

Court of Appeals No. 36967-2-II

COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION TWO

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DIVISION II
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STATE OF WASHINGTON
BY DEPUTY

DAVID FAHNRICH and CINDY FAHNRICH, a marital community
under the laws of the State of Washington and JENEE FAHNRICH,
an individual,

Appellants,

v.

LINDA WILLIAMS and JOHN DOE WILLIAMS, a marital community
under the laws of the State of Washington; and
CLIFFORD MULLINS and SHELLY MULLINS, a marital community
under the laws of the State of Washington,

Respondents

BRIEF OF APPELLANTS

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I. ASSIGNMENTS OF ERROR

A. Assignment of Error No. 1.

Did the trial court abuse its discretion in not granting Appellants' motion for a new trial?

B. Issues Pertaining to Assignment of Error No. 1.

The order denying Plaintiffs' motion for new trial was entered on September 6, 2007. In this case, the jury awarded 90% of the Plaintiffs' requested medical expenses but did not award any general damages. The testimony in the case regarding general damages was uncontested. When evidence of substantial pain and suffering are presented and the jury awards all or most of the Plaintiffs' requested medical expenses but fails to award any general damages, is the Plaintiff entitled to a new trial on the issue of damages only?

II. STATEMENT OF THE CASE

Jenee Fahndrich was involved in an automobile accident with Linda Williams on April 19, 2000. She sustained injuries to her cervical spine, upper and lower back. She was getting better when, on November 2, 2000, she suffered injuries to those same areas plus more general injuries to her head and neck when she was involved in an accident with Shelly Mullins. Ms. Williams denied liability for causing

the accident. Ms. Mullins admitted liability for causing the accident, but denied that the accident was a proximate cause of any injuries to Jenee Fahndrich. Jenee was also involved in a very minor accident in July, 2002, for which she received some minimal medical treatments.

A trial was held from July 30 to August 3, 2007. The jury verdict was returned on August 6. The jury determined that Defendant Linda Williams was negligent in causing the accident with Jenee Fahndrich, that her negligence was a proximate cause of damages to the Plaintiffs, and awarded her \$22,500.00 in economic damages as a result, but no non-economic damages. The jury also determined that the negligence of Defendant Mullins was the proximate cause of injuries to the Plaintiff, awarded her \$2,500.00 in economic damages but no non-economic damages. (Jury Verdict, CP 178-180; Appendix 1)

Plaintiffs filed a Motion for New Trial on August 10, 2007. (CP 184-197; Appendix 2) An Order Denying Plaintiffs' Motion for New Trial was entered on September 6, 2007. (CP 236-237; Appendix 3). Plaintiffs filed their Notice of Appeal on November 13, 2007. (CP 238-245, Appendix 4)

There is overwhelming testimony that Plaintiff Jenee Fahndrich was injured in both of the automobile accidents from medical witnesses,

lay witnesses and through her own testimony. This testimony is voluminous and will be summarized here.

1. Medical Witnesses

All of the medical witnesses were presented through perpetuation videotaped testimony or through reading the transcripts of their depositions into the record. These witnesses included a treating chiropractor, Kelly Smith, DC, who treated Jenee immediately after the first accident and up until about a month before the second accident and then after the second accident for a period of about six months and sporadically thereafter. (CP 394-502) Immediately after the April 19, 2000 accident, Dr. Smith documented her injuries in his chart notes. (CP 189; Appendix 5) At the bottom of the page under "Cervical" he records that she suffered spasms in the bilateral C-spine paraspinal muscles; bilateral subocciputs area and at levels C-1-C3 and C4. He testified that she had tenderness and spasm in her thoracic and lumbar spine and noted this in his chart. (CP 404) This chart note is dated April 19, 2000. Jenee continued to have tenderness and spasm in her cervical spine as documented in Dr. Smith's chart note of May 22, 2000. (CP 190; Appendix 6) Now her tenderness and spasm were at level C-2-4; bilateral C-spine paraspinal areas and now right subocciputs area. Dr. Smith identified the subocciput area as the area around the TMJ

(temporomandibular joint) which is the area right in front of a person's ear where the jaw bone attaches to the skull. A spasm is an involuntary contraction of muscles which results from injury.

In a chart note dated November 2, 2000, which was probably made the day after, Dr. Smith again identifies tenderness and spasm in the same areas as well as more general injuries to her head. (CP 191; Appendix 7) Specifically, she suffered spasms to her temple and her right TMJ area, which were new injuries not present before. She also had tenderness and spasm in her C-5-C-6 area; again had tenderness and spasm in her thoracic area and tenderness in her lumbar area. (CP 191) On December 4, 2000, in a chart note (CP 192; Appendix 8), Dr. Smith records that Jenee was still suffering tenderness and spasm in her right trapezius muscle, subocciput, right TMJ region, levels C2, 3 and C5-6 and her right and left paraspinal muscles. She was still suffering from tenderness and spasms in her thoracic area but now only had very minor lumbar complaints. The major result of Jenee's November accident was that she suffered severe, debilitating and continuing headaches.

Eventually, her care was transferred to Kaiser Permanente where she came under the care of Gary Martel, DDS. (CP 264) Dr. Martel is a specialist in temporomandibular disorders. (CP 261) He explains that TMJ stands for temporomandibular joint and is strictly a physiological

description. TMD stands for temporomandibular disorders which are related to the muscles, ligaments, supportive tissues of that area that produces pain or limitation. (CP 265) He diagnosed her as having a post motor vehicle accident head and neck myofacial pain which is related to the muscles and the fascia, the connective tissue that binds the muscles together. He notes that this is many times a chronic or ongoing disorder of hypersensitivity or tenderness of those structures. (CP 273) He describes much of her pain as myofacial or a myofacial pain disorder. This results from central sensitization which results from increased pain sensitivity which actually affects the central nervous system. It resets the central nervous system's sensitivity to pain response. (CP 286-289) There are actual changes in the cerebral spinal fluid of patients that have been subjected to these types of traumas. Throughout the course of his treatment of Ms. Fahndrich, her condition remained at about the same level. Dr. Martel treated her with a series of mouth guards and did trigger point injections on August 12, 2004. Unfortunately, the trigger point injections, four of them, did not relieve Ms. Fahndrich's pain. (CP 282-284) He therefore referred her to a pain specialist at Kaiser Permanente, Dr. Cara Lee Rozell.

Dr. Rozell's testimony appears at CP 92-170. Her practice is divided equally between patients with headache and those with general

neurology complaints. (CP 97) Dr. Rozell's treatment of Jenee consisted of Botox injections. The injections are made around the head and into various muscles. A chronic pain condition is defined as more than four hours a day, more than 15 days a month for more than three months. By the time Jenee saw Dr. Rozell, she had had chiropractic treatment, OS splints, physical therapy, medications, trigger point injections and massage therapy. (CP 99-101) Jenee described her condition as having pain on a daily basis, rated it as moderate, but which got severe about one day a week. The severe headaches were accompanied by light sensitivity and nausea to the point she was incapacitated. Dr. Rozell assessed Jenee with having myofascial pain disorder, TMJ disorder and chronic daily headaches with a migraine component. Based on that, she decided to try the Botox injections. (CP 102-103) Botox injections wear off and are never a permanent treatment. (CP 105) A typical course of Botox injections are every three months because it does wear off. (CP 106) After the first series of injections, Jenee had fewer headaches. (CP 107) Dr. Rozell injected Jenee on five different occasions, starting on October 29, 2004. The needles used are injected into the muscle up to an inch deep. (CP 104) The injections include areas into the jaw muscles, the cervical and around the head. (CP 104-105) On the first time Dr. Rozell saw Jenee on October 29, 2004, she injected her 22 times. (CP 103) On

February 10, 2005, she injected Jenee 21 times. (CP 106) On February 23, 2006, she injected Jenee 24 times. (CP 110). On August 10, 2006, she injected Jenee 24 times. (CP 110-111) In December, 2006, she injected Jenee 21 times. (CP 111) As of that date, her diagnosis remained unchanged and she believed that because it was almost seven years since the accidents with ongoing difficulties, Jenee would continue to have them. (CP 113)

Jenee Fahndrich was also seen by a doctor and a dentist who did independent medical examinations of her. The dentist was Dr. Eugene Kelley who saw Jenee on August 1, 2003. Dr. Kelley graduated from the University of Oregon Dental School in 1959; spent many years practicing dentistry; taught at OHSU Dental School; and did independent medical examinations for the public, insurance companies and lawyers at Medical Consultants Network in Portland, Oregon. (CP 17-19) He described the mechanism of a TMJ injury in a rearend collision. He stated the head is whipped forward and backward and the lower jaw is propelled forward beyond its anatomical limits and then moved back into a normal relationship. The jaw moves in a different position at a different speed than the head. He noted that this can be caused by a low speed impact. (CP 23-24) Dr. Kelley testified that it's not unusual for someone to develop TMJ problems two, three or even four months after an automobile

accident and that this results from a “masking” of the symptoms relative to their injury. In other words, a person may be so concerned about other injuries that appear more severe but resolve and they don’t become totally aware of the problem they are having with their jaw joints. (CP 26) His diagnoses included acceleration/deceleration injury to the head, neck and temporomandibular joints bilaterally which is more commonly known as a whiplash injury. (CP 39) The second diagnosis was myofascial pain dysfunction syndrome, temporomandibular joints and associated musculature. He noted that this is a symptom complex which involves the muscles and facial components that are around all muscles, but in this particular area, it’s the neck and temporalis and the jaw muscles that suspend the jaw from the skull. (CP 40) His third and fourth diagnoses were cervical strain and headache, while his fifth was capsulitis. He described capsulitis as the capsular ligament, the suspensory ligament of the lower jaw which was tender when he palpated over the joint indicating that there was some inflammatory process going on. This was three years after the accidents. (CP 40-41) An inflammation of the capsule showed that it was abnormal. His sixth diagnosis was synovitis, an inflammation of the synovial membrane which lines the joint compartment. Diagnosis seven was myositis and myalgia, paracervical—these muscles go all the way down the neck. (CP 42) Dr. Kelley testified that females have TMJ

problems four times as often as men. (CP 43) Dr. Kelley testified that the myofascial pain dysfunction syndrome was initiated in a motor vehicle accident of April, 2000 and exacerbated by the November, 2000 accident. His prognosis was guarded as her symptoms had not responded to treatment over a three-year period. His opinion was that the motor vehicle accident of November, 2000 was 90-100% responsible for the temporomandibular joint pain and dysfunction. (CP 46)

