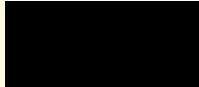


THE RESULTS OF YOUR ANALYSIS

PREPARED FOR

Melissa 

DATE OF IMAGES : 2/6/2014

DATE OF ANALYSIS : 2/6/2014

REFERRING DOCTOR :

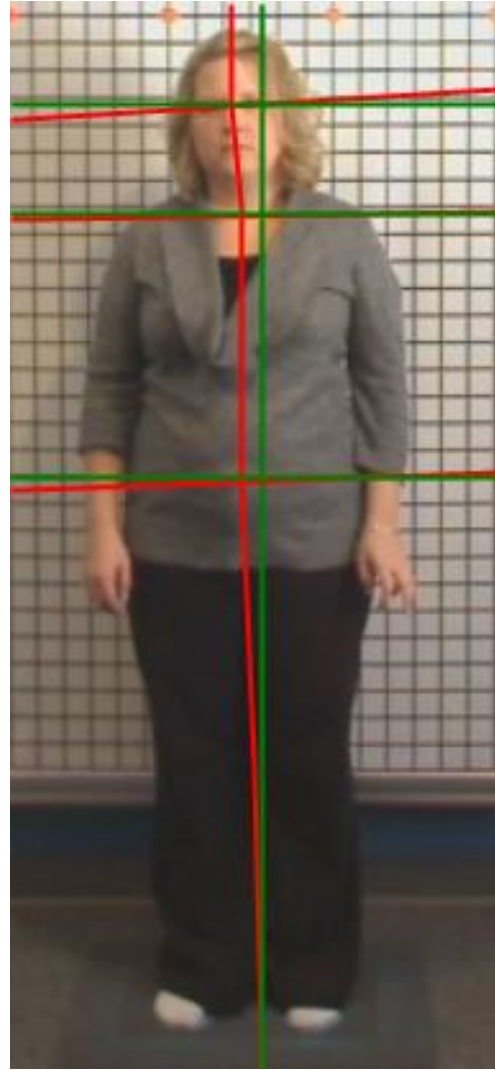
Dr. David Bohn

This report contains important information concerning structural changes that can be affecting your overall level of health and well-being. Spinal stability is a basic requirement for the protection of your nervous structures and the prevention of early mechanical deterioration of your spinal component

Instability is generally considered to be a global increase in the movements associated with the occurrence of back, neck, and/or nerve root pain. Damage to any spinal structure produces some degree of spinal instability.

This computer aided digital analysis is an overview of your current level of spinal stability.

AP View



Head Tilt (inches) : 0.19
Low Shoulder (inches) : 0.19
Low Hip (inches) : 0.57
Head Translation (inches) : 2.29
Thoraic Translation (inches) : 1.52
Pelvic Translation (inches) : 1.52
Head Angle : 3.6
Shoulder Angle : 0.9
Pelvic Angle : 2.1

Lat View



Body Weight(lbs) : 188
AP Head Translation(inches) : 1.86
Your head actually weighs : 15.47
Due to the shift in posture your head feels like it weighs(lbs) : 44.24
Shoulder Shift(inches) : -0.62
Hip Shift(inches) : 1.66
Hip Angle(deg) : 13.44

Abnormal weight-bearing posture and improper body alignment can be an outward indication of spinal distortions that limit function, and should be a concern of everyone regardless of occupation, activity, body type, sex, or age. Digital postural analysis allows for visual evaluation relative to established norms. In this analysis the green lines indicate normal positions and red lines represent deviations from normal.

Cervical Motion Analysis

Cervical Extension



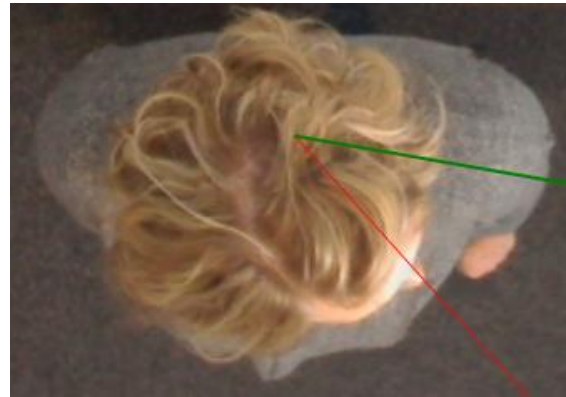
Performed : 32 Degrees / Normal 60
46.7% Loss of Motion

