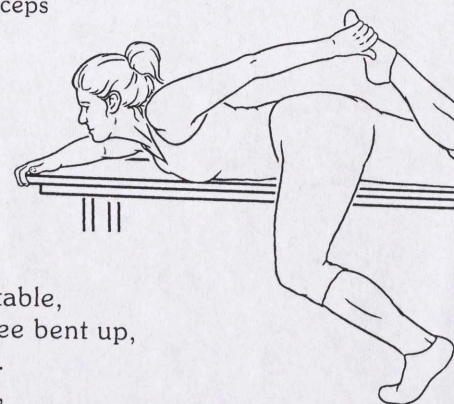
Hold for 30 seconds.



HIP / KNEE - 69

Stretching: Quadriceps
- Advanced

Lie along edge of table, RIGHT / LEFT knee bent up, other foot on floor. Using hand or belt, pull heel toward buttock.



Hold _____ seconds. Relax. Repeat _____ times per set.

Do _____ sets per session. Do _____ sessions per day.

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Ankle

Hold 30 sec

5x

2-3x DAY

After-Visit Summary

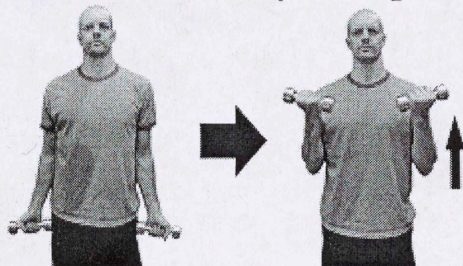
This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Patient Information and Follow-up

Patient Instructions

Today you were seen for strength and balance
I have prescribed the following exercise program for you:
Ok to decrease strengthening exercises to every other day
Continue with balance and stretching daily

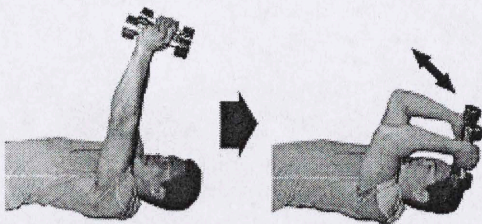
Elbow Flexion/Bicep Strengthening with Weights



- Hold weights with hands down along sides of body.
- Bend your elbows and raise the weights while keeping elbows close to sides.

Repeat 10 times, 3 times/day,

Elbow Extension/Tricep Strengthening with Weight in Supine



- Lie on your back with arms held straight up towards the ceiling and hands holding weights over the shoulders
- Bend elbows and lower weights down toward sides of head, while keeping arms up. Then straighten elbows and raise hands and weights to start position.

Repeat 10 times, 3 times/day,

Patient Information and Follow-up (continued)

Patient Instructions (continued)

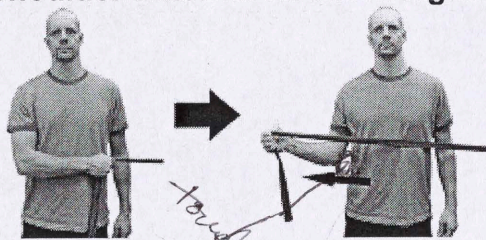
Elbow Extension/Tricep Strengthening with Weight in Bent Over Position



- Start in bent over position with opposite hand resting on knee or counter. Grip weight in hand and bend elbow with forearm hanging toward floor.
- Extend hand back until elbow is straight.

Repeat 10 times, 3 times/day,

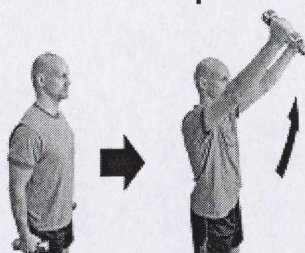
Shoulder External Rotation Against Tubing/Band



- With tubing anchored on the opposite side of the body, hold tubing with involved hand across front of body with elbow bent and close to side.
- Move hand away from body and keep forearm parallel to floor.

Repeat 10 times, 3 times/day,

Shoulder Scapions with Weight



- Stand or sit and hold weights with arms straight down resting at the sides.
- Raise straight arms forward and slightly out to the sides.

Repeat 10 times, 3 times/day,

Take the time to follow your home treatment plan as recommended.
Please remember it is important to attend all scheduled therapy sessions as part of your treatment plan.

Patient Information and Follow-up (continued)

Patient Instructions (continued)

If you must cancel an appointment, it is essential you remember to cancel appointments 48 hours in advance by calling 302-1421. Our appointments are in high demand. Appointments you miss; limit another patient's opportunity to access a therapy appointments.

If you have questions, concerns about your therapy program/plan you can contact me through MyGroupHealth or at 302-1431.

Thank you
Renee Joergens, PT; Cert. MDT

Visit Information

Appointment Information

Date	Time	Department	Provider
05/30/2013	9:00 AM	NGS PHYSICAL THERAPY	Renee Joergens, PT

If you have questions or need further information, call this department at 206-302-1421 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Allergies as of 5/30/2013

	Reactions
Hctz (Hydrochlorothiazide)	Other, Hospitalized for dehydration., Hyponatremia.

Goals (2 Years of Data) as of 5/30/2013

None

Procedures and Supplies Ordered This Visit

Results of Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	5/6/2013	EGGERT, JOHN F
PROTEIN/CREATININE RATIO (RANDOM URINE) (GHC) [84155.007]	5/6/2013	EGGERT, JOHN F
CRP (C-REACTIVE PROTEIN FOR	5/6/2013	EGGERT, JOHN F

Lab Tests Due (continued)

To Do (continued)

Order	Due Date	Provider
INFLAMMATION) (GHC) [86140.004]		

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CBC/PLT/DIFF (GHC)	Every 4 Weeks	6/3/13	Eggert, John F, MD
CRP (C-REACTIVE PROTEIN FOR INFLAMMATION) (GHC)	Every 4 Weeks	6/3/13	Eggert, John F, MD
PROTEIN/CREATININE RATIO (RANDOM URINE) (GHC)	Every 4 Weeks	6/3/13	Eggert, John F, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	7/1/13	Eggert, John F, MD
CRP (C-REACTIVE PROTEIN FOR INFLAMMATION) (GHC)	Every 4 Weeks	7/1/13	Eggert, John F, MD
PROTEIN/CREATININE RATIO (RANDOM URINE) (GHC)	Every 4 Weeks	7/1/13	Eggert, John F, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	7/29/13	Eggert, John F, MD
CRP (C-REACTIVE PROTEIN FOR INFLAMMATION) (GHC)	Every 4 Weeks	7/29/13	Eggert, John F, MD
PROTEIN/CREATININE RATIO (RANDOM URINE) (GHC)	Every 4 Weeks	7/29/13	Eggert, John F, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	8/26/13	Eggert, John F, MD
CRP (C-REACTIVE PROTEIN FOR INFLAMMATION) (GHC)	Every 4 Weeks	8/26/13	Eggert, John F, MD
PROTEIN/CREATININE RATIO (RANDOM URINE) (GHC)	Every 4 Weeks	8/26/13	Eggert, John F, MD

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

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LINEBACKER SQUAT

Position: Stand with feet slightly wider than shoulder-width apart. Heels down. Lean forward from hips while keeping head and shoulders erect. Maintain small inward curve in lower back.

Action: Bend knees into partial squat. Hold _____. Return to upright stance.

Repeat _____ times. Weight _____.
Tubing _____.

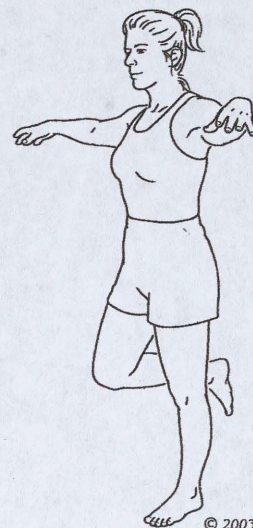


E / FOOT - 15
ce: Unilateral

pt to balance on
Γ / LEFT leg,
pen.

_____ seconds.
_____ times per set.
_____ sets per session.
_____ sessions per day.

o perform exercise
eyes closed.



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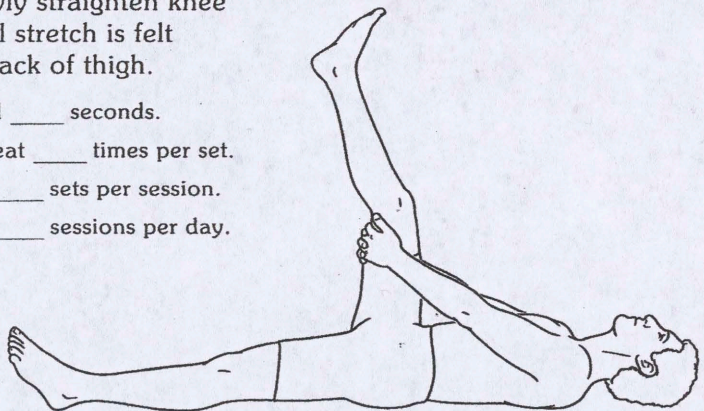
CKC

HIP / KNEE - 38

Stretching: Hamstring (Supine)

Supporting RIGHT / LEFT thigh behind knee, slowly straighten knee until stretch is felt in back of thigh.

Hold _____ seconds.
Repeat _____ times per set.
Do _____ sets per session.
Do _____ sessions per day.