Importantly, Dr. Kelley found no evidence of medical or psychological conditions affecting Jenee Fahndrich's recovery. (CP 48)

Jenee Fahndrich was seen by Dr. Stephen Thomas in another independent medical examination done for Medical Consultants Network on August 1, 2003. Dr. Thomas is an orthopedic surgeon who works with the musculo-skeletal system. (CP 342) He graduated from the University of Oregon Medical School in 1971 and has been practicing since. (CP 342) He also saw Jenee on November 10, 2006. His diagnoses both times were that Jenee had chronic cervical strain and temporomandibular joint syndrome. By chronic, he meant symptoms that last over six months. Usually, he anticipates that symptoms will resolve, especially soft tissue injuries, within months. If the pain lasts more than six months, it means it's a long term problem. (CP 348) Dr. Thomas testified that the Botox injections Jenee was receiving from Dr. Rozell were consistent with the

injury. (CP 349). He noted that her TMJ symptoms started directly after the November, 2000 accident according to the medical records from Dr. Smith. And that is the major problem that she's had. (CP 352-353) Dr. Thomas attributed her neck symptoms as 50% caused by the April, 2000 accident and 50% caused by the November, 2000 accident.

2. Lay Witness Testimony

Although the medical testimony provides the basis for understanding the mechanism of injury, the lay witness testimony shows the effects of those injuries.

Crystal Fletcher has known Jenee since kindergarten. Before the April, 2000 accident, she was unaware of Jenee ever having any pain or headaches. (RP 4-5). She became aware of the April, 2000 accident because Jenee called her the day of or the day after the accident and complained of headaches, but that her neck was hurting the most. (RP 5) Between the April and November accidents, Jenee was consistently complaining about headaches and neck pains. In fact, she went to a couple of chiropractic appointments with Jenee. (RP 5) She became aware of the November, 2000 accident because Jenee called her within a day or so. (RP 6) Jenee complained that the pain was already becoming more severe. Shortly afterwards, she complained about her jaw and remembers seeing Jenee wearing jaw braces and that she had to have a

special pillow for her neck. (RP 6) From the year 2001 until the time of the trial, Jenee has complained about her headaches consistently, every time they see each other or talk which is about two times every three weeks. (RP 7)

Ms. Fletcher observed Jenee having headache problems because Jenee would actually have to lay down, get some Tylenol, and just not move. (RP 7) When Jenee was having one of her headaches, Crystal could tell she was in a lot of pain because she just wanted to be quiet, lay down, sleep or “do something other than what she normally does, which is talk, so she’s quiet.” (RP 8)

Sonja Riesterer has known Jenee since a short time before the accidents. They met at a youth group with their local church. (RP 14) They were in junior high at the time. Sonja describes Jenee before the accidents as being very outgoing, friendly, really talkative, fun to be around. (RP 15) They were roommates in college for the school year 2005-2006. By that time, Jenee was having a really bad headache about once per week. (RP 18) There were times Sonja could tell that Jenee was having a headache even if Jenee didn’t say anything. She described it at RP 18, l. 21-RP 19, l. 3 as follows:

A: We’d be having a conversation and she would be not talking near as much as she usually does, and she’d sometimes be like going like this (indicating), putting

her head down in her hands, and I could just tell that something wasn't right because she wasn't talking as much and acting as involved, and then I would ask her and she'd be, say, "Yeah, I do have a migraine headache."

Jenee had these severe headaches every week for the entire school year. At times, they were so bad that Jenee would have to stay in bed.

(RP 19, l. 12-22)

Lisa Hayes was Jenee's boss at Nordstrom's in Vancouver.

(RP 22-23) Jenee worked for her for a little over two years. (RP 23, l. 20)

She describes Jenee's problems at RP 24, l. 1-7:

A: She comes in and basically I can see a difference in her, and she'll—as soon as she starts to lean forward or do any kind of work, I mean, she'll make little moaning noises and everything. It's primarily in her jaw, it's all up and through here (indicating).

She'll feel it in her face and the back of her neck (indicating) –

In fact, she could tell Jenee was about to have a headache by her appearance. (RP 24, l. 23-RP 25, l. 4) Lisa could see a change in Jenee's eyes right before she had a headache. (RP 26, l. 9-RP 27, l. 4)

Because of Jenee's medical condition, her work at Nordstrom's was limited. After the first time Jenee helped with inventory, she was out for three days. She was in a lot of pain with a severe headache. (RP 27, l. 3-11). The pain was caused by bending forward, which is apparently too much strain for Jenee. (RP 27, l. 17-18) As a result of her problems,

Jenee has been sent home early many times. (RP 28, l. 2-6) There have been months where Jenee has missed three out of five shifts. (RP 29, l. 12-14) She came in late because of pain problems too. (RP 28, l. 15-20) Because her headaches have gotten so bad, Jenee has had to go to bed from them and at times she's even thrown up on her way home when she stayed at work for too long. (RP 30, l. 1-16).

3. Testimony by Jenee Fahndrich

Jenee was born in Portland, Oregon on January 18, 1984. (RP 96) She graduated from high school in 2002 and in junior high and high school, she loved to play volleyball and basketball and was involved with her church a lot. (RP 97) In high school, she played volleyball quite a bit, was involved with her youth group in church, did different school activities, was her freshman and senior class representative on the student council. (RP 98) She worked at Cold Stone Creamery, Key Properties and was a nanny for a summer. (RP 98) She started working at Nordstrom's in July of 2002. She has a bachelor's degree in theology from college. (RP 99) Before these accidents, she rarely had headaches, usually only associated with the flu. She can never remember having neckaches or backaches. (RP 99) On April 19, 2000, Jenee was a student at Evergreen High School in Vancouver. She had gotten out of school for the day, but had play practice later. She left school and was driving on

136th towards Mill Plain to go to McDonald's. She saw Ms. Williams pull up to 136th from a parking lot and thought that she would stop. Jenee saw Ms. Williams look right and then without looking left again towards Jenee's car, she suddenly pulled out in front of Jenee. Jenee slammed on her brakes and hit the horn but could not avoid the accident. (RP 101) She hit her brakes so hard that her right leg was sore from hitting the brakes so hard. (RP 102, l. 18-19) She was going about 35 mph before she slammed on her brakes, was jerked back and forth in the accident. (RP 103, l. 6-10) Later in the day, her neck started to become sore as did her shoulders and lower back. The next day her leg and arm were sore. (RP 105, l. 1-13)

In the November 2, 2000 accident, Jenee was riding with the family's foreign exchange student to school in Portland. Jenee was a passenger. She was studying for a test she had that day, had notecards and was leaning forward, sitting down, looking at the notecards. (RP 105, l. 18-25) Without any warning, she was suddenly hit from behind. Her notecards flew forward, she was jerked forward. (RP 106, l. 3-15) She was concerned enough about the accident that she called her father at school. Within a few hours, her neck was starting to get sore again. In the evening, her neck was really starting to hurt and her head was hurting as well. Her upper shoulders were really tight. (RP 108, l. 3-23) From April

to November, 2000, she went to Dr. Smith quite a bit. Her pain started in her back and her shoulders and neck which caused her headaches. Her back started to feel quite a bit better, but her neck was still really bothering her and she was having headaches. The headaches were different every day with at times not being horrible and other days of being really bad where she couldn't do anything. She was on medications and was referred by Dr. Smith to Dr. Bruce Bell, a neurologist in Vancouver. After seeing a Dr. Blessing in early October, 2000, she stopped the chiropractic treatments to see if her headaches would subside. However, after she stopped them, she noticed that her headaches started getting worse. During the month of October, 2000, she was having headaches regularly, better from the day of the accident, but still pretty regular. Immediately after the April accident, she was having headaches and neck pain four to five times a week. In October, 2000, she was having them two to three times a week on the average. (RP 113, l. 14-19)

Jenee described the intensity of the headaches between April and November. Immediately after the April accident, she was having headaches where she would have to lay down three to five times per week. These became less frequent until the November accident, but not less intense. By October, she was having the intense headaches two to four times per week. (RP 16, l. 4-12)

The day after the November accident, Jenee again went to see Dr. Smith because her neck, shoulders, head, everything, was really sore. (RP 116, l. 13-19) Dr. Smith found spasms in her temple and her jaw area which felt so tight and painful. “It was just like clenched, really tight and aching all over.” (RP 117, l. 4-5) It took a couple of months for the pain to start decreasing. (RP 117, l. 6-13) Jenee was referred to a sports medicine clinic in February, 2001, where they did massage therapy and electrical stimulation. (RP. 117-118) She was referred to Dr. Nutter who referred her to Dr. Boice, both dentists. Dr. Boice gave her a jaw splint but that didn’t help. (RP 118, l. 23-RP 119, l. 19) During this time, until April or May of 2001, she was getting headaches on the average of three to five times a week but it varied in both frequency and intensity. (RP 119, l. 25-RP 120, l. 15) Her jaw hurts when she sings or chews. (RP 121, l. 6-14) It even hurts when she smiles, but that’s her normal face. (RP 121, l. 18-25)

She had an athrogram done at Dr. Martel’s recommendation. An athrogram is x-rays taken after the jaw has been injected with a dye. By Jenee’s description, they take huge needles and inject them really deep into the jaw and “it hurt really, really, really bad.” (RP 122, l. 22-RP 123, l. 9)

Jenee describes the Botox injections as “kind of like lumps up your skin and it feels like bee stings all over your face, and I don’t know how anyone would ever want to do it for cosmetic, but it hurts really bad. It’s not fun.” (RP 124, l. 14-18) Jenee went on to describe how the headaches interfered with her mission trips with her church, how they interfered with family activities and how they interfered with her every day activities. (RP 125-134) She describes how her headaches have interfered with her work. (RP 135-136) She describes how her headaches have interfered with her personal life. (RP 136-141)

III. ARGUMENT

There is no question that Jenee sustained serious injuries as a result of both accidents. There is no medical or lay witness testimony that suggests otherwise.