Cervical Flexion



Performed : 44 Degrees / Normal 50
12% Loss of Motion

Cervical Left Rotation



Performed : 42 Degrees / Normal 80
47.5% Loss of Motion

Cervical Right Rotation



Performed : 59 Degrees / Normal 80
26.2% Loss of Motion

Cervical Latflex Left



Performed : 41 Degrees / Normal 45
8.9% Loss of Motion

Cervical Latflex Right



Performed : 45 Degrees / Normal 45
0% Loss of Motion

Lumbar Motion Analysis

Lumbar Flexion



Performed : 99 degrees / 60

0% Loss of Motion

Lumbar Extension



Performed : 18 degrees / 25

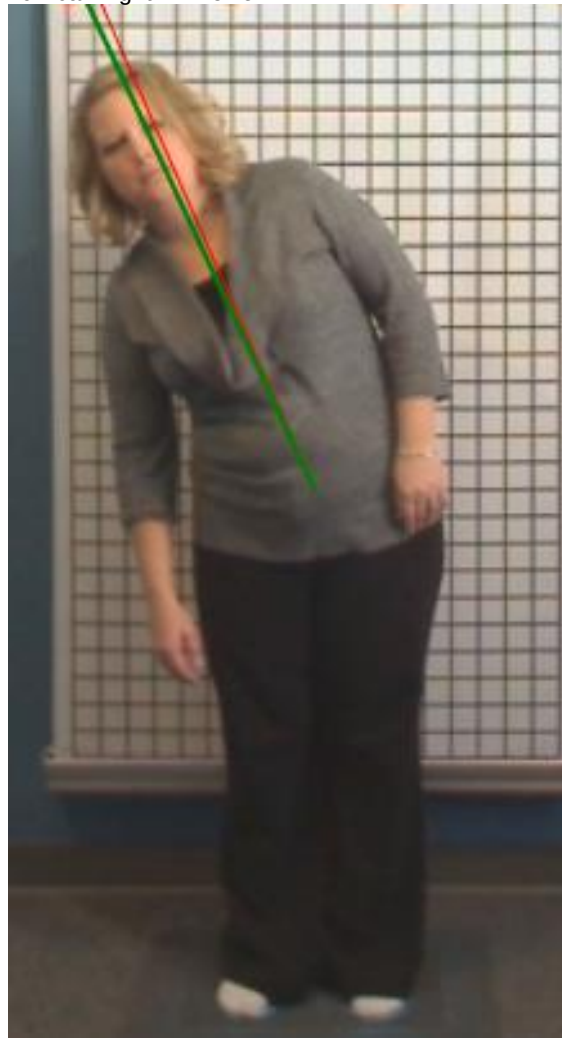
28% Loss of Motion

Lumbar Left APFlexion



Performed : 19 degrees / 25
24% Loss of Motion

Lumbar Right APFlexion



Performed : 24 degrees / 25
4% Loss of Motion

Lateral Cervical Atlas Skull Angle

STANDARD RESULT



PATIENT RESULT



Result :

Lateral Cervical Atlas Skull Angle : Abnormal : -1.55 degrees

The Atlas-Skull angle compares the plane line of C1 to the plane line of the skull at the foramen magnum. Normally this angle is divergent posteriorly and averages 7.00 degrees. If this angle is substantially increased it can suggest an Alar ligament sub-failure. If the angle is reversed and is divergent to the anterior of the spine an extension subluxation is suggested.

Lateral Cervical Gravity Line

STANDARD RESULT



PATIENT RESULT



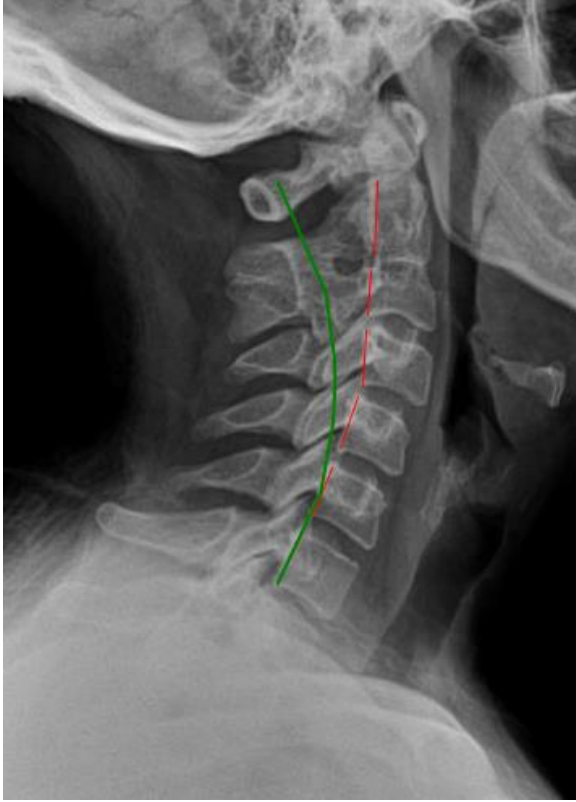
Result :

Lateral Cervical Gravity Line : 4 mm Anterior

The Cervical Gravity Line is created by first locating the center of the tip of the Odontoid Process, then dropping a line downward, perpendicular to the bottom of the film. This line should just touch the anterior body of C7. When the line falls forward of the anterior body of C7 abnormal anterior head translation or forward head posture is present.