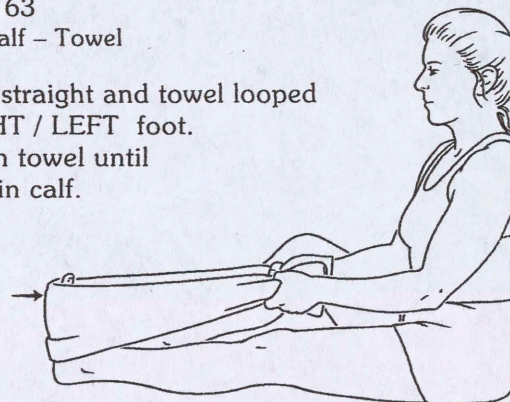
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HIP / KNEE - 63

Stretching: Calf - Towel

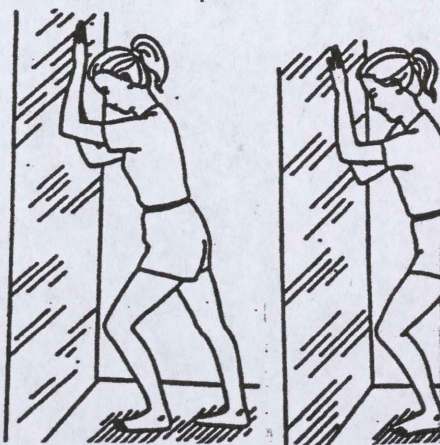
Sit with knee straight and towel looped around RIGHT / LEFT foot. Gently pull on towel until stretch is felt in calf.

Hold _____ seconds. Repeat _____ times per set.
Do _____ sets per session. Do _____ sessions per day.



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7. Stand as pictured. Lean your hips toward the wall, keeping your back knee
☒ straight
☐ slightly bent
 Hold for 30 seconds.

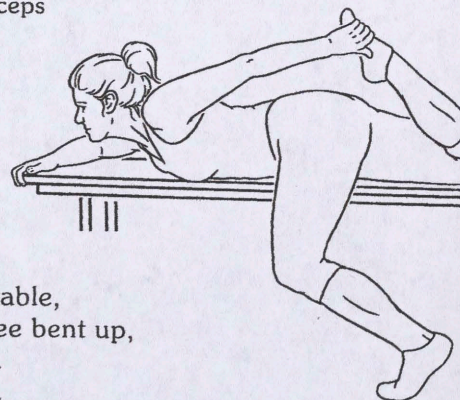


HIP / KNEE - 69

Stretching: Quadriceps
- Advanced

Lie along edge of table, RIGHT / LEFT knee bent up, other foot on floor. Using hand or belt, pull heel toward buttock.

Hold _____ seconds. Relax. Repeat _____ times per set.
Do _____ sets per session. Do _____ sessions per day.



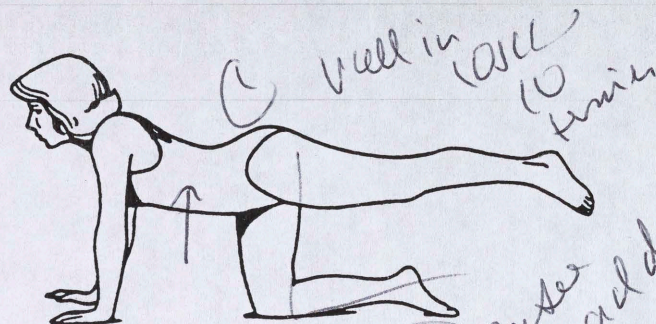
© 2003 VHI

Ankle

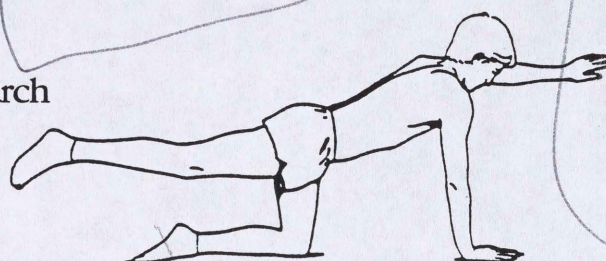
Hold 30 sec 5x

2-3x DAY

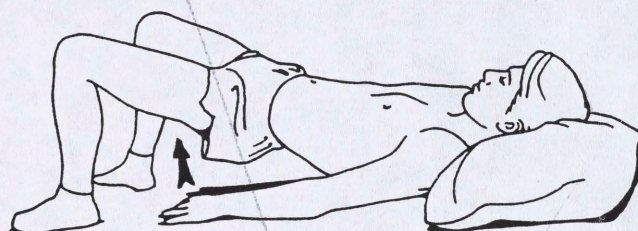
5. Raise one leg behind with knee slightly flexed. Do not arch neck or back. Keep stomach tightened.



6. Raise opposite arm and leg. Do not arch neck. Keep stomach tightened.



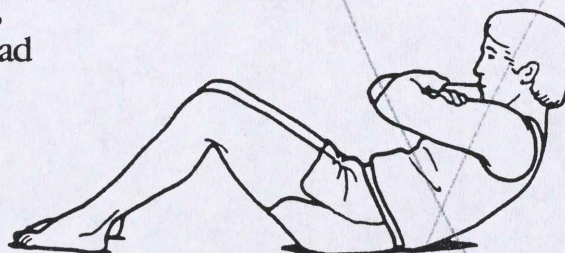
7. Slowly raise buttocks from floor, keeping stomach tight.



8. Abdominals

Keeping arms folded across chest, tilt pelvis to flatten back. Raise head and shoulders from floor.

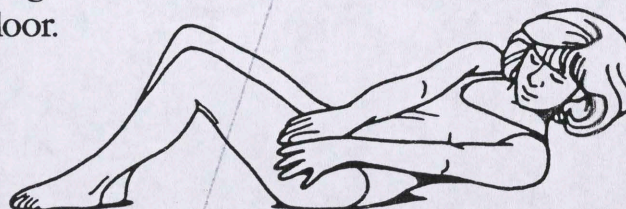
- ☐ Arms straight out
- ☐ Arms folded across chest
- ☐ Hands behind neck



9. Obliques

With arms at sides, tilt pelvis to flatten back. Raise head and shoulders, rotating to one side as shoulder blades clear floor.

- ☐ Arms straight out
- ☐ Arms folded across chest
- ☐ Hands behind neck



Upcoming Lab Tests (continued)

Upcoming Orders (continued)

Order	Frequency	Available	Provider
PROTEIN (GHC)			
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	5/5/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	6/2/14	Chen, Eric Y, MD

Updated Medication List

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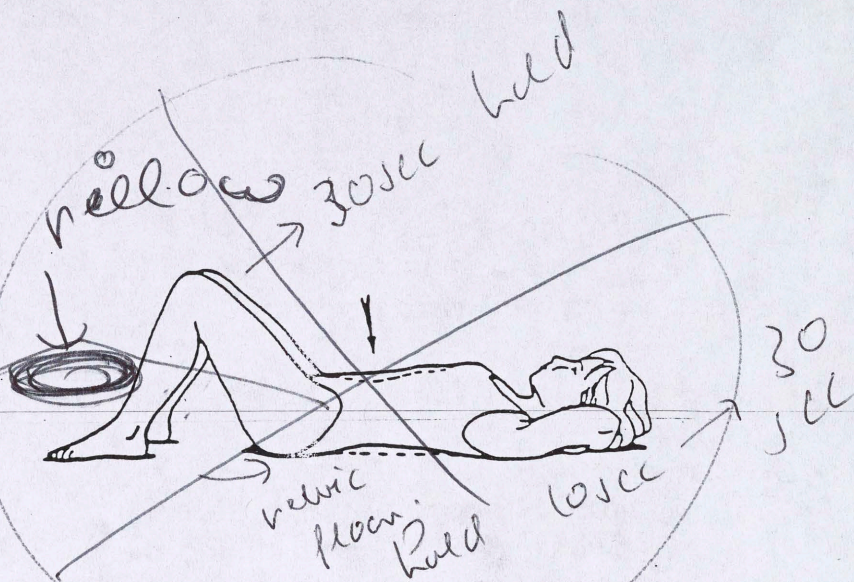
Stretches For Your Back

For each exercise

Hold _____ counts
Repeat _____ times
_____ sessions per day

1. Pelvic tilt

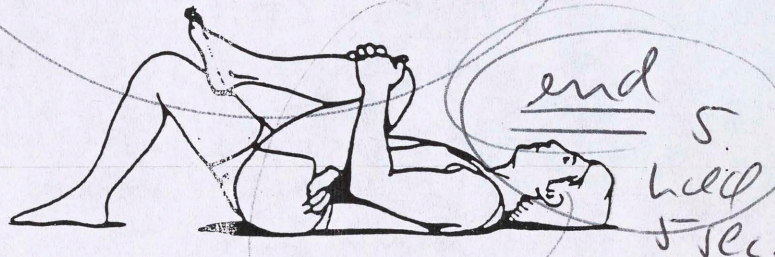
Flatten back by tightening stomach muscles.