A. Jury’s Failure to Award Damages

1. Insufficiency of the jury’s award of damages

In *Palmer v. Jensen*, 132 Wn.2d 193, 937 P.2d 597 (1997), the Supreme Court reversed both the trial court and the Court of Appeals, holding that the trial court abused its discretion in not granting plaintiff a

new trial¹ when the jury awarded a verdict equal to unchallenged medical expenses and failed to award general damages. In *Palmer*, a woman and her minor child were struck from behind in a rearend collision. She was determined to be 25% at fault and the following driver was determined to be 75% at fault. Her total medical expenses were \$8,414.89 and her child's were \$34.00. There was testimony in the record that she experienced pain from the accident for at least two years. *Palmer* at 196. The Defendant presented no evidence to refute these medical opinions. Even so, the jury awarded her no non-economic damages. Her minor

¹ CR 59 states in pertinent part:

(a) Grounds for New Trial or Reconsideration. On the motion of the party aggrieved, a verdict may be vacated and a new trial granted to all or any of the parties, and on all issues, or on some of the issues when such issues are clearly and fairly separable and distinct, or any other decision or order may be vacated and reconsideration granted. Such motion may be granted for any one of the following causes materially affecting the substantial rights of such parties:

(1) Irregularity in the proceedings of the court, jury or adverse party, or any order of the court, or abuse of discretion, by which such party was prevented from having a fair trial.

* * *

(7) That there is no evidence or reasonable inference from the evidence to justify the verdict or the decision, or that it is contrary to law;

(8) Error in law occurring at the trial and objected to at the time by the party making the application; or

(9) That substantial justice has not been done.

child, however, presented no evidence of lasting injuries and the jury awarded the minor child nothing in general damages. The Court held at 197:

A much stronger showing of abuse of discretion will be required to set aside an order granting a new trial than an order denying one because the denial of a new trial “concludes” [the parties’] rights.’ *Baxter v. Greyhound Corp.*, 65 Wash.2d 421, 437, 397 P.2d 857 (1964).

Where a proponent of a new trial argues the verdict was not based upon the evidence, appellate courts will look to the record to determine whether there was sufficient evidence to support the verdict. . . . Where sufficient evidence exists to support the verdict, it is an abuse of discretion to grant a new trial.

Thus, in this case, the Court must look to the record to determine whether there was evidence to support the verdict. In this case, that would mean that there is no evidence to show that Jenee Fahndrich was injured.

As discussed above, the testimony from the five doctors and multiple lay witnesses is overwhelming. All five doctors agreed that Jenee suffered severe and chronic injuries as a result of both accidents. There is no medical or lay witness testimony to the contrary.

“[W]here the jury verdict approximates the amount of undisputed special damages and the injury and its cause is clear, the court has little hesitation in granting a new trial.” *Singleton v. Jimmerson*, 12 Wash.App. 203, 205, 529 P.2d 17 (1974). That is what the trial court should have

done in this case as the severe and ongoing injuries themselves were not contested and the jury found that both Defendants were negligent and/or that their negligence was the proximate cause of Jenee's injuries.

Jenee's situation is different than those cases where a person's injuries are minimal and required virtually no medical care (*Palmer, supra*); or where the defense disputes every aspect of a claimant's damages, including offering medical testimony that there were no objective medical findings supporting a person's complaints of pain (*Lopez v. Salgado-Guadarama*, 130 Wash.App. 87, 122 P.3d 733 (2005)); or other cases where the plaintiff may have been in multiple car accidents over a period of years and therefore, their medical condition may have been obscured or clouded by all of the evidence of damages from the other accidents (*Cox v. Charles Wright Academy, Inc.*, 70 Wn.2d 173, 422 P.2d 515 (1967)). See also *Ide v. Stoltenow*, 47 Wn.2d 847, 289 P.2d 1007 (1955) (plaintiff entitled to a new trial based on the jury's failure to award adequate damages); *Hills v. King*, 66 Wn.2d 738, 741, 404 P.2d 997 (1965) (new trial properly granted where the plaintiff's treatment and its cost were never challenged by the defense at trial, but where the jury's verdict was less than the amount of the unchallenged medical special damages).

In this case, the defense offered no medical testimony and no lay witness testimony contesting the severity of Jenee's injuries or the propriety and necessity of her medical treatments. They offered no medical testimony at all.

Neither did either Defendant offer any lay witness testimony challenging Jenee's medical condition or the suffering she went through as a result of her injuries.

The Court needs to review the record to determine whether there is evidence to support the verdict. There is nothing in the record to suggest that Jenee Fahndrich did not suffer general damages as a result of these accidents and the injuries she sustained in them.

“Conversely, it is an abuse of discretion to deny a motion for a new trial where the verdict is contrary to the evidence. *Krivanek v. Fibreboard Corp.*, 72 Wash.App. 632, 637, 865 P.2d 527 (1993) (trial court abused its discretion when it denied a new trial on the basis of inadequate damages in wrongful death case because damages were not within the range of substantial evidence); *see also Lanegan v. Crauford*, 49 Wn.2d 562, 568, 304 P.2d 953 (1956) (new trial ordered on the issue of damages where it “seem[ed] reasonably clear . . . that only \$381” was awarded for general damages because there was “no serious controversy respecting special damage[s]”).

The Court of Appeals limited its analysis to whether the verdict was so inadequate as to indicate passion or prejudice under CR 59(a)(5) and neglected to analyze whether there was evidence to support the verdict under CR 59(a)(7). The court neither discussed CR 59(a)(7) nor referred to the evidence adduced at trial. The court

accordingly failed to undertake an independent review of the record to determine whether the verdict was contrary to the evidence.

The trial court did what the Court of Appeals in *Palmer* did. The trial court limited its discussion to whether the jury's verdict was a result of passion or prejudice and completely ignored the issue of whether there was evidence to support the verdict under CR 59(a)(7).

In this case, the jury awarded \$25,000.00 in economic damages. The only economic damages that Plaintiff asked for were about \$29,000.00 in medical bills. It is clear that the \$25,000.00 in non-economic damages were for the medical bills incurred minus medical bills incurred for her July, 2002 accident.

IV. CONCLUSION

There is no doubt that the two accidents of April and November, 2000 caused Jenee Fahndrich severe physical injuries. There is no evidence or reasonable inference from that evidence justifying a verdict of no non-economic damages in this case. Substantial justice has not been done in this case. We request the Court remand the case to the trial court

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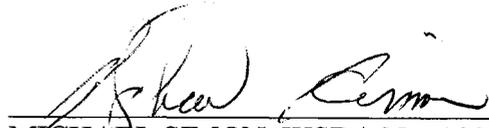
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granting a new trial on the issue of damages only, as both liability and proximate cause have been established.

Respectfully submitted this 28th day of February, 2008

LANDERHOLM, MEMOVICH,
LANSVERK & WHITESIDES, P.S.

A handwritten signature in cursive script, appearing to read "Michael Simon", is written over a horizontal line.

MICHAEL SIMON, WSBA No. 10931
Attorney for Appellants

CERTIFICATE OF SERVICE

I hereby certify that on the 28TH day of February, 2008, I served the following:

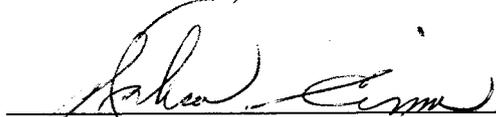
BRIEF OF APPELLANTS

upon the attorneys for all parties by depositing in the United States Post Office, Vancouver, Washington, a full, true and correct copy thereof, with postage thereon prepaid, addressed to them at the addresses set forth below their names:

Kevin M. Sampson
Bullivant|Houser|Bailey, P.C.
805 Broadway Street, Suite 400
Vancouver, WA 98660-2962

Bruce White
Mitchell, Lang & Smith
101 S.W. Main Street, Suite 2000
Portland, OR 97204-3230

LANDERHOLM, MEMOVICH, LANSVERK
& WHITESIDES, P.S.



MICHAEL SIMON, WSBA No. 10931
Attorney for Appellants

FILED
COURT OF APPEALS
DIVISION II
08 FEB 29 AM 8:52
STATE OF WASHINGTON
BY *M* DEPUTY

APPENDIX 1

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FILED

AUG 06 2007
@ 10:27am
Sherry W. Parker, Clerk, Clark Co.

Jury Polled - unanimous
J. Williams
Deputy clerk

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF CLARK

DAVID FAHNDRICH and CINDY
FAHNDRICH, a marital community under the
laws of the State of Washington, and JENEE
FAHNDRICH, an individual,

Plaintiffs,

v.

LINDA WILLIAMS and JOHN DOE
WILLIAMS, a marital community under the
laws of the State of Washington, CLIFFORD
MULLINS and SHELLY MULLINS, a marital
community under the laws of the State of
Washington,

Defendants.