Normal Lateral Cervical Curvature

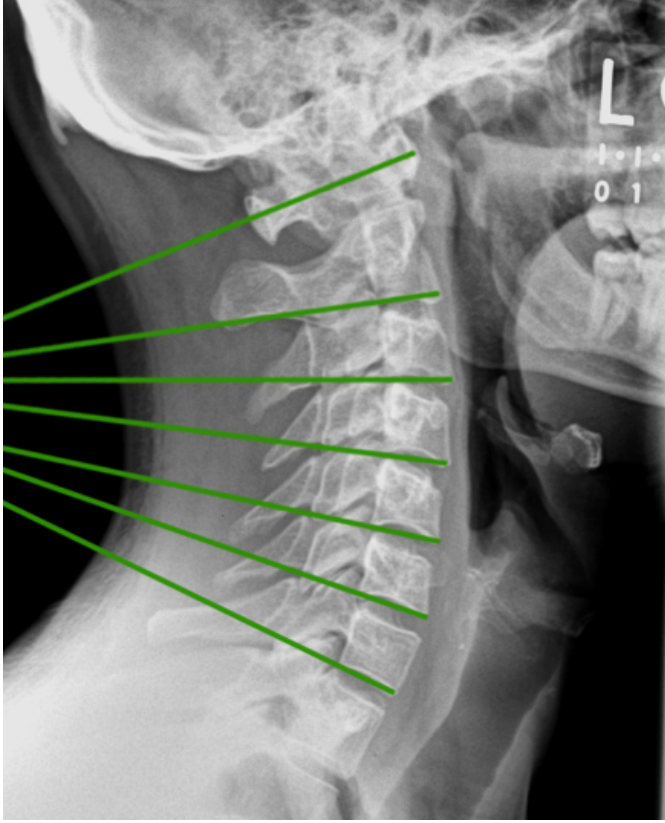
PATIENT RESULT



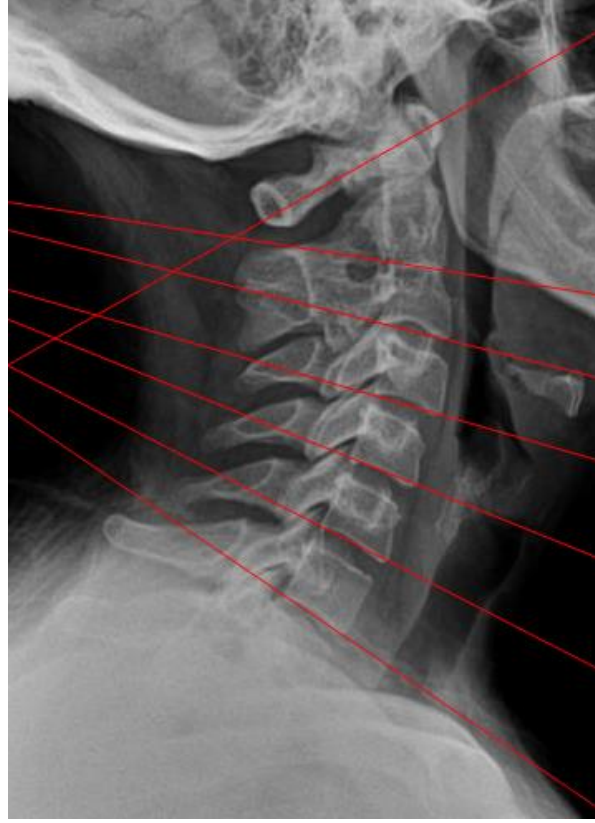
The image above shows your vertebral position in red and average or ideal in green. The red lines and the green line should be one on top of the other. Any deviation is generally considered to be abnormal.

Lateral Cervical Baseline

STANDARD RESULT



PATIENT RESULT



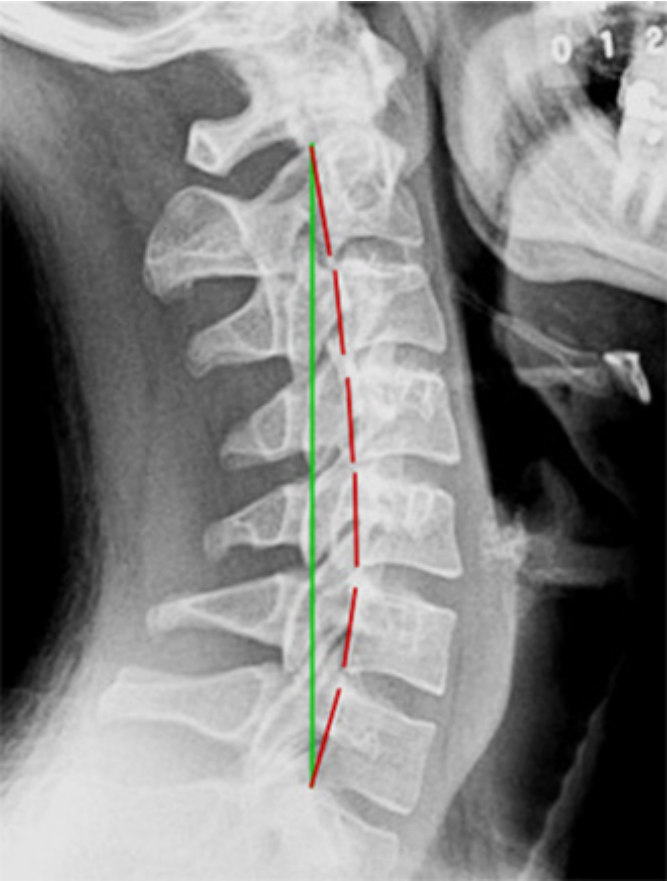
Result :