2. Single knee to chest

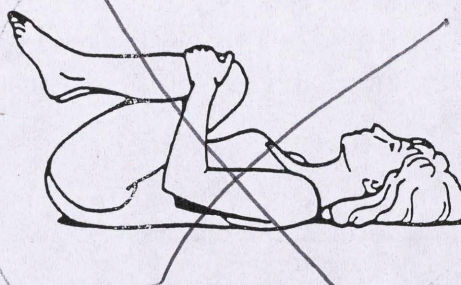
Pull one knee in to chest until a comfortable stretch is felt in the lower back and buttocks. Repeat with opposite knee.

- ☐ Opposite leg straight
- ☐ Opposite leg bent



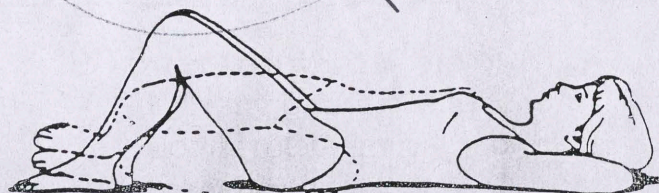
3. Double knee to chest

Lie on back, knees bent and feet flat on floor. Lift one knee, then the other, and pull both to chest. Pull until a comfortable stretch is felt in lower back.



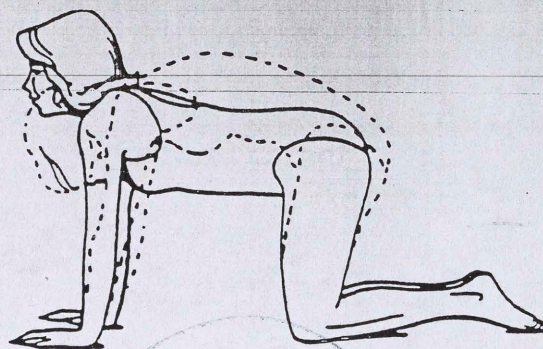
4. Lower trunk rotation

Keeping back flat and feet together, slowly rotate knees to one side then the other side.



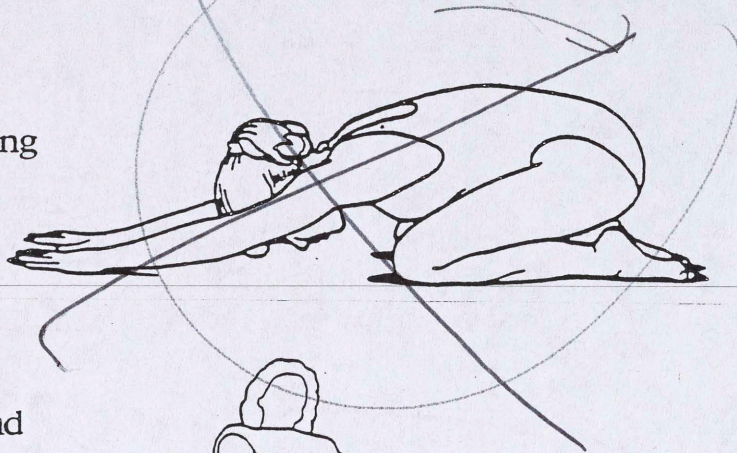
5. Cat and camel

Arch back like a scared cat, tucking chin and tightening stomach. Then let your back sag down.



6. Prayer stretch

Push chest toward floor, reaching forward as far as you can.



7. Single knee to opposite side

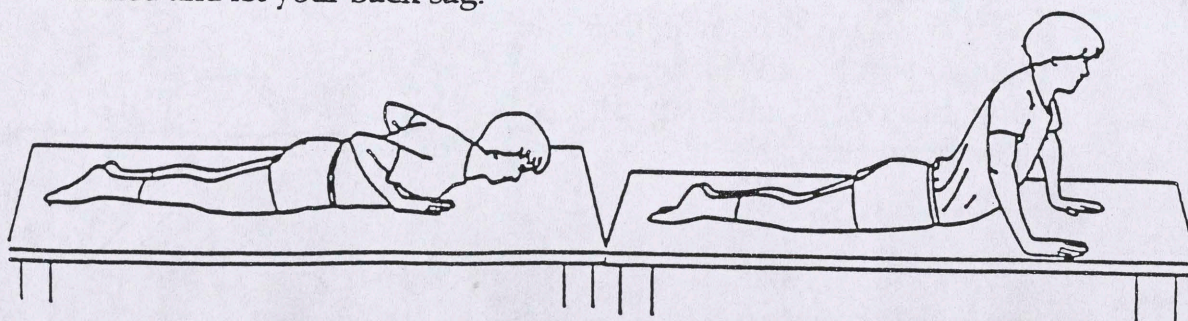
Grasp one knee from behind and pull it to your chest.

Using your hands, move your knee over toward the opposite shoulder, rotating your involved hip inward. Keep both hips flat on the floor.



8. Back extension press ups

Lie on your stomach, hands beside your shoulders. Straighten arms, raising chest up. Keep lower body relaxed and let your back sag.



— Stand: 1 soft knee + holding stomach 50-60 sec.

Back Strengthening Exercises

For each exercise

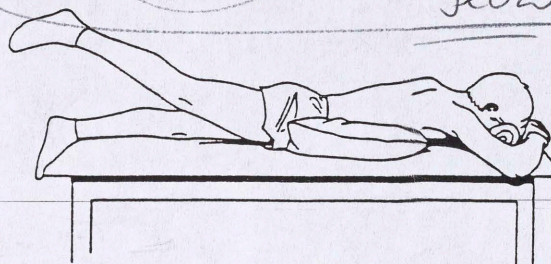
Hold _____ counts

Repeat _____ times

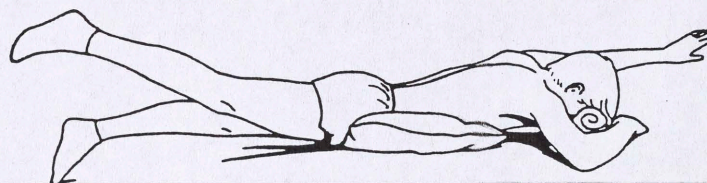
_____ Sessions per day

walk it: → 20 sec hold. slow.

1. Keep knee straight and raise leg at hip. Be careful to avoid arching low back.



2. Simultaneously raise a straight leg and opposite arm off floor/surface.

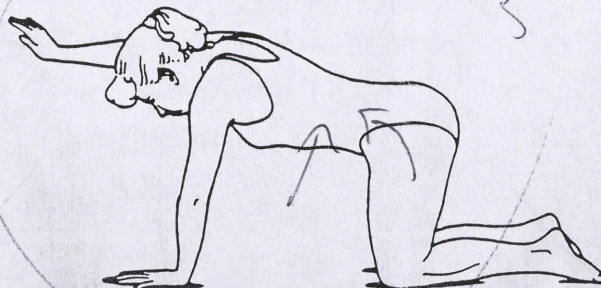


3. With pillow supporting abdomen, clasp hands behind back and lift upperbody off floor. Keep chin tucked while lifting.

- ☐ Arms at side
- ☐ Arms overhead
- ☐ Arms on back



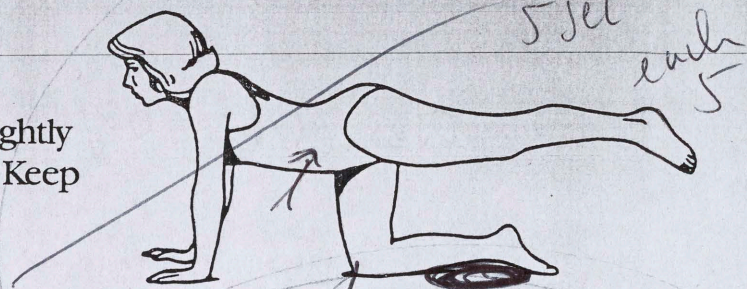
4. Raise arm in front. Do not arch neck. Be sure to keep back flat. Keep stomach tightened.



5 sec. 5 sec.

(fast)

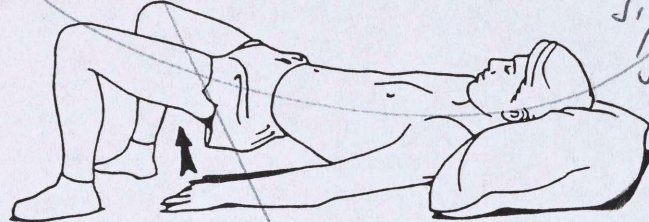
5. Raise one leg behind with knee slightly flexed. Do not arch neck or back. Keep stomach tightened.



6. Raise opposite arm and leg. Do not arch neck. Keep stomach tightened.



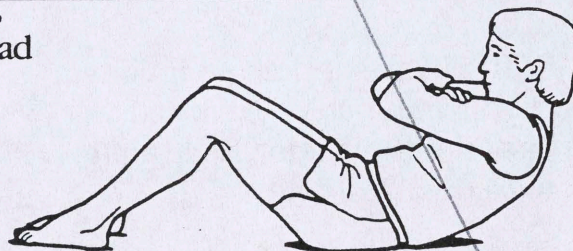
7. Slowly raise buttocks from floor, keeping stomach tight.



8. Abdominals

Keeping arms folded across chest, tilt pelvis to flatten back. Raise head and shoulders from floor.