Case No. 02-2-04343-1

VERDICT FORM

We, the jury, answer the questions submitted by the court as follows:

QUESTION 1: Was there any negligence by defendant Williams that was a proximate cause of
damage to the plaintiff?

ANSWER: yes (Write "yes" or "no")

QUESTION 2: With respect to the accident with defendant Williams, was there also negligence
by plaintiff that was a proximate cause of damage to the plaintiff?

148
[Signature]

1 ANSWER: No (Write "yes" or "no")

2 QUESTION 3: If your answer to Question 2 was no, do not answer this question. If your
3 answer to Question 2 was yes, assume that 100% represents the total combined fault
4 that proximately caused the plaintiff's damage from the accident with defendant
5 Williams. What percentage of this 100% is attributable to the plaintiff, and what
6 percentage is attributable to the negligence of defendant Williams?

7 ANSWER:
8 To Plaintiff: _____ %
9 To Defendant Williams: _____ %
10 Total: 100%

11 QUESTION 4: What do you find to be the plaintiff's amount of damages from the accident with
12 defendant Williams? (Do not consider the issue of contributory negligence, if
13 any, in your answer).

14 ANSWER:
15 Economic Damages: \$ 22,500⁰⁰
16 Non-Economic Damages: \$ Ø

17 QUESTION 5: With respect to the accident with defendant Mullins, was the negligence of
18 defendant Mullins a proximate cause of damage to the plaintiff?

19 ANSWER: Yes (Write "yes" or "no")

20 QUESTION 6: If your answer to Question 5 was no, do not answer this question. If you answer
21 to Question 5 was yes, what do you find to be the plaintiff's amount of damages
22 from the accident with defendant Mullins?

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ANSWER:

Economic Damages: \$ 2500⁰⁰/₂

Non-Economic Damages: \$ 0

(INSTRUCTION: Sign this verdict form and notify the bailiff.)

DATE: August 6, 2007 Sharon A. Bernal
Presiding Juror

APPENDIX 2

**COPY
ORIGINAL FILED**

AUG 10 2007

Sherry W. Parker, Clerk, Clark Co.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

DAVID FAHNDRICH and CINDY
FAHNDRICH, a marital community under
the laws of the State of Washington, and
JENEE FAHNDRICH, an individual

Plaintiffs,

v.

LINDA WILLIAMS and JOHN DOE
WILLIAMS, a marital community under
the laws of the State of Washington,
CLIFFORD MULLINS and SHELLY
MULLINS, a marital community under
the laws of the State of Washington

Defendants.

Case No. 02-2-04343-1

**PLAINTIFFS' MOTION
FOR NEW TRIAL**

I. REQUEST FOR RELIEF

Plaintiffs move for a new trial in this matter on the basis that the jury awarded inadequate damages; that defense counsel engaged in misconduct in referring to matters outside the evidence; that there is no evidence or reasonable inference from the evidence to justify the verdict; that the damages are so inadequate as to unmistakably indicate that the verdict must have been the result of passion or prejudice. This motion is based on CR 59(a)(1), (5), (7) and (9).

1 **II. STATEMENT OF FACTS**

2 On April 19, 2000, Plaintiff Jenee Fahndrich sustained injuries to her cervical
3 spine, upper and lower back. She was getting better when, on November 2, 2000, she
4 suffered injuries to those same areas plus more general injuries to her head.
5 Specifically, she suffered spasms to her temple and TMJ areas. Spasms are
6 involuntary contraction of the muscles that is a response to pain. (See Chart Notes of
7 Dr. Kelly Smith which were shown to the jury at trial and which are attached as
8 Exhibits 1-4) Jenee suffered extreme headaches resulting from the accidents and there
9 are multiple entries in Dr. Smith's records documenting the headaches and the pain.
10 (See Exhibits 5 and 6.) Dr. Michael Freeman testified that the area surrounding the
11 TMJ is extremely pain sensitive. He showed this area on the slide attached as
12 Exhibit 7. Jenee Fahndrich testified that the procedure for the arthrogram was to inject
13 dye into this area and that this was extremely painful. She testified that she squeezed
14 her dad's hand so tightly when undergoing this procedure, she thought that she was
15 going to break it.

16 People could tell when Jenee was going to have a headache, because her eyes
17 clouded over and turned yellow. (See the testimony of Lisa Hayes and David
18 Fahndrich.) Multiple witnesses testified that when Jenee was having a headache, the
19 pain would get so bad that she would have to lie down and try to go to sleep to get rid
20 of the headaches.

21 There is substantial evidence that Jenee has gone through seven years of
22 extreme pain.

23 There is no evidence to the contrary. Not one person and not one doctor
24 testified that Jenee's symptoms were psychosomatic, that she was malingering, or that
25 she did not suffer pain resulting from these accidents.

26 There is no testimony in the record that these were migraine headaches.

1 Rather, the testimony was that these were headaches which began in her jaw or neck
2 and developed into headaches with migraineish components.

3 **III. ARGUMENT AND DISCUSSION**

4 **A. JURY'S FAILURE TO AWARD DAMAGES FOR VISION
5 IMPAIRMENT OR VISION THERAPY.**

6 **1. Insufficiency of the jury's award of damages**

7 In *Palmer v. Jensen*, 132 Wn.2d 193, 199, 937 P.2d 597 (1997), the Supreme
8 Court reversed both the trial court and the Court of Appeals, holding that the trial court
9 abused its discretion in not granting plaintiff a new trial¹ when the jury awarded a
10 verdict equal to unchallenged medical expenses, failing to award general damages. *Ide*
11 *v. Stoltenow*, 47 Wn.2d 847, 289 P.2d 1007 (1955) (plaintiff entitled to a new trial
12 based on the jury's failure to award adequate damages); *Hills v. King*, 66 Wn.2d 738,
13 741, 404 P.2d 997 (1965) (new trial properly granted where the plaintiff's treatment
14 and its cost were never challenged by the defense at trial, but where the jury's verdict
15 was less than the amount of the unchallenged medical special damages).

16 In this case, the jury awarded \$25,000.00 in economic damages. The only
17 economic damages that Plaintiff asked for were about \$29,000.00 in medical bills and
18

19 ¹ CR 59 states in pertinent part:

20 (a) Grounds for New Trial or Reconsideration. On the motion of the party
21 aggrieved, a verdict may be vacated and a new trial granted to all or any of the parties, and on
22 all issues, or on some of the issues when such issues are clearly and fairly separable and
23 distinct, or any other decision or order may be vacated and reconsideration granted. Such
24 motion may be granted for any one of the following causes materially affecting the substantial
25 rights of such parties:

22 (1) Irregularity in the proceedings of the court, jury or adverse party, or
23 any order of the court, or abuse of discretion, by which such party was prevented from having a
24 fair trial.

24 * * *

25 (7) That there is no evidence or reasonable inference from the evidence
26 to justify the verdict or the decision, or that it is contrary to law;

(8) Error in law occurring at the trial and objected to at the time by the
party making the application; or

(9) That substantial justice has not been done.

1 damages for lost earning capacity. Because the jury found no non-economic damages,
2 it would have been impossible for them to have awarded Jenee any lost earning
3 capacity as apparently they did not believe she was injured or that her injuries caused
4 her any disability. Therefore, it is clear that the \$25,000.00 in non-economic damages
5 were for the medical bills incurred minus medical bills incurred for her July, 2002
6 accident.

7 RCW 4.76.030 states:

8 If the trial court shall, upon a motion for new trial, find the
9 damages awarded by a jury to be so excessive or inadequate as
10 unmistakably to indicate that the amount thereof must have been the
11 result of passion or prejudice, the trial court may order a new trial or
12 may enter an order providing for a new trial unless the party adversely
13 affected shall consent to a reduction or increase of such verdict, and if
14 such party shall file such consent and the opposite party shall thereafter
15 appeal from the judgment entered, the party who shall have filed such
16 consent shall not be bound thereby, but upon such appeal the court of
17 appeals or the supreme court shall, without the necessity of a formal
18 cross-appeal, review de novo the action of the trial court in requiring
19 such reduction or increase, and there shall be a presumption that the
20 amount of damages awarded by the verdict of the jury was correct and
21 such amount shall prevail, unless the court of appeals or the supreme
22 court shall find from the record that the damages awarded in such
23 verdict by the jury were so excessive or so inadequate as unmistakably
24 to indicate that the amount of the verdict must have been the result of
25 passion or prejudice.

18 IV. MISCONDUCT

19 In Kevin Sampson's closing argument, he told the jury that the witnesses were
20 projecting their own problems with TMJ issues onto Jenee even though there is no
21 evidence or reasonable inference that any such projection occurred. These statements
22 would require testimony from a psychiatrist as that is not a reasonable inference one
23 can gain from observing the witnesses. Mr. Sampson also stated that there was a
24 family history of migraines, even though Jenee testified that her mother only had two
25 such migraines implying to the jury that Jenee's headaches were migraines and could
26 have been caused from anything. There was no such testimony by any medical doctor

1 and there is no testimony that Jenee's headaches were migraines. The testimony was
2 the fact that the migraines were caused by her neck and jaw pain but they did have
3 migraineish components. This does not make them migraines and any argument to that
4 effect was improper and invited speculation and conjecture on the part of the jury.

5 **V. A NEW TRIAL SHOULD BE GRANTED ON DAMAGES ONLY**

6 CR 59(a) states: "On the motion of the party aggrieved, a verdict may be
7 vacated and a new trial granted to all or any of the parties, and on all issues, or on
8 **some of the issues when such issues are clearly and fairly separable and distinct,**
9 or any other decision or other order may be vacated and reconsideration granted."
10 (Emphasis added.) The verdict form asks the jury to determine whether Ms. Williams
11 was negligent and whether Jenee Fahndrich was comparatively negligent. The jury
12 held in favor of Jenee and found that she was not negligent in the April accident. The
13 jury was also asked whether the negligence of Ms. Mullins was a proximate cause of
14 the damages to Jenee Fahndrich. The jury answered "yes" and found her liable for
15 some portion of the medical expenses. The issues of liability of the two Defendants
16 have been determined. Therefore, a new trial should be on the issue of damages only
17 as the jury's determination of the liability and proximate cause issues are *res judicata*.