Lateral Cervical Baseline : Abnormal

Lateral base lines extend posteriorly from the inferior epiphyseal plates of each lumbar vertebra. These lines normally meet posteriorly at a common point. If a base line intersects with its superior vertebra's base line, fixed flexion of the inferior vertebrae is present. If a vertebrae's base line intersects with its inferior vertebra, then fixed extension of the superior vertebrae is present. Fixed flexion or extension of a segmental unit can cause biomechanical dysfunction, which can lead to premature spinal degeneration.

Forward Head Posture (FHP)

STANDARD RESULT



PATIENT RESULT



Result :
Forward Head Posture FHP : 25.83 mm

One of the first indicators of poor posture is a slouching or forward head posture. This posture causes strain on the posterior neck muscles and increases loading on the spinal discs. For every inch (25.4 mm) of forward translation the weight-bearing load on the cervical spine increases by approximately 10 pounds. Car accidents, sports injuries, working with computers and loss of bone density can contribute to this abnormality. FHP creates muscle strain and uneven wearing of the discs and joints of the cervical spine. The abnormal spinal weight bearing associated with this type of posture can lead to premature spinal degeneration of the spinal joints and discs.

Lateral Cervical Spondylolisthesis

STANDARD RESULT



PATIENT RESULT



Result :
C2-C3 : 4.21 %
C3-C4 : 0.85 %
C4-C5 : 7.77 %
C5-C6 : 2.16 %
C6-C7 : 4.59 %

Spondylolisthesis describes the anterior displacement of a vertebra or the vertebral column in relation to the vertebrae below. The Meyerding grading system categorizes severity based upon measurements on lateral X-ray of the distance from the posterior edge of the superior vertebral body to the posterior edge of the adjacent inferior vertebral body. This is reported based on the total superior vertebral body length. Grade 1 is 0–25%, Grade 2 is 25–50%, Grade 3 is 50–75%, Grade 4 is 75–100%, and over 100% is Spondyloptosis, when the vertebra completely falls off the supporting vertebra.

Lateral Lumbar Spondylolisthesis

STANDARD RESULT



PATIENT RESULT



Result :

L1-L2 : 0.28 %

L2-L3 : -1.55 %

L3-L4 : 1.01 %

L4-L5 : -2.50 %

L5-S1 : 3.81 %

Spondylolisthesis describes the anterior displacement of a vertebra or the vertebral column in relation to the vertebrae below. The Meyerding grading system categorizes severity based upon measurements on lateral X-ray of the distance from the posterior edge of the superior vertebral body to the posterior edge of the adjacent inferior vertebral body. This is reported based on the total superior vertebral body length. Grade 1 is 0–25%, Grade 2 is 25–50%, Grade 3 is 50–75%, Grade 4 is 75–100%, and over 100% is Spondyloptosis, when the vertebra completely falls off the supporting vertebra.

Lateral Lumbar Gravity Line

STANDARD RESULT



PATIENT RESULT



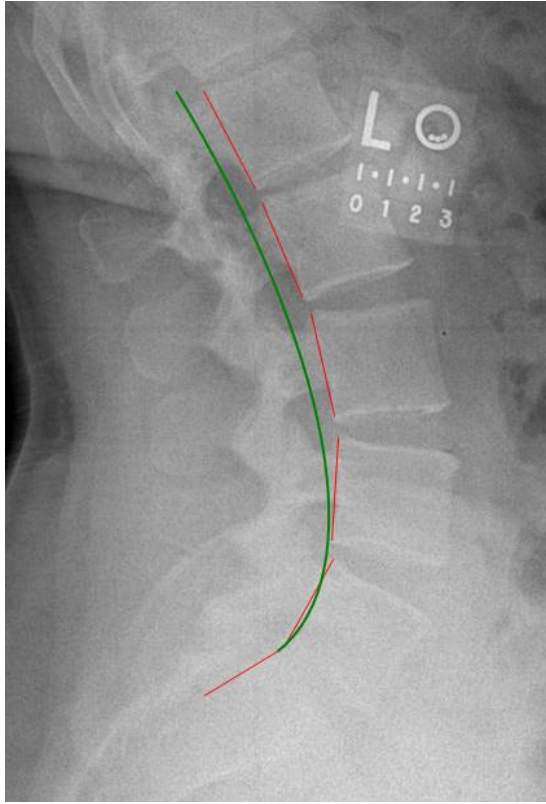
Result :

Lateral Lumbar Gravity Line : 11.67 mm Anterior

If the lumbar gravity line, or Ferguson's weight bearing line, passes more than 10 mm anterior of the sacrum, a shearing type of stress may exist at the lumbosacral facet joints. A posterior shift suggests increased weight bearing forces on the lumbosacral facets, particularly the pars interarticularis. An anterior shift of this line is more significant than a posterior shift when considering instability. When the lumbar gravity line is abnormal it may be an indication of instability of the lumbosacral spine and should be clinically correlated.