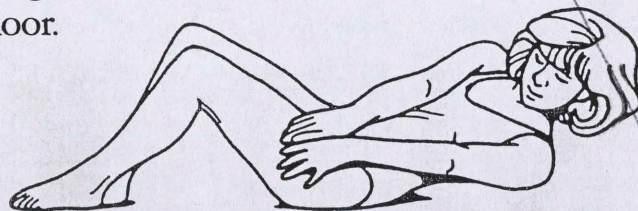
- ☐ Arms straight out
- ☐ Arms folded across chest
- ☐ Hands behind neck



9. Obliques

With arms at sides, tilt pelvis to flatten back. Raise head and shoulders, rotating to one side as shoulder blades clear floor.

- ☐ Arms straight out
- ☐ Arms folded across chest
- ☐ Hands behind neck



DYNAMIC LUMBAR STABILIZATION PROGRAM

ABDOMINAL BRACING WITH LEGS

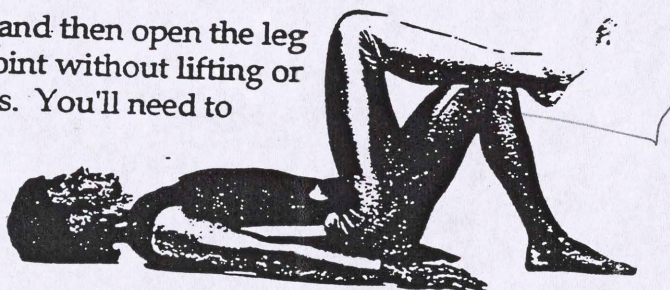
1.5

PURPOSE: To increase the strength of the lower abdominal muscles used to hold neutral against an increased force.



Find your neutral position and contract your lower abdominal muscles.

Raise your leg, and then open the leg from the knee joint without lifting or rotating the hips. You'll need to contract your abdominals more tightly as you move your knees.



Don't let your hips rise up or rotate as you exercise.

Remember to breathe naturally, and keep the motion as smooth as possible.

15 Breaths

3-4

Repet.

FLOOR EXERCISES

CAUTION

This exercise will train you to stabilize your spine properly. It will enable you to be active without placing undue stresses on your spine. Stabilization requires strength, flexibility and coordination.

The exercise must be performed maintaining your spine's neutral position as identified by your trainer. This position is unique to your spine and posture.

This exercise sheet is not designed to replace a trainer's instruction. If you experience an increase and/or persistence in low back pain, leg pain or tingling while performing this exercise, stop. Consult with your physician or trainer.

TRAINING NOTES



San Francisco Spine Institute
at Seton Medical Center



DAUGHTERS OF CHARITY
NATIONAL HEALTH SYSTEM

May 24 '07:

--Sabina saw in my medical record a diagnosis of spondylothesis, instability in the spine, and asked when that was diagnosed; I have no memory of it.

phys therapy

- back & walking better;
only occasional pain if I sleep
on it wrong: 3-4 on scale
- neuropathy: Kato 10 days
ago, took me off Acyclovir
(17% can cause...); bld tests
for Vit B12 & thyroid
deficiencies, & diabetes;
all w/b range, neurologist
next...?
- Xcises: O/K except leg lifts
(total of 50 repetitions?)
- go over # of repetitions
OVER

Sabrina

- genuine
- neuro may not get better
- leg onto stool

WSJ May 16 1997

Better Ways to Treat Back Pain

Insurers, Employers Target Excessive Scans and Surgeries To Improve Patient Outcomes

By LAURA LANDRO

AFTER RECOVERING from injuries suffered in an all-terrain-vehicle accident a few years ago, 57-year-old Tony Georges, manager of a wetland conservation bank in Marin County, Calif., had persistent back pain that started to worsen last December and was only temporarily relieved by stretching, yoga, physical therapy and painkillers.

Diagnosed with lumbar arthritis aggravated by injury, Mr. Georges might be considered a prime candidate for lumbar fusion, in which a surgeon fuses vertebrae on the spine together with a bone graft and, sometimes, metal screws. Wary of the

surgery, which can take up to a year to fully heal, he was relieved when Brian Andrews, chairman of the neurosurgery department at Sutter Health's California Pacific Medical Center, recommended a more conservative course: continued strengthening and flexibility exercises, a consultation with a pain expert and, if needed, a pain-relieving injection that combines local anesthetic and steroids.

Dr. Andrews and several colleagues at California Pacific are among a number of physicians around the country participating in an ambitious program to improve care for 30 million Americans suffering from back pain. That number is expected to grow as aging baby boomers who lead active lifestyles face the limitations of age and degenerative diseases like osteoarthritis. Back pain

Trouble with Back Pain

Here are some common missteps doctors make when treating back pain:

- Overprescribe epidural steroids
- Order excessive X-rays, CT scans
- Perform invasive surgery too soon
- Fail to educate patients about surgery and alternatives
- Fail to assess mental health

sends more patients to physicians than any ailment except for the common cold and accounts for a quarter of all workers' compensation claims. It costs the health-care system more than \$90 billion annually—much of that for X-rays, CT scans, injections and surgeries that studies show are often premature or unnecessary.

The new Back Pain Recognition Program aims to reduce the number of superfluous tests and procedures and increase the adoption of treatments that are proven to work. The program is sponsored by the National Committee for Quality Assurance, an

organization that monitors health-care quality and accredits health plans. Doctors and chiropractors will apply to the program and those who

Please turn to page D8

butterfly wings on it were damaged in moving. While moving damage was covered, the wings couldn't be replaced because they came from a rare butterfly species, one insurer said.

Protecting such pieces' value poses unique problems

or someone else. A 12-foot-long shark suspended in a tank of formaldehyde that is considered the seminal work of the Young British Artists movement. Purchased in 2005 by hedge-fund billionaire Steven A. Cohen of Greenwich, Conn.,

question among art historians.

A number of the other art works currently provoking bidding wars among hedge-fund billionaires and young collectors are vulnerable. The ephemeral media used in such art-

er fines. Other post-World War II objects are made of plastic, vinyl and acrylic, which came into use in the mid-20th century and aren't proving as durable as initially thought. For instance, some plastic Eames chairs have begun to break down gradually, and some acrylic paintings by the artist Mark Rothko are fading, insurers say.

The fragility of these types of art poses big risks for fine arts insurers because art policies are among the broadest of all policies, covering just about all the standard risks like fire and theft and some perils that are normally excluded from ordinary homeowner policies, such as earthquake and flood. (Some insurers may make exceptions for catastrophic risks in some states.) Only terrorism, war, inherent vice, intentional damage and damage inflicted during repairs are usually excluded from fine-arts insurance policies sold by AIG, AXA SA, Chubb Corp., Hiscox Ltd., and

size restoration made them him Hirst's shark. But comes much more and controversialist has died.

For that reason, polito, professor at University of Miami suggests that buyers of temporary installations should obtain a signature from the artist or her intention to restoration. "That creates a document of the agreement of the way we can do given components the re-creation," said.

Outside the some newly problems pose similar. For instance, Hester era, including and props below films and film soaring in value Comisar, of Bevel owner of the last

Shouldn't depth of experience be part of your portfolio, too?

At The Hartford, we think so. That's why our portfolio managers average 18 years of experience. What's more, we offer over

Better Ways to Treat Back Pain

Continued from page D1

adhere to its treatment guidelines will be listed in the NCQA's searchable online directory and cited on consumer Web sites and provider directories offered by health plans to their members.

Studies show that as many as four in 10 imaging studies associated with lower-back pain are unnecessary, and as many as two in three epidural steroid in-

THE INFORMED PATIENT

jections are avoidable. While the rates of back surgery vary greatly across the country, the NCQA says patients often undergo aggressive treatments when less-costly and less-complicated therapy may yield similar or better results.

"'Do no harm' is a bedrock principle of medicine, but needless tests and procedures that provide no real benefit to the patient can't do anything but harm," says NCQA President Margaret E. O'Kane.

For many patients, the most effective treatment for back pain is much less invasive. Studies show that most acute back pain usually is resolved in four to six weeks with pain management, minimal bed rest and a return to physical activity. Prolonged bed rest and limiting physical activity, which some doctors prescribe, is often not helpful and can even lead to harm, such as bed sores.

Bridges to Excellence, a group of large corporations, including **General Electric Co.**, **Procter & Gamble Co.** and **Ford Motor Co.**, will use the NCQA quality measures for its own Spine Care Link program for MDs and osteopaths; top performers in the program can earn as much as \$50 a year for each patient covered by a participating employer, and will be listed on the HealthGrades Physician Quality Ratings Web site for consumers (healthgrades.com). "Overtreatment of back pain often leads to expensive and sometimes dangerous care that leaves them in worse health," says François de Brantes, coordinator of the Bridges to Excellence program.

There are currently more than 115 "early adopters" participating in the NCQA program which is open to physicians and chiropractors, who must pay fees of about \$500 for the application and data-collection program the NCQA will use to assess performance.

The back-pain program is modeled on earlier recognition programs to improve care of diabetes and heart-disease patients, which employers and health plans use to pay doctors a per-patient bonus for adherence to guidelines for care—such as making sure diabetics get regular eye exams. The NCQA is accepting applications for the back-pain program and hopes it will reach the scale of its other recognition programs, which have more than 5,500 doctors nationwide.