18 **VI. CONCLUSION**

19 For all of the reasons noted above, the Plaintiffs request a new trial on the issue
20 of damages only.

21 DATED this 10th day of August, 2007.

22 LANDERHOLM, MEMOVICH, LANSVERK
23 & WHITESIDES, P.S.

24 
25 _____
26 Michael Simon, WSB No. 10931
Attorney for Plaintiffs

Cascade Park Chiropractic
**CHIROPRACTIC EXAMINATION
 WORK SHEET**

Date 4/19/00

Name Jenee Fahrman

X-Ray _____

Doctor Smith

CRANIAL N'S ⊖ Bilat.

Cervical Tests ⊕ Isometric testing Fk/Ext RR/RLf

Dynamometer Rt. _____
 Lt. _____
 (Circle dominant hand)

Height _____
 Weight _____

George's Functional Maneuver

	pos/neg	Ischemic Reaction
Rt.	<u>⊕/⊖</u>	_____
Lt.	<u>⊕/⊖</u>	_____
Pulse Rate	<u>62</u>	<u>⊖</u> norm / weak / absent

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	<u>26</u>	50	<u>Bilat. Cerv</u>
Extension	<u>38</u>	60	<u>ll ll</u>
Rt. Lat. Flexion	<u>22</u>	45	<u>Lt. Cerv</u>
Lt. Lat. Flexion	<u>18</u>	45	<u>Rt. Cerv</u>
Rt. Rotation	<u>45</u>	80	<u>Rt. Cerv</u>
Lt. Rotation	<u>51</u>	80	<u>Bilat. Cerv</u>

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	_____	_____	<u>31</u>	50 w/p
Angle of Kyphosis	_____	_____	_____	0-40
Rt. Rotation	_____	_____	<u>18</u>	30 w/p
Lt. Rotation	_____	_____	<u>17</u>	30 w/p

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	_____	_____	<u>41</u>	60 w/p
Extension	_____	_____	<u>13</u>	25 w/p
Rt. Lat. Flexion	_____	_____	<u>15</u>	25 w/p
Lt. Lat. Flexion	_____	_____	<u>15</u>	25 w/p
Straight Leg Raiser (in degrees)	(L) <u>65</u>	(R) <u>58</u>		

Reflexes

	nerve	disc	L	R
Biceps	C5	C4	<u>+</u>	<u>+</u>
Brachioradialis	C6	C5		
Triceps	C7	C6		
Patellar	L4	L3		
Achilles	S1	L5		

Muscle Test

Deltoid	L <u>+</u>	R <u>+</u>
Biceps	L	R
Wrist Flex	L	R
Heel Walk	L	R (L4 Disc)
Toe Walk	L	R (L5 Disc)

PALPATION

⊕ Bilt test Rt. S.I. ⊕

Cervical (Tenderness/Spasm) Bilat. Cerv. para's / Bilat. Suboccipitals / Levels C1-C3/4

Thoracic (Tenderness/Spasm) Rt. TRAPs / Rt. Thor para's / Levels T3-T7

Lumbar (Tenderness/Spasm) Rt. Lumb. para's / Rt. S.I. Int. / Levels L4-S1

Comments: Begin Rehab + Lmt Services next 2-visits

due to soft tiss. problems + HA's.

(4-19-00)

	Left	Right	Location
Distraction	_____	_____	_____
Foraminal Compression	_____	_____	_____
Shoulder Depressor	<u>⊕</u>	<u>⊕</u>	<u>Bilat. Cerv</u>
Derefield Cervical	_____	_____	_____

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests			
Apparent Short Leg	_____	<u>1"</u>	_____
Derefield Leg ck.	_____	_____	_____
Ely's Sign	<u>⊕</u>	<u>⊕</u>	<u>LBP</u>
Yeoman's Sign	_____	<u>⊕</u>	<u>Rt. LBP</u>

	Left	Right	Location
Supine Tests			
Straight Leg Raising	_____	<u>⊕</u>	<u>Rt. LBP</u>
Well Leg Raising	_____	_____	_____
Brngard's Test	_____	_____	_____
Milgram's Test (30 sec)	_____	_____	_____
Soto Hall/Kernigs	<u>⊕</u>	<u>⊕</u>	<u>N-only</u>
Hoovers	_____	_____	_____
Fabere Patrick	_____	_____	_____
Gackson's Sign	_____	<u>⊕</u>	<u>Rt. LBP</u>

	Left	Right	Location
Seated Tests			
Bechterew's Sign	_____	_____	_____
Valsalva	_____	_____	_____
Minor's Sign	_____	_____	_____

	Left	Right	Location
Standing Tests			
Kemp's Sign	_____	_____	_____
Patient Lean	_____	_____	_____

Date 5/22/00

Cascade Park Chiropractic CHIROPRACTIC EXAMINATION WORK SHEET

Name J. Fahrmanich

X-Ray _____

Doctor Smith

Height _____ Dynamometer Rt. _____
Weight _____ Lt. _____
(Circle dominant hand)

George's Functional Manuever
pos/neg Ischemic Reaction
Rt. _____
Lt. _____
Pulse _____ norm / weak / absent
Rate _____

Cervical R.O.M.
degree norm. Location of pain
Flexion _____ 50 _____
Extension _____ 60 _____
Rt. Lat. Flexion _____ 45 _____
Lt. Lat. Flexion _____ 45 _____
Rt. Rotation _____ 80 _____
Lt. Rotation _____ 80 _____

Thoracic R.O.M.
T1 T12 Total Norm.
Flexion _____ 50
Angle of Kyphosis _____ 0-40
Rt. Rotation _____ 30
Lt. Rotation _____ 30

Lumbar R.O.M. (True Lumbar Flexion)
T12 Sacrum Total Norm.
Flexion _____ 60
Extension _____ 25
Rt. Lat. Flexion _____ 25
Lt. Lat. Flexion _____ 25
Straight Leg Raiser (in degrees) (L) _____ (R) _____

Reflexes
nerv disc
Biceps C5 C4 L _____ R _____
Brachioradialis C6 C5 L _____ R _____
Triceps C7 C6 L _____ R _____
Patellar L4 L3 L _____ R _____
Achilles S1 L5 L _____ R _____

Muscle Test
Deltoid L _____ R _____
Biceps L _____ R _____
Wrist Flex L _____ R _____
Heel Walk L _____ R _____ (L4 Disc)
Toe Walk L _____ R _____ (L5 Disc)

Cervical Tests (+) Isometrics Flex/Ext/Rot

Left Right Location
Distraction _____ / _____
Foraminal Compression _____ / _____
Shoulder Depressor (+) (+) Bilat Can
Derefield Cervical _____ / _____

Thoraco-Lumbar Tests
Prone Tests Left Right Location
Apparent Short Leg _____ / _____
Derefield Leg ck. _____ / _____
Ely's Sign _____ / (+) RT. LBP
Yeoman's Sign _____ / (+) RT. LBP

Supine Tests Left Right Location
Straight Leg Raising _____ / (+) RT. LBP
Well Leg Raising _____ / _____
Bragard's Test _____ / _____
Milgram's Test (30 sec) _____ / _____
Solo Hall/Kernigs _____ / (+) NP
Hoovers _____ / _____
Fabere Patrick _____ / _____
Gaenslen's Sign _____ / (+) RT. LBP

Seated Tests Left Right Location
Bechterew's Sign _____ / _____
Valsalva _____ / _____
Minor's Sign _____ / _____

Standing Tests Left Right Location
Kemp's Sign _____ / _____
Patient Lean _____ / _____

PALPATION

(+) Brilt test RT.

Cervical (Tenderness/Spasm) Levels C2/3/4 / Bilat. Can parav / RT. 5 to 6 vert.
Thoracic (Tenderness/Spasm) RT. Thor parav / Levels T4-T7
Lumbar (Tenderness/Spasm) RT. S.I. Int. / Buttock Region / Levels L4/5/S1

Comments: Cont. w/ rehab / Having hard time stabilizing low back / Changing exercises + home therapy.