Normal Lateral Lumbar Curvature

PATIENT RESULT



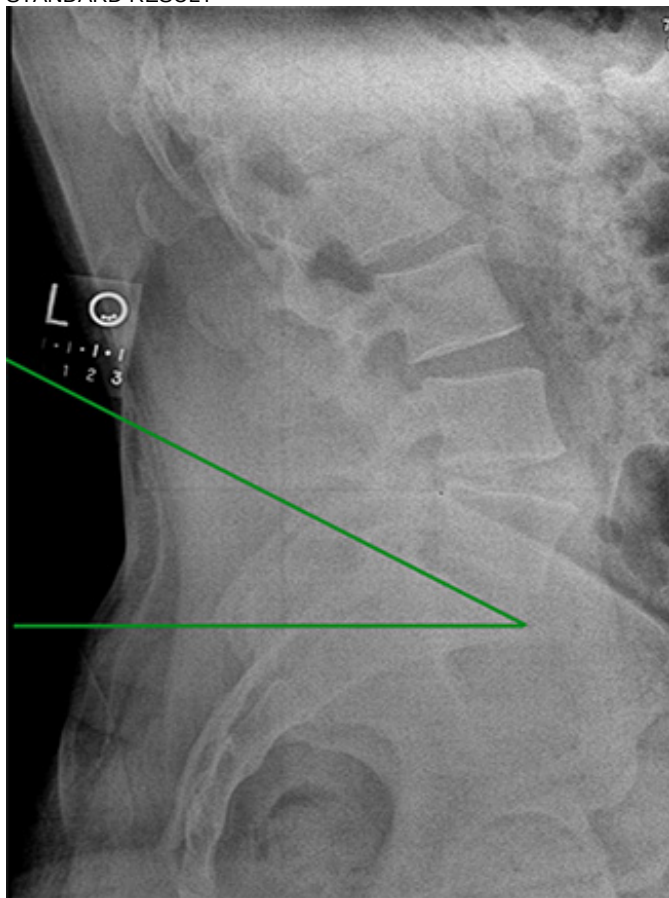
Result :

Your anterior translation in your lumbar spine is : 7.08 mm

The image above shows your vertebral position in red and average or ideal in green. The red lines and the green line should be one on top of the other. Any deviation is generally considered to be abnormal.

Sacral Base Angle

STANDARD RESULT



PATIENT RESULT



Result :

Sacral Base Angle : 52 degrees

The sacral base angle (also known as the sacro-horizontal angle) is an angle created by the intersection of a line drawn across the top or "base" of the sacrum and a line level with the horizontal. The sacral base angle also measures the sagittal plane tilt of the pelvis and determines the degree of lumbar lordosis. A measurement of approximately 27-33 degrees is generally considered average or normal.

AP Lumbar Baselines

STANDARD RESULT



PATIENT RESULT



Result :

AP Lumbar Baselines : Abnormal

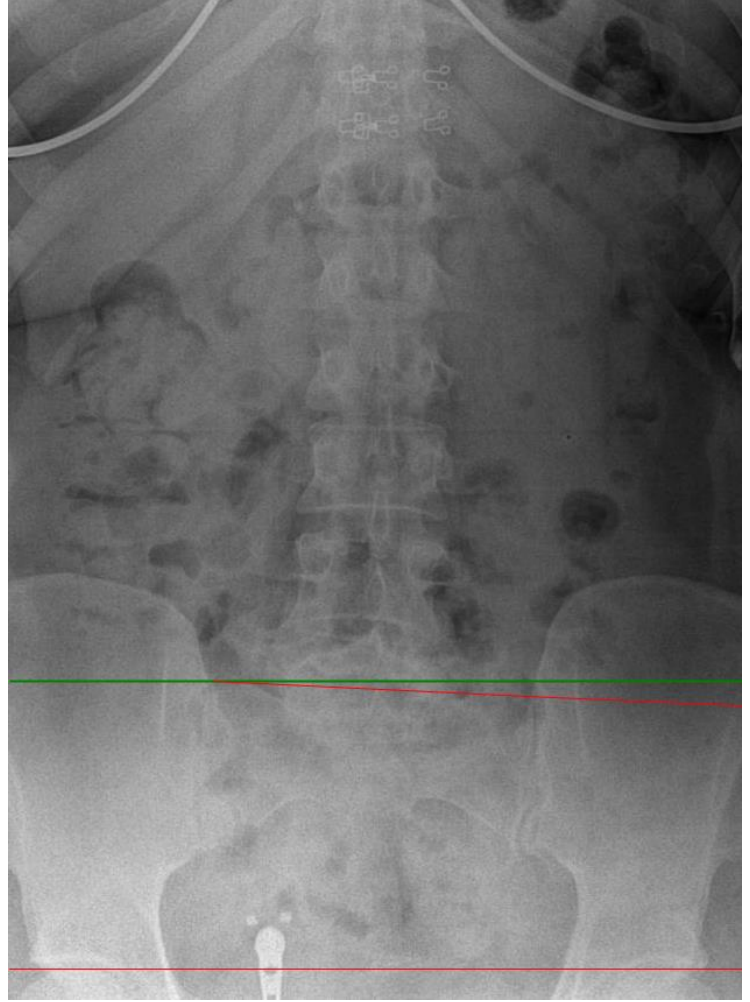
Anterior-posterior baselines evaluate the spine for the presence of lateral flexion subluxations. Baselines are drawn across the inferior endplate of each cervical vertebra and should be parallel to a true horizontal line. Abnormal baselines can indicate the presence of dysfunction that may cause nerve irritation or accelerate degenerative spinal changes.