Large health plans including **Aetna Inc.** and **Cigna Corp.** are also participating in the program, and will steer

The Right Care for Aching Backs

A new program is urging doctors to follow 16 guidelines including:

■ Help patients quit smoking

Smokers with back pain have more severe symptoms that last longer and have poorer outcomes after spinal surgery.

■ Encourage patients to maintain normal activities and avoid bed rest

Bed rest can lead to problems such as joint stiffness, muscle wasting, loss of bone-mineral density and pressure sores.

■ Use X-rays and CT scans only when appropriate

Unnecessary for first six weeks after onset of pain unless there is indication of a more serious disorder.

■ Use epidural steroid injections only when necessary

Not recommended unless symptoms include radiating pain (sciatica, herniated disc).

■ Hold off on surgery

Not recommended in first six weeks of pain onset; half of patients with radiating low back pain recover spontaneously.

Source: NCQA

health-plan members to doctors who win recognition from the NCQA. According to an analysis by consulting firm Towers Perrin, health plans could reduce costs by \$205 per back-pain patient per year by reducing inappropriate epidural use, X-rays and CT scans, and surgical complications. Consumers will get incentives as well: Dick Salmon, senior national medical director of Cigna HealthCare, says members of its Cigna Care Network will receive a modest reduction in their co-payments for choosing NCQA-recognized doctors.

The program also seeks to ensure that patients whose back pain is a sign of something more serious or who do undergo surgery get appropriate care and are followed after surgery for complications such as infection that often lead to new problems and a diminished quality of life. There are number of widely recognized red flags that can signify that the back pain is a symptom of a more serious disorder. Those red flags include a previous cancer diagnosis, numbness or weakness in a limb, loss of bladder or bowel control, or neurological symptoms. Also, nerve roots can be compressed and paralyzed by a ruptured disk, tumor, infection, fracture or narrowing of the spinal canal, which may require emergency surgery.

"If we are going to be good spine-care providers, we have to hold each other accountable for adequate, reasonable care, without being too restrictive but without being so wide open that we waste time and effort," says Charles Branch, chairman of the neurosurgery department at Wake Forest Baptist Medical Center, who served on the advisory committee to set the standards for the program.

The NCQA will rate doctors on whether they advised patients to maintain normal activities and avoid more than four days of bed rest, and will measure the percentage of patients with back pain who received an epidural steroid injection without radiating pain. Evidence shows such injections are most effective for the treatment of

pain that radiates along nerves caused by more serious conditions such as a herniated disk.

Doctors are already steering patients away from surgeries like lumbar fusion more often. "A lot of patients are worse off for having had these surgeries," says Dr. Andrews of California Pacific. "There is a movement towards less invasive, motion-sparing procedures" such as microdiscectomy, which uses a small incision to remove bone and disc material, relieving pressure on the nerve root and speeding healing from a herniated disc.

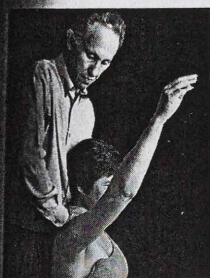
That's the procedure Dr. Andrews recommended for another patient, Dominic Swinn, a 37-year-old sales and marketing director of an online balloting site. In his case, a herniated disc was pushing against a nerve that made his leg and foot numb, prevented him from picking up his daughter and forced him to work on his laptop lying down. While the procedure required an overnight stay, "compared to normal surgery where they cut you open and you stay in the hospital for days, it was a lot less intrusive," Mr. Swinn says.

Participants in the program say one of its advantages is requiring doctors to document every step of patient care, including whether they performed a mental-health assessment, counseled smokers on quitting, educated patients about their options and provided follow-up care after surgery. Studies show that patients with back pain often are depressed or have other psychological barriers to treatment, and that cigarette smoking may increase the risk of lower-back pain.

The program may also help insulate doctors from patient demands for unnecessary drugs and tests, and from malpractice claims. "Doctors face patient pressure and the fear of litigation to go quickly to imaging and move patients to specialists," says Thomas Knight, vice president of quality at California Pacific Medical Center. "Once you get on that train, it is hard to get off."

Email informedpatient@wsj.com.





Pl. 72



Pl. 73

DERANGEMENT: The directional preference becomes the principle of treatment, and the opposite direction of movement or position is avoided. When no directional preference to either rotation is found or improvement in range of motion is temporary or incomplete, two mobilizations are tried. Diagnosis of derangement may be confirmed retrospectively if either of these two techniques are found to cause a rapid and lasting recovery of movement and reduction of pain. These two procedures are tests/mobilizations (Pl. 72-73).

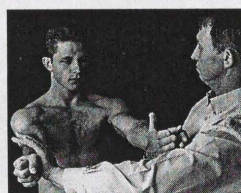
Sternoclavicular Joint Lesions

History: Symptoms are usually felt locally about the joint, although occasionally pain may be referred proximally or distally:

- *Proximal:* Cyriax described the posterior sternoclavicular syndrome in which the pain is felt in the neck only and is cured by injection into the posterior sternoclavicular ligaments.
- *Distal:* I have encountered a number of sternoclavicular joint lesions that refer pain into the arm as far as the wrist and hand. The pain may also be accompanied by other unpleasant symptoms such as nausea or palpitations.



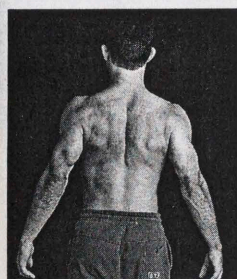
Pl. 74



Pl. 75

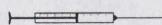
Examination: There is usually visible swelling at the inferior and inferolateral part of the joint. The head of the clavicle may appear to be subluxed superiorly. This upward displacement is probably due to the weight of the arm pulling the lateral end of the clavicle downward and to tension in the sternocleidomastoid muscle pulling the proximal end upward, thereby lifting the proximal end of the clavicle. The pattern of response to testing is similar to the ACJ, but the anterior/medial clavicular pain and local tenderness draw attention to the sternoclavicular joint. There are several additional tests that may help secure the diagnosis of a sternoclavicular joint lesion. Direct pressure over the clavicle, local palpation, resisted neck flexion (Pl. 74), and resisted shoulder adduction at 90 degrees (Pl. 75) will stress the joint either directly or through the pectoralis major and sternocleidomastoid muscles).

Treatment: Injection with steroid is the preferred treatment. When this is not possible or advisable, local treatment with ultrasound is sometimes effective. In the few rare chronic cases where dysfunction is established, exercise and mobilization are effective. The vast majority have a lax capsule and are irritated by mobilization and exercise. In acute arthritis, rest in a sling and suitable anti-inflammatory treatment, local and systemic, are indicated. Exercises and mobilization are contraindicated, except for gentle shoulder retraction exercise (Pl. 70).



Pl. 70

Steroid Injection



IVAN DOIG
17277 15th Ave. NW
Seattle, WA 98177

shoulder:

--injured in late Sept., probably from awkward lifting of heavy 4x8 sheets of shelving material (Melmac). May have lifted w/ left arm crooked up, out from my body @ 90 degree angle (demonstrate). Was trying to protect my right knee with that stance.

--Did not notice any pain when it happened. Across the next days, felt stiff and achy in the shoulder; but not until couple of weeks later, rubbing my hand across the still-achy area, found the raised spot. (Seatbelt shoulder strap bothered it

--Dr. Folger identified it as the sterno-clavicular joint (did an EKG to make sure it wasn't a heart problem) and put me on cold-packing and Ibuprofen for a week.

--Cold-packing helped only momentarily, and Ibuprofen didn't seem to do much good. Nurse-practitioner Denise looked @ it in early Nov.(?), called in Dr. Crocker to look @ X-rays, they couldn't see anything cracked that would account for the pain; she referred me to phy therapy.

--started phy therapy Nov. 25; variety of exercises have achieved:

- full mobility of the arm and shoulder
- pain @ the point of the shoulder quit
- pain above the collarbone mostly quit

But none of the exercises take away the deep ache in the region of the raised spot. Sleeping on my left side aggravates it, and it's bothering my sleep; the nagging presence for 3-4 hours after I get up is very wearying and inhibiting.

The discomfort is not a sharp pain, but a deep ache; as if I'd been hit in the area, a big bruised feeling. So it's been 4 months, the phys therapy has helped some things about the situation, but the ache doesn't get any better.

generally healthy person -
these make me weary &
miserable

new book - after Labor Day
I'm expected to travel for
it, need some level of
comfort

shoulder: phys therapy done as
much as it can for pain.
Massage has helped.

early Feb. '99:
continue shot from
Dr. Jung ended 4-mo-old
ache

IVAN DOIG
17277 15th Ave. NW
Seattle, WA 98177

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IVAN DOIG
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knees:

--right knee is about as it was when I saw Dr. J last June: achy, twinging, around the inside hinge, some soreness at the top of the kneecap. It nags when I'm sitting or standing; I wear a knee brace on it pretty much all day.

--Exercise bicycle (I worked up to 35 min./session, before shoulder problem) makes it feel better, but only for minutes; by the time I take a shower after exercise, it's aching again.

--In recuperation from last January's scope, the knee's mobility improved a lot (by April I did a five-mile hike), but only rarely did the achiness quit for more than a day. A car trip in May gave it trouble, and some mild shoveling around Memorial Day (shoveling w/ my left foot; i.e., simply standing w/ all my weight on right leg) caused enough achiness after a few days to make me ask for that June apptmt w/ Dr. J.