5.22.00

Cascade Park Chiropractic
**CHIROPRACTIC EXAMINATION
 WORK SHEET**

Date 11/02/00

Name Jane F.
 X-Ray _____
 Doctor Smith

Height _____ Dynamometer Rt. _____
 Weight _____ Lt. _____
 (Circle dominant hand)

George's Functional Manuever

pos/neg Ischemic Reaction
 Rt. 10 _____
 Lt. 10 _____
 Pulse 65 norm / weak / absent
 Rate _____

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	<u>20</u>	50	<u>Bilat. Cerv.</u>
Extension	<u>33</u>	60	<u>Bilat. Cerv.</u>
Rt. Lat. Flexion	<u>20</u>	45	" "
Lt. Lat. Flexion	<u>16</u>	45	" "
Rt. Rotation	<u>42</u>	80	<u>Rt. Cerv.</u>
Lt. Rotation	<u>49</u>	80	<u>Bilat. Cerv.</u>

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	—	—	<u>27</u>	50 w/p
Angle of Kyphosis	—	—	—	0-40
Rt. Rotation	—	—	<u>15</u>	30 w/p
Lt. Rotation	—	—	<u>15</u>	30 w/p

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	—	—	<u>53</u>	60 w/p
Extension	—	—	—	<u>25</u>
Rt. Lat. Flexion	—	—	—	<u>25</u>
Lt. Lat. Flexion	—	—	—	<u>25</u>
Straight Leg Raiser (in degrees)	(L) <u>75</u>	(R) <u>75</u>		

Reflexes

	nerv	disc	L	R
Biceps	C5	C4	<u>+2</u>	<u>+2</u>
Brachioradialis	C6	C5		
Triceps	C7	C6		
Patellar	L4	L3		
Achilles	S1	L5		

Muscle Test

	L	R
Deltoid	<u>+5</u>	<u>+5</u>
Biceps		
Wrist Flex		
Heel Walk		(L4 Disc)
Toe Walk		(L5 Disc)

PALPATION

Cervical (Tenderness/Spasm) Rt. Subocciput Levels C2/3 C5/6
Rt. Trap. Region / Rt. TMT Areas / Bilat Cerv para's / Bilat Scap.
 Thoracic (Tenderness/Spasm) Bilat. Thor. para's / Rt. Trape / Serratus / Lat. Tsp. 7.
T9/10
 Lumbar (Tenderness/Spasm) Minor L4-S1 Levels

Comments: Very Tension thru-out Cerv. Region / upon thor. Region

Guarded Motions - hard to swallow / Can't sleep very well
1st + 2nd 6/20/00
 EXHIBIT 3
 PAGE 1 OF FAH00055

Cervical Tests (+) Isometrics ALL PLANES

	Left	Right	Location
Distraction	— / —	— / —	—
Foraminal Compression	— / —	<u>(+)</u>	<u>Rt. Cerv.</u>
Shoulder Depressor	<u>(+)</u>	<u>(+)</u>	<u>Bilat. Cerv.</u>
Derefield Cervical	— / —	— / —	—

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests			
Apparent Short Leg	— / —	— / —	—
Derefield Leg ck.	— / —	— / —	—
Ely's Sign	— / —	— / —	—
Yeoman's Sign	— / —	— / —	—

	Left	Right	Location
Supine Tests			
Straight Leg Raising	— / —	— / —	—
Well Leg Raising	— / —	— / —	—
Bragard's Test	— / —	— / —	—
Milgram's Test (30 sec)	— / —	— / —	—
Soto Hall/Kernigs	<u>(+)</u>	<u>(+)</u>	<u>N/m</u>
Hooovers	— / —	— / —	—
Fabere Patrick	— / —	— / —	—
Gaenslen's Sign	— / —	— / —	—

	Left	Right	Location
Seated Tests			
Bechterew's Sign	— / —	— / —	—
Valsalva	— / —	— / —	—
Minor's Sign	— / —	— / —	—

	Left	Right	Location
Standing Tests			
Kemp's Sign	— / —	— / —	—
Patient Lean	— / —	— / —	—

Date 12/4/00

Cascade Park Chiropractic CHIROPRACTIC EXAMINATION WORK SHEET

Name J. Fahrweich
X-Ray _____
Doctor Smith

B. _____ Dynamometer Rt. _____
Height _____ Lt. _____
Weight _____ (Circle dominant hand)

Cervical Tests Ⓟ All planes cont.

George's Functional Manuever

	pos/neg	Ischemic Reaction
Rt.	<u>/</u>	_____
Lt.	<u>/</u>	_____
Pulse	_____	norm / weak / absent
Rate	_____	

	Left	Right	Location
Distraction	<u>/</u>	<u>/</u>	_____
Foraminal Compression	<u>/</u>	<u>Ⓟ</u>	<u>Rt. Cerv.</u>
Shoulder Depressor	<u>Ⓟ</u>	<u>Ⓟ</u>	<u>Bilat.</u>
Derefield Cervical	<u>/</u>	<u>/</u>	_____

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	_____	50	_____
Extension	_____	60	_____
Rt. Lat. Flexion	_____	45	_____
Lt. Lat. Flexion	_____	45	_____
Rt. Rotation	_____	80	_____
Lt. Rotation	_____	80	_____

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests			
Apparent Short Leg	<u>/</u>	<u>/</u>	_____
Derefield Leg ck.	<u>/</u>	<u>/</u>	_____
Ely's Sign	<u>/</u>	<u>/</u>	_____
Yeoman's Sign	<u>/</u>	<u>/</u>	_____

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	_____	_____	_____	50
Angle of Kyphosis	_____	_____	_____	0-40
Rt. Rotation	_____	_____	_____	30
Lt. Rotation	_____	_____	_____	30

	Left	Right	Location
Supine Tests			
Straight Leg Raising	<u>/</u>	<u>/</u>	_____
Well Leg Raising	<u>/</u>	<u>/</u>	_____
Bragard's Test	<u>/</u>	<u>/</u>	_____
Milgram's Test (30 sec)	<u>/</u>	<u>/</u>	_____
Soto Hall/Kernigs	<u>Ⓟ</u>	<u>Ⓟ</u>	<u>M. D. Cerv. / N</u>
Hoovers	<u>/</u>	<u>/</u>	_____
Fabere Patrick	<u>/</u>	<u>/</u>	_____
Gaenslen's Sign	<u>/</u>	<u>/</u>	_____

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	_____	_____	_____	60
Extension	_____	_____	_____	25
Rt. Lat. Flexion	_____	_____	_____	25
Lt. Lat. Flexion	_____	_____	_____	25
Straight Leg Raiser (in degrees)	(L) _____	(R) _____		

	Left	Right	Location
Seated Tests			
Bechterew's Sign	<u>/</u>	<u>/</u>	_____
Valsalva	<u>/</u>	<u>/</u>	_____
Minor's Sign	<u>/</u>	<u>/</u>	_____

Reflexes

	nerv	disc	L	R
Biceps	C5	C4	L _____	R _____
Brachioradialis	C6	C5	L _____	R _____
Triceps	C7	C6	L _____	R _____
Patellar	L4	L3	L _____	R _____
Achilles	S1	L5	L _____	R _____

Muscle Test

Deltoid	L _____	R _____
Biceps	L _____	R _____
Wrist Flex	L _____	R _____
Heel Walk	L _____	R _____ (L4 Disc)
Toe Walk	L _____	R _____ (L5 Disc)

	Left	Right	Location
Standing Tests			
Kemp's Sign	<u>/</u>	<u>/</u>	_____
Patient Lean	<u>/</u>	<u>/</u>	_____

PALPATION

Cervical (Tenderness/Spasm) Rt. traps/subocciput/Lt. SCM/Rt. TMT Region/Rt/Lt. parasp *Levels C4/3 C5/2*

Thoracic (Tenderness/Spasm) Levels T2/3 / T5-T9 / Bilat. thor. parasp

Lumbar (Tenderness/Spasm) Very Minor L5 Level

Comments: palp. Ⓟ cont. to be very firm / dors cont. to be

limited / cont. of Rehab + LMT / Reviews from Thomas

12-4-00

NAME FAHNDRICH, Jenné #20069

DATE	OBJECTIVE/PROCEDURES	PT. COMPLAINTS	NEXT VISIT
APR 20 2000	Consultation, Exam, X-RAYS, AOT, TCS	NP, HA's, MBP	L50
APR 21 2000	Cerv. Rehab - 20min / C2+ / AOT, Lst	NO DIS TODAY / w/ symptoms	
APR 24 2000	Cerv. Rehab / C2pt, AOT, Lst	Minor & in palp. @	
APR 26 2000	Rehab - Lmb / AOT, C2pt, Lst	Constant	
APR 28 2000	Cerv. Rehab / C2pt, AOT, Lst	HA - FREQ & MINOR / NO OTHER A's	
MAY 01 2000	Lst, AOT, Rehab - Cerv	AGAIN MINOR & OF HA FREQ & PALP. @	
MAY 03 2000	Rehab - Cerv / C2pt, AOT	HAD 1-2 HA'S / NP	
MAY 05 2000	Rehab - Cerv / AOT, C2pt, Lst	NP - Cont. / MBP - Cont. / LBP - Cont to Improve	
MAY 08 2000	Lst, AOT, Rehab - Cerv / C2pt	PALP. @ w/ Cerv. PLANS / PT. THOR	
MAY 10 2000	AOT, Rehab - Cerv, C2pt, Lst	ONLY 1-3 X/LINK NOW	
MAY 12 2000	PI - LT3+, AOT, C2pt, Rehab	NO DIS TODAY / w/ symptoms	
5-15-00	Rehab - Cerv / AOT, PI - LT3+	PT. STATES THAT HER L. LUMB	
MAY 17 2000	Cerv - Rehab 20min / C2pt, C2pt, AOT, PI - LT3+	HA'S ARE NOW 3-4 X/LINK	
MAY 19 2000	PI - LT3+, AOT, Rehab - Cerv	NP-3 / MBP-3 / LBP-3 / HA'S-3	
5-22-00	C2pt, AOT, PI - LT3+	MINOR & / ROM'S ↑ 20%	
MAY 24 2000	Rehab - Cerv	(SEE EXAM)	(REX)
5-26-00	AOT, Rehab - Cerv, C2pt	NO DIS TODAY / w/ symptoms	
30.5-31-00	AOT, C2pt, C2pt, PI - LT3+	PT. REPORTS THAT HA'S ARE CONTINUING FREQUENTLY / SHE WANTS TO HAVE GIVEN UP CERTAIN ACTIVITIES DUE TO HA'S / NP	
JUN 02 2000	AOT, C2pt, C2pt, PI - R LT3+	HA'S - MINOR & FREQ / LMB / MBP - 1-2 / LBP - 1-2	
JUN 06 2000	C2pt, C-rot 12 - Rehab - Cerv / C2pt	PENDING REHAB / NO HA'S SINCE LAST TX.	
JUN 07 2000	C2pt, AOT, Lst	NO DIS TODAY / w/ symptoms	
JUN 09 2000	Lst, C2pt, AOT	HAD 2 HA'S SINCE LAST TX.	
JUN 12 2000	PALP. @ Cont. PT. Cerv / Suboccipital Region	NO DIS TODAY / w/ symptoms	
JUN 18 2000	Lmb, Lst, AOT, C2pt	ONLY 1 HA SINCE LAST TX. / LBP - MINOR	