AP Lumbar Leg length

STANDARD RESULT



PATIENT RESULT



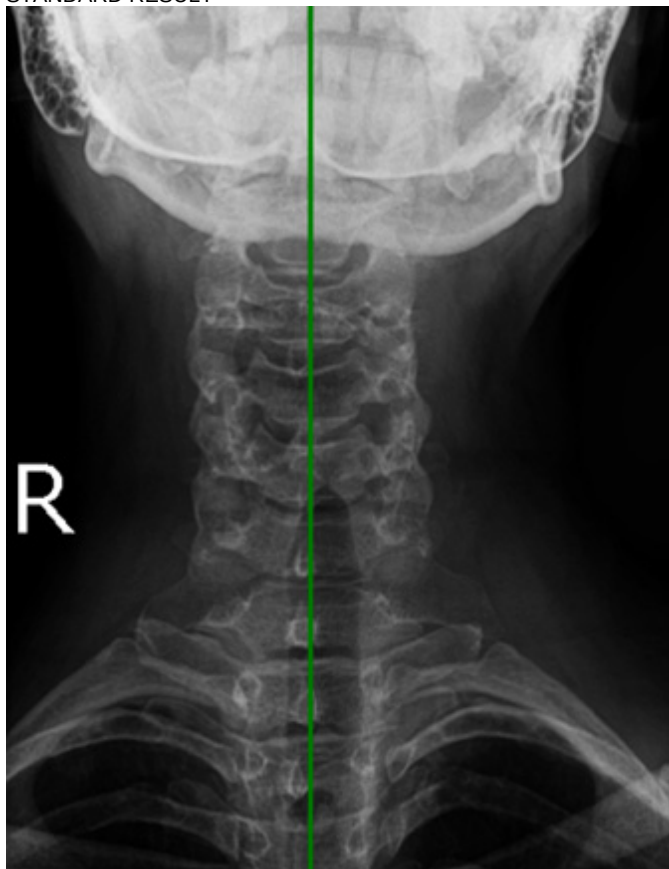
Result :

AP Lumbar Leg length : Both legs are of same length.Base Angle 2.74 degrees

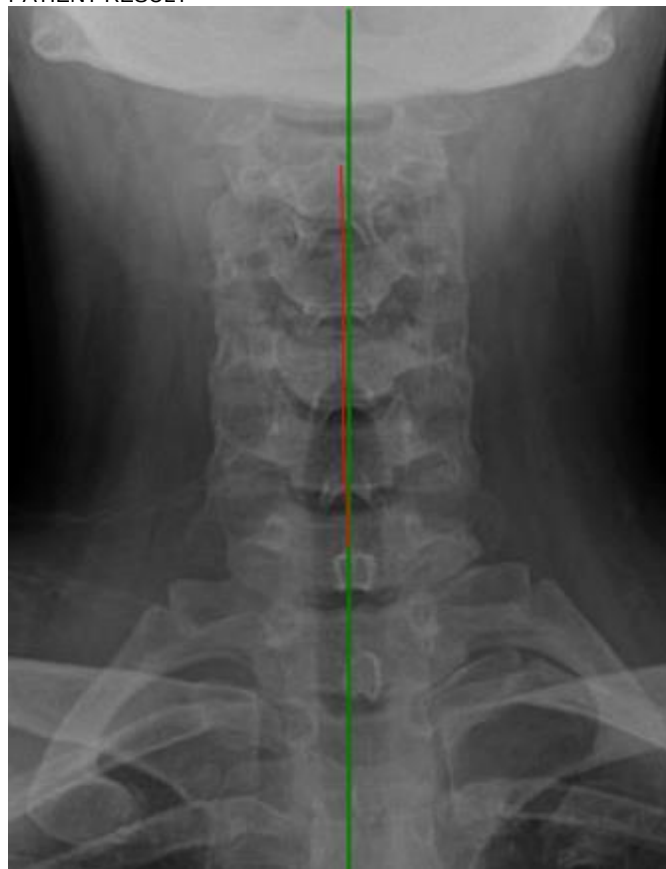
Limb length discrepancy (LLD) is a relatively common diagnosis in patients with spine and lower extremity disorders. Significant LLD can cause gait deviations and lead to degenerative changes in the joints of the lower extremity and lumbar spine.