Conclusion: the knee as it is hampers me a lot, always there at the edge of my consciousness, making me favor it and aching like a low-grade toothache.

--left knee: for maybe a couple of years it's had occasional twinges, low on inside hinge. Two weeks ago, after couple of days of standing and some climbing in and out of drainage trench, it had needle-like sensation, which made me call in for this appointment. That has subsided; while it's still uncomfortable, and I put a knee brace on it too for walking the n'hood or outside work, I can live with it while the shoulder and right knee are worked on.

Arm exercises:

--slowly and smoothly lift a can of soup cupped in the hand, to strengthen the wrist etc.; smoothness is the key.

--attach plumb bob to dowel and roll the dowel w/ both hands; do it until I begin to feel the effect in my elbow or arm.

--work on stretching my elbow upright behind my head, hand downpointing on my shoulderblade.

--use loose "marimba" shake of arm and wrist--from shoulder--to relax the arm.

--while typing, try keep my head back, for the sake of my neck.

Group Health Cooperative Physical & Occupational Therapy

NECK AND SHOULDER GIRDLE EXERCISES

1. Shrug shoulders up to ears, breathing in at the same time - relax shoulders and breathe out.
2. Circle shoulders backwards one at a time, then together.
3. Pull elbows back towards each other - shoulder blades together.
4. Turn chin towards shoulder. Roll head from shoulder to shoulder across chest. Do not tip head back.
5. Bend head ear-to-shoulder each way. Do not force this movement.
6. Tuck chin in to stretch back of neck straight.
7. Raise arms above head. (Do not look up.) Backs of hands touch, stretch up further. Relax down.

ISOMETRIC NECK AND SHOULDER EXERCISES

1. Press forehead against clasped hands - tense muscles without moving head - relax.
2. Press head sideways against heel of hand (place heel of hand just above the ear) - tense - relax. Repeat.
3. Clasp hands behind head (over large bony prominence) - tense backwards with chin tucked in - relax. Repeat.

It is best to do neck exercises several times a day (at least three or four times), and to repeat each exercise 3 to 4 times.

Learning to relax and break up the tenseness that accompanies neck problems is most important.

Group Health Cooperative Physical Therapy

KNEE EXERCISES

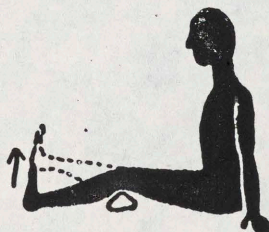
1. "Quad Sets" or thigh tightening: With leg and knee fully straight, tighten thigh muscles to draw knee-cap up toward hip. Hold 5-6 counts, then relax. Repeat _____ times each day.
2. Isometric and terminal arc quad exercises: Tighten thigh muscles to keep knee straight. Use the positions as instructed. Keep knee straight 5-6 counts, then relax.

a. Straight Leg Raise:

With opposite knee bent & foot on floor, tighten as for quad set and lift affected knee.



- b. Knee Over Towel: Put pad under knee with leg out straight. Bend foot back toward knee. Push knee down into pad and, at the same time, raise heel off floor as far as possible.



- c. Sitting in chair with foot on stool: Begin with foot resting on high stool. Push thigh down into chair as you lift foot off stool so leg goes into straightened position.



Do each exercise _____ repetitions, using
_____ pounds at ankle, _____ sessions each day.

KNEE STRENGTHENING EXERCISES

1. Avoid creating pain, even as a delayed response, i.e.:
 - a. Stair climbing.
 - b. Squatting.
 - c. Running.
 2. Use ice (not heat initially), rubbed directly on skin, in gentle circles over painful sites for 5 to 7 minutes. Do especially after active periods, but not just after waking. You may apply heat after 48 hours from the onset of injury, but not if there is no specific injury involved.
 3. Do straight leg lifts initially, without any bending of the knee.
 - a. Initially, no weights, then add 5 lbs. increments as the exercise becomes easier.
 - b. While sitting in a chair, leg straight, raise the leg parallel to the floor; hold for 5 seconds while tightening thigh muscles, then rest 5 seconds.
 - c. Do 20 repetitions, rest 1-2 minutes, repeat the 20, rest again, then 20 more, for a total of 60 repetitions.
 - d. When able to do 60 repetitions without rest, with 20 lbs., proceed to...
 4. Terminal Arc Exercises (last 30° of extension).
 - a. Sit on floor using a bath towel rolled around a 4 inch diameter roll of newspapers under the knee.
 - b. Do the repetitions as in number 3. above, working up to one-third of your body weight.
 - c. It may be necessary to regress in weight when beginning this exercise.
 5. Resume sports when able to do 60 terminal arc exercises with at least 20 lbs. without rest or discomfort.
- Freeze water in paper cup.*

Continued from Page 46

mobilized and forcing its owner to rest. Rest is how the body recovers from injuries."

Most muscle knots or spasms will clear up on their own in a matter of days. According to Dr. Basmajian, a ripped or torn muscle needs to be immobilized to heal the damage of such injuries. But a spasm as a result of ordinary muscle tension is an overreaction. With most tensions, such as those lurking at the office, a muscle in spasm has called upon an extreme defense, one that is meant for more serious purposes. In such cases, the compelling problem is the spasm itself.

Immediate relief for a tense muscle comes from lengthening its fibers and getting the blood flowing to clear out the metabolites. The best ways to do this are massage, heating pads, gentle stretches and exercise.

"In a massage, the pressure, movement and heat stimulate an increase in circulation, which clears out the metabolites," Dr. Wolf said. "Stretches seem to help by lengthening the shortened fibers. Massage and stretches feel good because they help restore mus-

cles to their true length."

Massage and stretching are most effective when they are gentle and gradual. Too vigorous an attack on a taut muscle can provoke more stiffening. But done with a light touch, massage and stretching ease the muscle back to normal.

There are measures to help prevent tension buildup. The best is to exercise on a regular basis. Not only does it seem to help people relax, but exercise helps condition the body to cope with stress.

If you do not exercise often, or if the pressures become overwhelming, one of the simplest preventives is to get up occasionally and move around. If you have been sitting in one place for more than an hour, that is too long. Get up, stretch, move. Take a brisk walk, even if only for a few minutes.

Stay alert for those habits that put your muscles at risk. If you always carry a heavy purse or briefcase on a shoulder strap and cannot bear to leave anything at home, it helps to support the strap with a hand at the shoulder. Better yet, switch the bag from shoulder to shoulder. Best: a backpack.

Ideally, you should head off the buildup of tension with a

regular exercise routine you can do as a break during the working day. Here is a simple program you can do at your desk. Some of these may make you feel foolish, but they are often the ones that bring the greatest relief, since movement and stretching are balm for tense muscles.

Neck Ovals:

The old standby, the neck roll, but modified so the largest arc is from shoulder to shoulder. Bend your neck over toward the left shoulder, then rotate down so your chin is on your chest. Continue over toward the right shoulder. Do not bend your head back too far — too extreme a bend can tense the muscles that have to support it in that awkward position. Do two or three rolls in one direction. Reverse and do them the other way.

The Clock Stretch:

This stretch rotates your neck in a different way than the neck roll. Imagine you are facing the hands of a huge clock. Turn your head to look toward your left shoulder, where 9 o'clock would be. Then to the right, toward 3 o'clock, up to 12, and down to 6 o'clock. It is best if you look straight

ahead between each of the positions.

Shoulder Shrugs:

Hunch your shoulders up toward your ears, then rotate them forward, down, back and up toward your ears again. Do this a few times in both directions.

Apple Picker:

As though you were plucking apples from a tree, reach up with your right arm, then your left, stretching as far as you comfortably can while sitting in your chair. Go back and forth several times, stretching each side to its fullest.

Backward Stretch:

You have to stand up for this one. Reach behind you, touching palms behind your back. With your arms outstretched behind you, bring your chin to your chest. Then, in turn, bring each ear down toward your chest.

Massage:

Reach over your shoulder to the muscle just above your shoulder blade and toward the spine. With firm but gentle circular strokes, use your fingertips to massage the muscle, paying special attention to any

tenderness or knots that you feel.

In doing these exercises, only move as far as is comfortable for you. If you feel pain, or any other unpleasant sensation, you are moving too far. Once you master this routine, it should only take about four or five minutes. If you find it embarrassing to exercise at your desk, you might try to find a time and place to do it in greater privacy.

There are some less-obtrusive methods for preventing muscle pain in the tension triangle. Some of these are mental. One trick is to imagine that a balloon is floating above your head, attached to the top by a string. Feel the light tug of the balloon lengthening your spine.

Another effective measure is to take a moment or two to scan the muscles that are most prone to tension. Simply become aware of the tension in each part of your body: shoulders, neck, jaw. When you find the tension is building in a group of muscles, relax it mentally without actively trying to move a muscle — just let it relax.

Once relaxed, you are in better shape to cope with that deadline and your boss. ■

HAND - 30

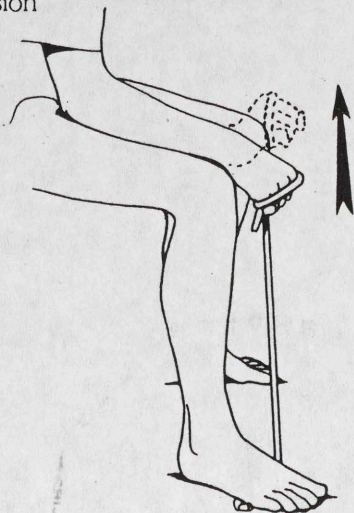
Active Resistive Wrist Extension

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (palm down) as far as possible. Lower slowly, keeping forearm on thigh.