RE-EXAMS	R	L	R	L
CERVICAL ROTATION				
CERVICAL FLEX./EXT.				
CERVICAL LAT. FLEX				
FORAMINA COMPRESSION				
SHOULDER DEPRESSOR				
DYNAMOMETER				
BODY FLEXION				
BODY EXTENSION				
BODY LAT. FLEXION				
BI-STR LEG RAISE				
LASEQUE'S				
BRAGGARD'S				
FAJERSZTAJN				
SOTO HALL				
FABERE PATRICK				
ELY'S SIGN				
GAENSLER'S FOR S.I.				
BECHTEREW SITTING				
HOOVER'S SIGN				
BELT TEST				
BLOOD PRESSURE-PULSE				

EXHIBIT 5

SPECIFIC EXERCISES 6/21/00

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

DATE ____ O DATE ____ □

SUBJECTIVE -

PAIN CODES: (1) Mild (2) Moderate (3) Moderate Severe (4) Severe (5) Better (6) Asymptomatic

N - Neck MB - Midback LB - Lowback
 HA - Headache AP - Armpain LP - Legpain
 O/O - Off & On Con - Constant

TTF: Taunt and tender fibers - PR R.O.M.: Painful/restricted range of motion - FC: foraminal compression - SD: shoulder depressor - SLR: straight leg raiser - BRAG: Braggards sign - D-+: Derfeld negative or positive

(A) Activator (G) Gonstead (Th) Thompson
 (Tm) Thumb (T) Toggle (P) Pettibon

P - Posterior A.D Anti-Dorsals D.N. Derfeld Neg
 PP - Push Pull RLA Reaction Last p

NAME FAHNDRICH, Jen #20069

DATE	OBJECTIVE/PROCEDURES	PT. COMPLAINTS	NEXT VISIT
JUN 19 2000	AOT, Cst, Cst, Massage	PT reports 2-4x since last tx / PALP @ minor	(SEE EXAM) (REX)
JUN 23 2000	Capt, AOT,		
JUN 26 2000	C2plpt, Cst, AOT	LBP - R55D50 / HA'S - coming	
JUN 28 2000	Back again / PALP @ r / going to get 2nd opinion w/ Dr. Bell		
JUN 30 2000	Cerv-mobiliz, AOT	HA's - 2x / day / PALP @ Cerv	
JUL 03 2000	AOT, Mobiliz / stretching	NO HR / 2000 / w/ 5x motions	
JUL 05 2000	C2pl, C2T, AOT	NP-2 / HA's 2 / MGO-1-2	
	AOT, Cst, Cst	w/ last tx. Had 1 day NO	
	HA's / PALP @ MGO		
10 7-10-00	AOT, Cerv-mobiliz	own memo w/ 5x motions	
	1-2 days w/ constant NP/HAS / HAS Aggravated w/ Dr. Bell		
	Scheds		
JUL 14 2000	Bilat. Cs ext. / AOT,	Set up APPT w/ Dr. Bell for HA consult	
7-17-00	Cst, Cst, AOT,	commenced only 1-HA	
	TODAY HA ALL DAY + PALP @ Bilat Cerv. parac.		7/18/00
JUL 19 2000	AOT, Cst, Cst,	HA'S - All day / NP-2-3	
JUL 24 2000	Cst, Stretching, AOT	HAS APPT w/ Dr. Bell this	(REX)
	wk. For consult on her HA's / (SEE EXAM)		
7-28-00	Cst, Cst, AOT	Says Dr. Bell / He thinks	
20	Tissue Damage & will wait at this time for AN		
	MRT. / HA's - 2 days 9-9		
AUG 16 2000	Cerv-mobiliz / AOT	Returns from vacation	
	Spoke w/ Dr. Bell & he's ordering a MRT due to		
	the cont. HA's / PT states the NP HAS been doing		
	better		
AUG 18 2000	Cst, AOT	(SEE EXAM)	REX
AUG 24 2000	C2pl, AOT, Stretching	HAD MRT done yesterday	
	+ Awaiting Results / HA's are continuing 1-3x/wk		
SEP 01 2000	Rescheduled		
30 SEP 08 2000	C2pl, Manual Traction, Cst, AOT	Since not coming regularly	
	The HA's are back to 4-5x/wk. / minor LBP last wk.		
SEP 08 2000	Cerv-mobil / AOT	NO HR's 100% w/ HA'S	
	4-6x/wks cont.		
9-15-00	AOT, C2pl, C2pt	Constant HA'S cont. / NP-2 / MGO 90-1 / L50-90-1	
9-18-00	AOT, Distraction, AOT	(SEE EXAM)	(REX)
SEP 20 2000	C2pl, AOT, Cst	NO HR's w/ HA'S / NP	
SEP 22 2000	C2pt, AOT	HA'S cont. / Changing TX. to diff. techniques	
9-25-00	C2pt, AOT	PT reports today that had 2-day's	
	OF limits on NO NP/HAS / MGO 90-1 / L50-90-1		4-7/00

RE-EXAMS	R	L	R	L
CERVICAL ROTATION				
CERVICAL FLEX./EXT.				
CERVICAL LAT. FLEX				
FORAMINA COMPRESSION				
SHOULDER DEPRESSOR				
DYNAMOMETER				
BODY FLEXION				
BODY EXTENSION				
BODY LAT. FLEXION				
BI-STR LEG RAISE				
LASEQUE'S				
BRAGGARD'S				
FAJERSZTAJN				
SOTO HALL				
FABERE PATRICK				
ELY'S SIGN				
GAENSLER'S FOR S.I.				
BECHTEREW SITTING				
HOOVER'S SIGN				
BELT TEST				
BLOOD PRESSURE-PULSE				

SPECIFIC EXERCISES

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

DATE _____ O DATE _____

SUBJECTIVE -

PAIN CODES: (1) Mild (2) Moderate (3) Moderate Severe (4) Severe (5) Better (6) Asymptomatic

N - Neck MB - Midback LB - Lowback
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 O/O - Off & On Con - Constant

TTF: Taunt and tender fibers - PR R.O.M.:
 Painful/restricted range of motion - FC:
 foraminal compression - SD: shoulder depressor -
 SLR: straight leg raiser - BRAG: Braggards sign -
 D-/+ : Derefleld negative or positive

(A) Activator (G) Gonstead (Th) Thompson
 (Tm) Thumb (T) Toggle (P) Pettibon

P - Posterior A.D Anti-Dorsals D.N. Derefleld Neg
 PP - Push Pull RLA Reaction Last Adj.

NAME FAHNDRICH, Jenee

#20194

DATE	OBJECTIVE/PROCEDURES	PT. COMPLAINTS	NEXT VISIT
NOV 03 2000	CONSULT, EXAM, TCE, Czt, AOT NP-3	HA'S - More Intense + Freq.	
NOV 06 2000	AOT, Massage, stretching, Czpct NO AS TODAY w/ SYMPTOMS		
NOV 08 2000	stretching, AOT, Czpct, HA-Intensity same / NP-3 / MBA-2		
11-10-00	Czpct, AOT, Massage, PALP. (P) Bilat. Cerv. para's cont. / States the Intensity of HA's - NO AS TODAY.		
NOV 13 2000	Czpct, AOT, stretching, HA's - INT. CONT. / NP-CONT. / MBA-2		
NOV 20 2000	AOT, Czpct, NP-cont. / PT. Reports HA's being slightly less Intensity		
NOV 22 2000	Czpct, AOT, Mobiliz/ Rehab NP-CONT. / HA's - NO AS TODAY.		
11-27-00	AOT, Czt, Czt, Mobiliz/ stretching/ Rehab (P) Cerv's SAME		
10	palp. (P) Same, Beginning to use Rehab for 2 wks.		
NOV 29 2000	Rehab - Cerv/ czpct, AOT, Noticing some minor & NP/HA Intensity since Rehab began/ Home Exercise program.		
12-4-00	Rehab Cerv/ czpct, Czpct, AOT, Reviewed exercises/ PT exam (REV)		
DEC 08 2000	Rehab - Cerv, czpct, Czpct, AOT, HA Freq SINCE LAST TX.		
DEC 08 2000	Rehab - Cerv, AOT, Lst NO AS TODAY/ w/ SYMPTOMS		
DEC 11 2000	Rehab - Cerv, AOT, Czpct, Czt HA's - 2-3 / NP-2 / MBA-2-3		
DEC 13 2000	Cerv - Traction/ Rehab, Expt. some ↑ in HA Freq + Int. / NP-CONT.		
DEC 15 2000	Czpct, AOT, NO AS TODAY w/ HA'S / NP / NO		
20	INCIDENT AND THE SYMPTOMS / PALP. (P) CONT.		12/14
DEC 20 2000	Bilat czt (P) / AOT HAVING PT. ON MORE HOME EXERCISES		
DEC 27 2000	czt Bilat. / AOT DURING TX/ AOT. to see if will hold off HA.		
JAN 03 2001	Bilat czt, AOT (SEE EXAM)		(REV)
1-8-01	AOT, Czpct, HAS HA'S 2 - SEVERE HA'S		
	+ the best MOO. / NP-1-2 TODAY / MBA-1-2		
JAN 10 2001	Mobiliz Cerv/ AOT 2-DAYS OF HA'S SINCE LAST TX.		
	NP-CONT. TODAY		
JAN 15 2001	ASAT, AOT SINCE LAST TX. ONLY 2-HA'S		
	+ some minor & NP / PALP. (P) TODAY. Cont. w/ LMT COME		
30	For 2 wks.		12/14/01
JAN 19 2001	ASAT, AOT HA'S - 2-3 TODAY / NP-2		
JAN 22 2001	ASAT, AOT, NP-1-2 / HA's only 1 - since last		
	TX. PALP. (P) being sludgy RT. Cerv para's / HA-Intensity /		
	Fluxuating.		
JAN 29 2001	Czt, Czt, Sent to phys. thn. to help		
	w/ the HA'S. / Freq CONT. / ALSO HAVING M.O CONSULT		
	w/ this CASE ALSO.		
FEB 09 2001	ASAT, AOT Has been to phys. thn 2-3 X		
	+ not much help yet w/ HA Freq/ Int. / TODAY minor HA. / NP-2/14/01		