AP Cervical Translation

STANDARD RESULT



PATIENT RESULT



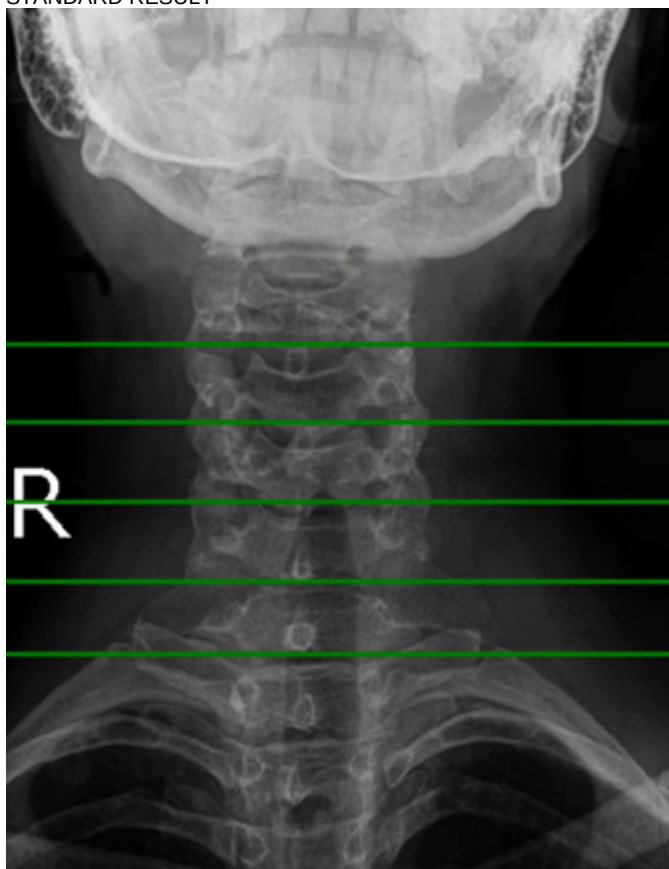
Result :

AP Cervical Translation : C3 : 1.64 mm Right / C4 : 1.23 mm Right / C5 : 1.23 mm Right / C6 : 1.23 mm Right

Abnormalities in horizontal translation are based on the amount of lateral translation of the vertebral center of mass from a perpendicular line through T1. This analysis examines the often-neglected lateral head translation posture or side shift of the cervical spine over the thoracic cage. A patient presenting with this biomechanical fault is often totally unaware of the abnormality. These translations can be acquired over time as a result of many factors and may be indicators of segmental restriction, ligamentous injury, or biomechanical failure.

AP Cervical Baselines

STANDARD RESULT



PATIENT RESULT

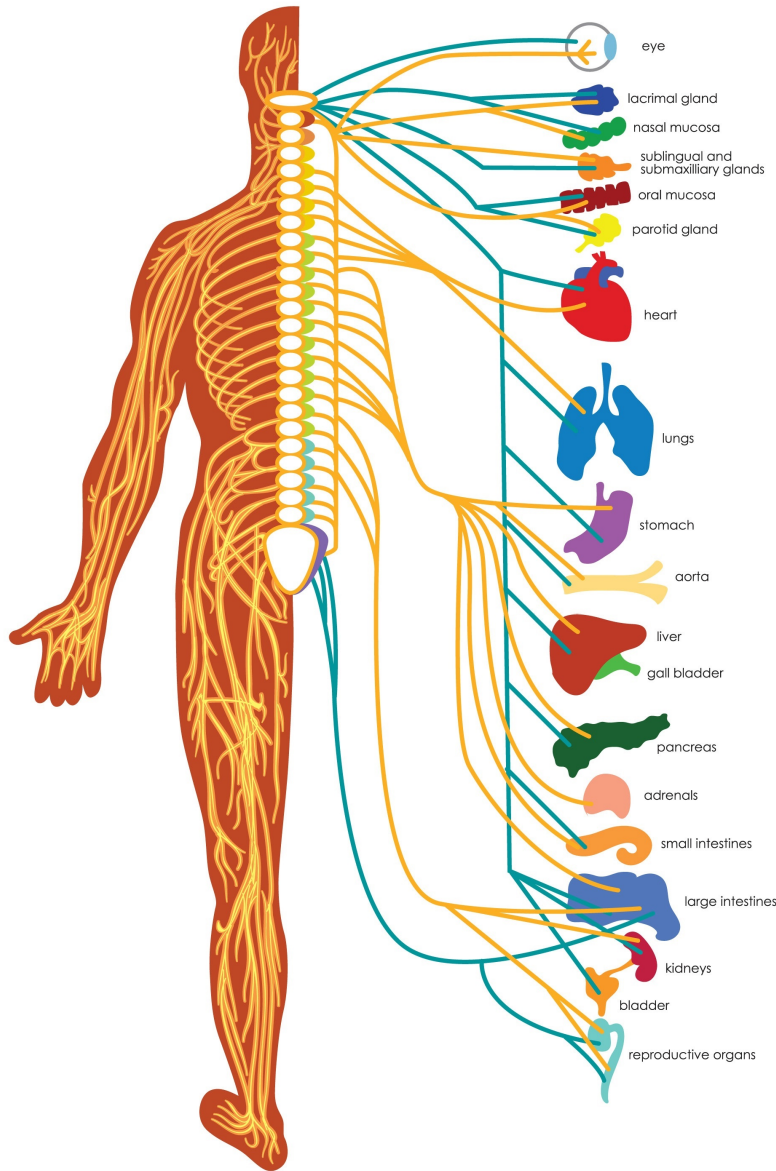


Result :