Repeat _____ times.

Do _____ sessions per day.

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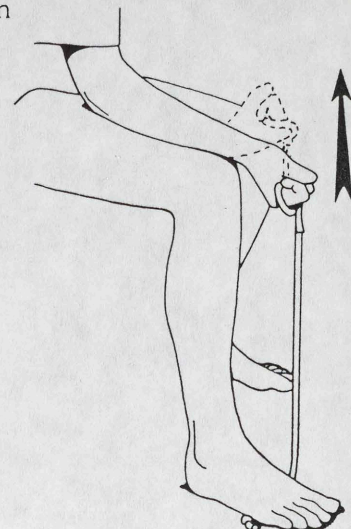
Active Resistive Wrist Flexion

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (palm up) as far as possible. Lower slowly, keeping forearm on thigh.

Repeat _____ times.

Do _____ sessions per day.

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HAND - 31

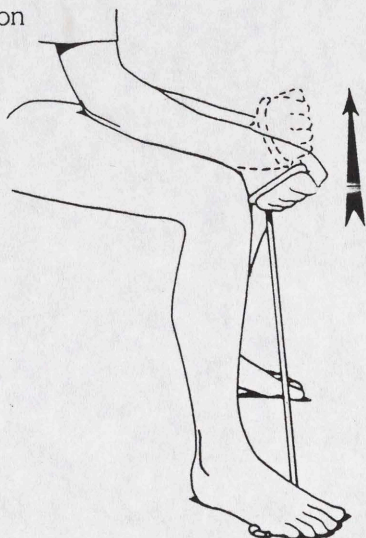
Active Resistive Radial Deviation

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (thumb side up) as far as possible. Lower slowly, keeping forearm on thigh.

Repeat _____ times per session.

Do _____ sessions per day.

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HAND - 32

Active Resistive Ulnar Deviation

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (thumb side down) as far as possible. Lower slowly, keeping forearm braced on knee.

Repeat _____ times.

Do _____ sessions per day.

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HAND - 36

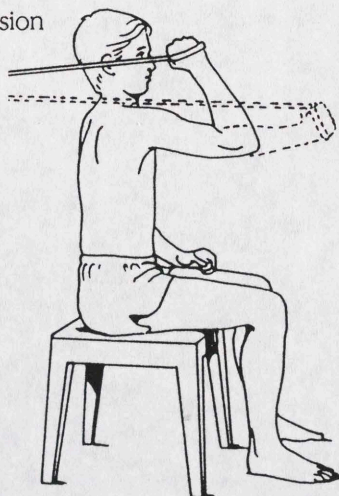
Active Resistive Elbow Extension

With tubing wrapped around fist and opposite end secured in door jam, straighten elbow.

Repeat _____ times.

Do _____ sessions per day.

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HAND - 35

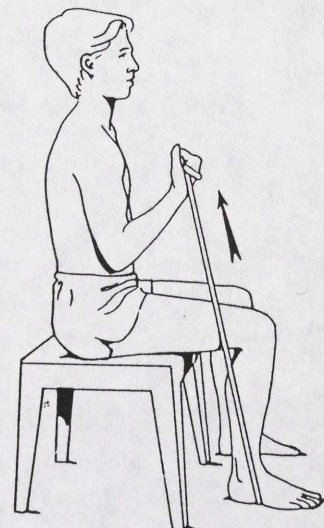
Active Resistive Elbow Flexion

With tubing wrapped around fist and opposite end secured under foot, curl arm up as far as possible. Lower slowly.

Repeat _____ times.

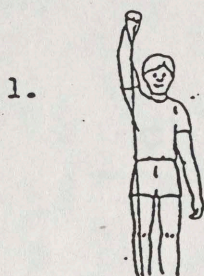
Do _____ sessions per day.

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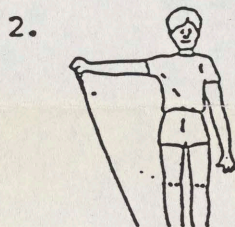


SHOULDER TUBING EXERCISES

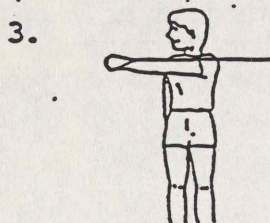
Position yourself and hand as shown in the pictures



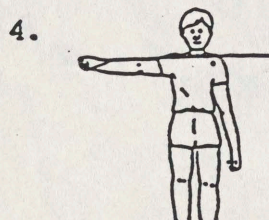
FLEXION Stand on tube
Start with arm at your side
Pull arm straight overhead
Raise and lower arm SLOWLY



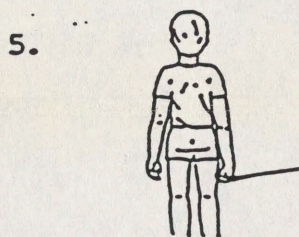
ABDUCTION Stand on tube
Start with arm at your side.
Pull arm out to side, to 90°
Raise and lower arm SLOWLY



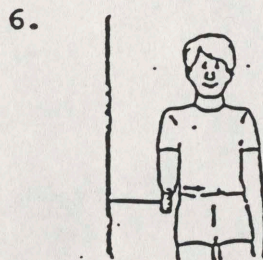
HORIZONTAL ADDUCTION Close tube in the door at shoulder height. Injured shoulder towards door.
Start with arm straight AWAY from body.
Pull arm across chest as far as possible.
Go in and out SLOWLY.



HORIZONTAL ABDUCTION Close tube in the door at shoulder height. Uninjured shoulder towards door.
Start with arm straight in front of body.
Pull arm out as far as possible.
Go in & out SLOWLY.



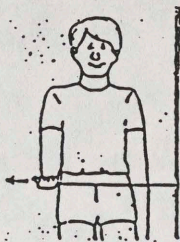
ADDUCTION Close tube in door at waist height. Injured shoulder towards door.
Start with arm at your side.
Pull arm straight behind your back.
Go in and out SLOWLY.



INTERNAL ROTATION Close tube in door at waist height. Injured shoulder towards door.
Keep the elbow by your side and flexed to 90°.
Fist is pointing towards the door.
Pull tubing across body, ending with arm across the stomach
Move in and out SLOWLY.

*REMINDER BREATHE COUNT OUT LOUD

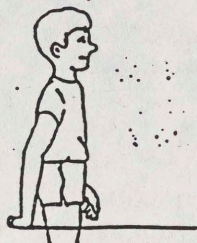
7.



EXTERNAL ROTATION Close tube in door at waist height. Uninjured shoulder towards door.

Keep the elbow by your side and flexed to 90°. Begin with arm across the stomach. Pull tubing away from the body. Move in and out SLOWLY.

8.



EXTENSION Close tube in door at knee height.

Face the door. Start with arm at your side. Pull arm straight back. Go forward and back SLOWLY.

9.

DIAGONAL 1

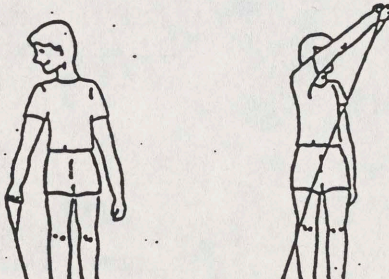
Stand on tube - same side as injured arm

Begin with palm facing down

As you raise your arm with elbow straight, turn your palm up

End with palm facing up, arm across face, elbow straight.

Return SLOWLY to starting position, turning palm down as you go



10.

DIAGONAL 2

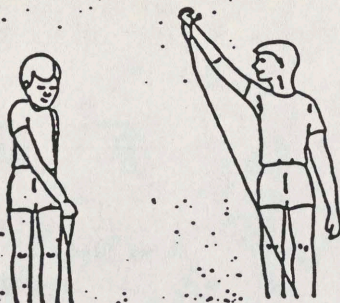
Stand on tube - opposite side as injured arm

Begin with palm facing down, arm across body

As you raise your arm, with elbow straight, turn your palm up.

End with palm facing up,

Return SLOWLY to starting position, turning palm down as you go.



Remember to do each exercise SLOWLY

_____ times/day

_____ repetitions of each exercise

*REMINDER BREATHE COUNT OUT LOUD

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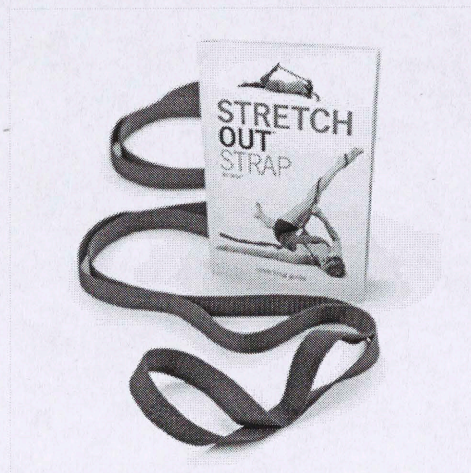
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password: stretchoot
" hint: stiff
" answer: exercise
737 DT

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Renee → Bonnie

Closed Chain Exercises: Partial Squats & Variations

All exercises should be done slowly, with control and in a painfree range

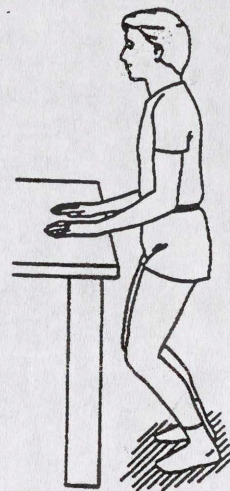
2-LEGGED PARTIAL SQUAT

Position: Stand with weight evenly distributed, feet pointing forward, shoulder-width apart. Hold onto something for balance or maintain balance without assist.