AP Cervical Baselines : Abnormal

Anterior-posterior baselines evaluate the spine for the presence of lateral flexion subluxations. Baselines are drawn across the inferior endplate of each cervical vertebra and should be parallel to a true horizontal line. Abnormal baselines can indicate the presence of dysfunction that may cause nerve irritation or accelerate degenerative spinal changes.

Levels of Spinal Subluxation



Sacral - Right and left hip, buttocks, sacro-iliac conditions, spinal curvatures, reproductive organs, rectum, anus, susceptibility to hemorrhoids, itching, and pain while sitting.

L5 - Lower legs, buttocks, ankles, feet and toes, poor circulation in legs, ankle swelling, weak ankles and arches, cold feet, leg cramps.

T7 - Pancreas, duodenum (small intestine), liver, gallbladder, spleen, middle back, stomach ulcers, and inflammation of stomach lining.

Right T1 - Right shoulder, arm, elbow, forearm, wrist, hand, esophagus, and trachea. Possible symptoms include right shoulder, arm, wrist, and hand pain, bursitis, neck pain, asthma, cough, and shortness of breath.

Left C1 - Blood supply to the left side of the head, pituitary gland, scalp, bones of the face, the brain, inner and middle ear, and the sympathetic nervous system. Possible symptoms include headaches, nervousness, insomnia, head colds, high blood pressure, migraines, psychological conditions, amnesia, sleep disorders, chronic tiredness, dizziness, and vertigo.

Your Recommended Action Plan

Patient: **Melissa** [REDACTED]

Date Prepared: **2/7/2014**

Your Recommended Action Plan is Based On:

- ==>Your Age
- ==>MRI /CT Report
- ==>Digital Foot Scans
- ==>Number of Exam Abnormalities
- ==>Your History and Physical Examination
- ==>Posture/Range of Motion Abnormalities

My specific recommendations in your particular case are based on your individual exam findings and my experience with many other cases similar to yours over the past 25 years. Please understand that healing and pain relief is a matter of time.

Doctor Recommended Action Plan:

- ==>Spinal Adjustments
- ==>Extremity Adjustments
- ==>Hot Moist Packs
- ==>Electrical Stimulation

Nutritional Supplements: Omega 3 Fish oil 3 caps at bed with water

Your Recommended Treatment Schedule:

- 5 times a week for 2 weeks 10 visits
- 3 times a week for 5 weeks 15 visits
- 1 times a week for 6 weeks 6 visits
- Total Visits 31 / 3.25 Months**

Patient Responsibility: Health Workshop, Home Exercises, and Traction as Recommended

Features and Benefits of Your Corrective Care Program, and How It Works:

- Comparative progress exams every 12 visits
- 90 days of tailor-made, trainer directed exercise at Energy Fitness

David Bohn
Doctor Signature

Melissa [REDACTED]
Patient Signature

2/7/2014
Date

Financial Agreement

Patient Name: **Melissa** [REDACTED]

This corrective plan includes all procedures recommended by the doctor during the time period of (2/7/2014 to 5/22/2014)

Any work injury or personal injury (e.g. auto accident) would suspend this plan until that condition was resolved. The plan would then continue and be extended for the unused time purchased.

\$2,370.00 Doctor Recommended Adjustments and Therapy

\$2,370.00 Total Investment

☐ **One Time Payment (Pay in Advance Save 15%)**

15 % Discount for Pay in Advance \$355.50 (SAVINGS)

Total Payment: (Available next 5 days only) \$2,014.50 (TOTAL)

☐ **Monthly Payment**

Total Investment: **\$2,370.00** divided by 4 months: **\$592.50**

Auto Charge: **Visa / MC / Discover Credit Card #:**

Auto Bank Debit:

Financial Institution

Routing Number

Account Number

☐ **Financing (100% Interest Free Financing Option) Care Credit**

Monthly Payment **\$131.67** for 18 months

Approximately **\$4.39** a day

By signing below, I agree to participate in a Chiropractic Corrective Program. If I've selected a payment plan, my credit card or checking account will be automatically charged on the period specified above. To cancel or change this request I must notify Accent on Health Chiropractic in writing and allow a reasonable time to accommodate my request. Should I choose to discontinue my care at any time, I will not be billed for any care not yet received and I will only be responsible for the balance of the care that I have already received. Should I choose to pay in advance for my care, my visits will be calculated on a per visit basis and I will either: a) be responsible for the outstanding balance or b) receive a refund on the care not yet received. None of the payment methods offered guarantee a cure for any condition.

2/7/2014

*Signature of Responsible Party

Date

Staff Signature