Action: Bend knees into (1/4 1/3 1/2) squat keeping kneecaps centered over 2nd toe

Hold _____. Return to upright stance.

Repeat 10-30 times. Weight _____.



↓ 2 weeks progress to

1-LEGGED SQUAT

Position: Stand with weight on (right, left) foot. Hold onto something for balance or maintain balance without assist. Keep back straight.

Action: Bend knee into (1/4 1/3 1/2) squat keeping kneecap centered is alone

Hold _____. Return to upright stance.

Repeat 10-30 times. Weight _____.

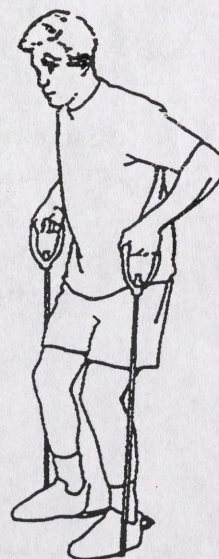
if you can do it without pain

TUBING RESIST PARTIAL SQUAT

Position: Stand on tubing & take up slack with knees bent.

Action: Straighten knees against resistance of the tubing.

Repeat _____ times.



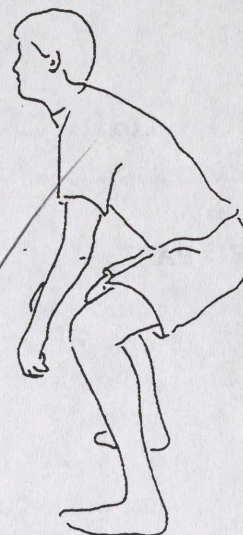
LINEBACKER SQUAT

Position: Stand with feet slightly wider than shoulder-width apart. Heels down. Lean forward from hips while keeping head and shoulders erect. Maintain small inward curve in lower back.

Action: Bend knees into partial squat. Hold _____.
Return to upright stance.

Repeat _____ times. Weight _____.

Tubing _____.

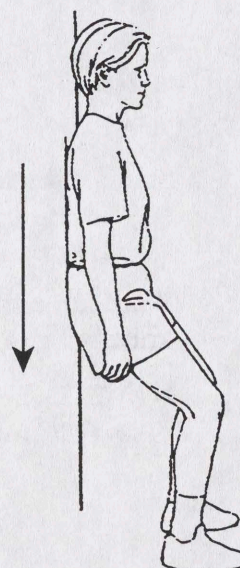


WALL SLIDE

Position: Lean back against wall, feet placed _____ away from wall.

Action: Slowly lower buttocks toward floor until knees bend _____ degrees.

Hold _____. Repeat _____ times.



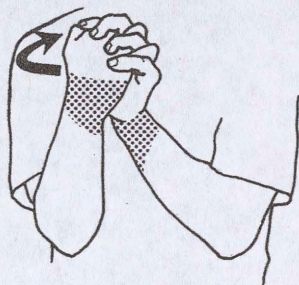
WALL SLIDE WITH ADDUCTOR SQUEEZE

Position: Same as for wall slide except place soft ball that is large enough to maintain proper distance between knees with kneecaps centered _____.

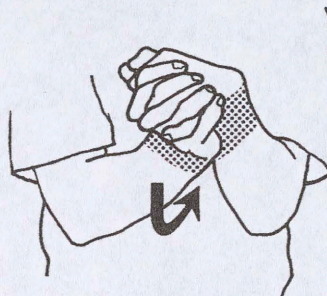
Action: Slowly bend knees lowering buttocks while squeezing ball between thighs.

Hold _____. Repeat _____.

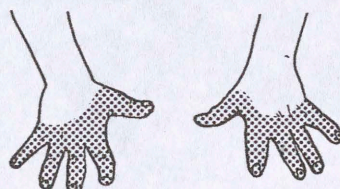
A Series of Stretches for Hands, Wrists, and Forearms (Sitting or Standing)



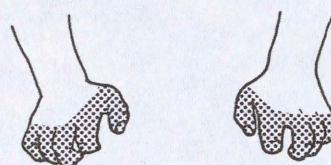
First, interlace your fingers in front of you and rotate your hands and wrists clockwise 10 times.



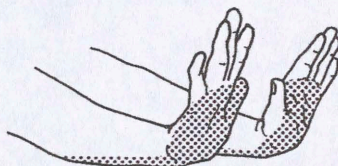
Repeat counterclockwise 10 times. This will improve the flexibility of your hands and wrists and provide a slight warm-up.



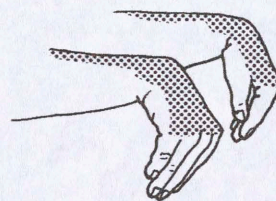
Then separate and straighten your fingers until the tension of a stretch is felt. Hold for 10 seconds, then relax.



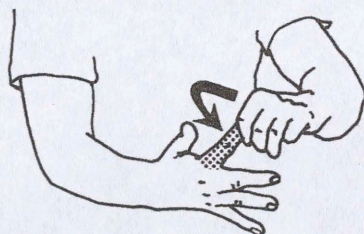
Next, bend your fingers at the knuckles and hold for 10 seconds. Then relax.



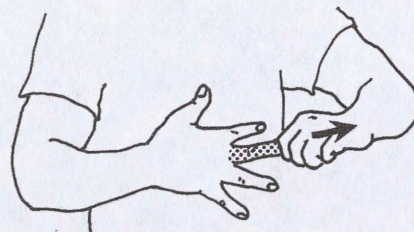
Now, with your arms straight out in front of you, bend your wrists with fingers pointing upwards. This will stretch the back of your forearms. Hold for 10–12 seconds. Do twice.



Then bend your wrist with your fingers pointing downwards to stretch the top of your forearms. Hold for 10–12 seconds. Do twice.

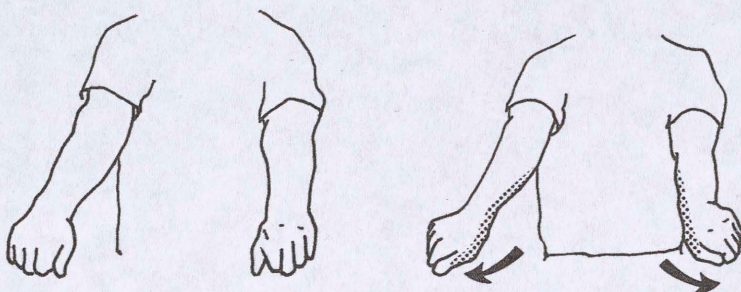
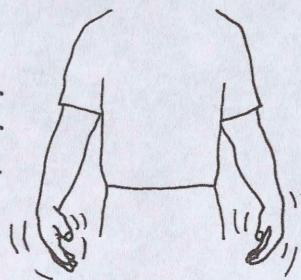


With your index finger and thumb gently hold a finger or the thumb of the opposite hand. Use your index finger and thumb to rotate each finger and thumb 5 times clockwise and counterclockwise.



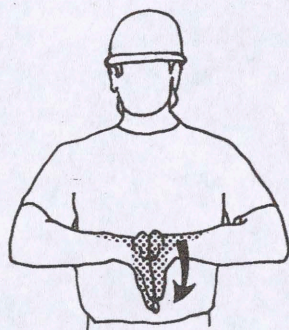
Next gently pull each finger and thumb straight out and hold for 2–3 seconds.

Now, shake your arms and hands at your sides for 10–12 seconds. Keep your jaw relaxed and let your shoulders hang downward as you shake out tension.



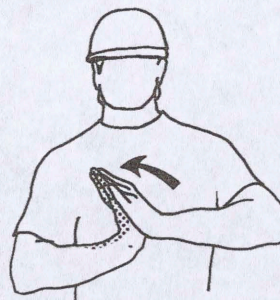
Start with your arms straight out in front of you. Slowly turn your hands to the outside (as you keep your arms straight) until a stretch is felt along the inside forearms and wrists. Hold for 5–10 seconds.

Place your hands palm-to-palm in front of you. Then, move your hands downward, keeping your palms together, until you feel a mild stretch. Keep your elbows up and even. Hold for 5–8 seconds.



From the above stretch, rotate your palms around until they face more or less downward. Go until you feel a mild stretch. Keep your elbows up and even. Hold for 5–8 seconds.

Place your hands palm-to-palm in front of you. Push one hand gently to the side until you feel a mild stretch. Keep your elbows up and even. Hold for 5–8 seconds.



Use some or all of these stretches to counteract the problems that may come from repetitive movements, such as computer work. Use these daily, especially at work.