RE-EXAMS	R	L	R	L
CERVICAL ROTATION				
CERVICAL FLEX./EXT.				
CERVICAL LAT. FLEX				
FORAMINA COMPRESSION				
SHOULDER DEPRESSOR				
DYNAMOMETER				
BODY FLEXION				
BODY EXTENSION				
BODY LAT. FLEXION				
BI-STR LEG RAISE				
LASEQUE'S				
BRAGGARD'S				
FAJERSZTAJN				
SOTO HALL				
FABERE PATRICK				
ELY'S SIGN				
GAENSLERS FOR S.I.				
BECHTEREW SITTING				
HOOVER'S SIGN				
BELT TEST				
BLOOD PRESSURE-PULSE				

SPECIFIC EXERCISES

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

DATE _____ O DATE _____ □

SUBJECTIVE -

PAIN CODES: (1) Mild (2) Moderate (3) Moderate Severe (4) Severe (5) Better (6) Asymptomatic

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(A) Activator (G) Gonstead (Th) Thompson
 (Tm) Thumb (T) Toggle (P) Pettibon

P - Posterior A.D Anti-Dorsals D.N. Derefild Neg
 PP - Push Pull RLA Reaction Last Adj

1/3/01

NAME FAHNDRICH, Jenee #20194

DATE	OBJECTIVE/PROCEDURES	PT. COMPLAINTS	NEXT VISIT
MAR 07 2001	ASAT, AOT,	(SEE EXAM)	(REX)
MAR 14 2001	Czpt, Ccont, AOT	Best Report from M.O/phys.	
	then. → NOT GOOD RESULTS AS FAR AS NP/HA'S ALL		
	Concerns / going to & phys. then / Trying Acupuncture		
	if no progress		
MAR 19 2001	ASAT, AOT	NO EX TODAY w/symptoms	
MAR 21 2001	Czpt, AOT, Mobilization	HAS CONT. ONLY @ MINOR	
MAR 23 2001	C-mobiliz/czpt.	SPOKE w/PARENTS ABOUT	
	using Acupuncture/Bio-feedback for the cont. HA's		
10 MAR 27 2001	ASAT, mobiliz.	HAS SOME MINOR & TN FREQ ONLY	
APR 05 2001	Con-mobiliz/ASAT	SPOKE w/PT. ABOUT HOW CANE	
	ASAT + About ALTERNATIVE CARES FOR THE HA'S.		
APR 06 2001	CAAV-mobiliz/ASAT, AOT	HA - ALL DAY TODAY / Awaiting	
	T.M.C.		
APR 09 2001	RT. TMT @ Massage	Trying A New Tech. on the RT.	
	TMT Region / palp. @ Cont.	own wkno only / minor %	
	HA's.		
APR 11 2001	Czt, RT. TMT+, AOT	NOT HAVING HAS INTENSE @	
	AS BEFORE & Instructed her on a slight head!		
20 4-16-01	RT. TMT @, MASSAGE	JAW @ CONT. TODAY & some own	
	wkno. / possible convert on TMT. / Trying LMT for		
	TMT Massage.		4/18/01
APR 18 2001	TMT @ RT. LT.	own last 1-2 days NO DELIEF.	
APR 20 2001	Massage/TMT @, Czpt, AOT,	palp. @ CONT. own Bilat. TMTs	
	& surrounding tissues / after last TX. only 1-day of		
	Relief of JAW @ / HAS HAVE % IN Intensity.		
APR 23 2001	TMT @ Bilat, Czpt, AOT	(SEE EXAM)	(REX)
APR 25 2001	AOT, Czpt, TMT @ RT.	ONLY MINOR Intensity SINCE	
	last TX. / palp. @ cont. own RT. TMT.		
30 APR 30 2001	TMT @, Czt, / ASAT	Mouthpiece not working → falling	
	out nightly / JAW @ CONT. / HAS - CONT. / palp. @ IN Cam.		
	Region minor / TMT @ CONT. esp. RT. / Using LMT out		
	Jaw region.		
MAY 04 2001	TMT @ RT. / Czt, AOT	(NO EX TODAY w/symptoms)	
MAY 09 2001	AOT, Czt, TMT @	own wkno has some % symptoms	
	palp. @ CONT. RT. TMT. / RT. Czpt level		
MAY 15 2001	AOT Bilat. TMT.	↑ @ / DON'T USE Mouth Guard last 2 days	
MAY 18 2001	RT. TMT +, AOT	used Guard + @ minor own wkno.	
	INS. Co. Sending to IME this wk.		5/18/01

RE-EXAMS	R	L	R	L
CERVICAL ROTATION				
CERVICAL FLEX./EXT.				
CERVICAL LAT. FLEX.				
FORAMINA COMPRESSION				
SHOULDER DEPRESSOR				
DYNAMOMETER				
BODY FLEXION				
BODY EXTENSION				
BODY LAT. FLEXION				
BI-STR LEG RAISE				
LASEQUE'S				
BRAGGARD'S				
FAJERSZTAJN				
SOTO HALL				
FABERE PATRICK				
ELY'S SIGN				
GAENSLER'S FOR S.I.				
BECHTEREW SITTING				
HOOVER'S SIGN				
BELT TEST				
BLOOD PRESSURE-PULSE				

SPECIFIC EXERCISES

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

DATE ____ O DATE ____ □

SUBJECTIVE -

PAIN CODES: (1) Mild (2) Moderate (3) Moderate Severe (4) Severe (5) Better (6) Asymptomatic

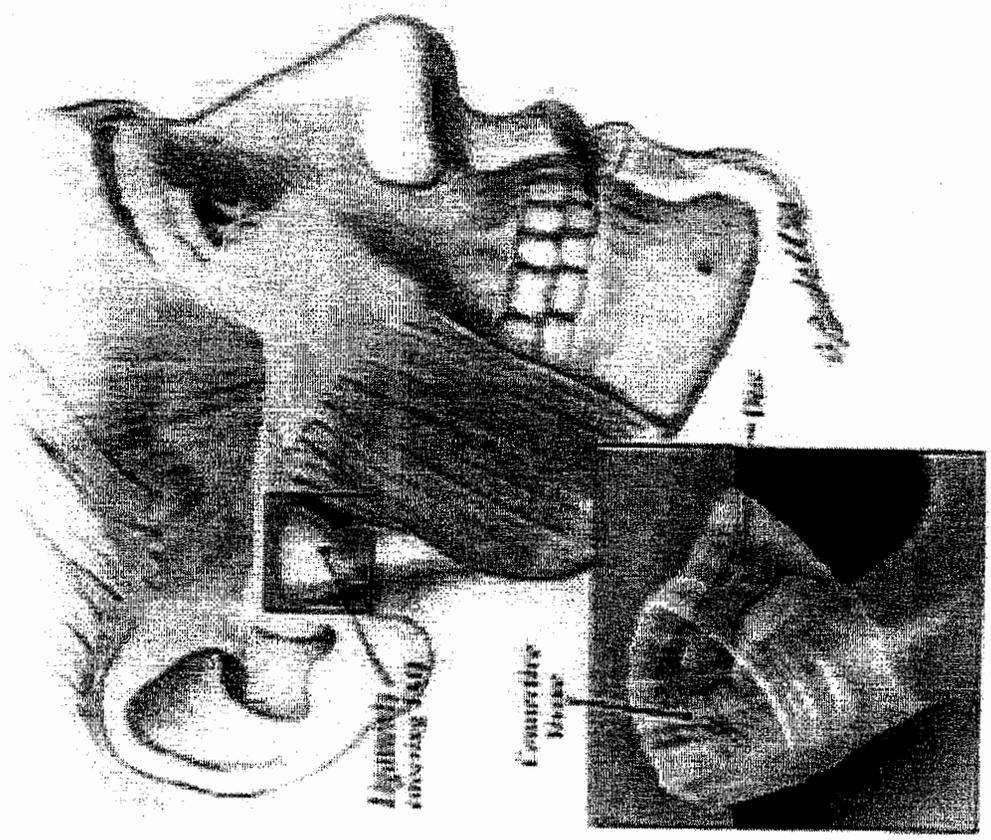
N - Neck MB - Midback LB - Lowback
 HA - Headache AP - Armpain LP - Legpain
 O/O - Off & On Con - Constant

TTF: Taunt and tender fibers - PR R.O.M.: Painful/restricted range of motion - FC: foraminal compression - SD: shoulder depressor - SLR: straight leg raiser - BRAG: Braggards sign - D-/+ : Derefied negative or positive

(A) Activator (G) Gonstead (Th) Thompson
 (Tm) Thumb (T) Toggle (P) Pettibon

P - Posterior A.D Anti-Dorsals D.N. Derefied Neg
 PP - Push Pull RLA Reaction Last Adj

How do TMJ injuries occur in rear impact crashes?



APPENDIX 3

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FILED
SEP 06 2007

Sherry W. Parker, Clerk, Clark Co.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF CLARK

DAVID FAHNRICH and CINDY
FAHNRICH, a marital community under the
laws of the State of Washington, and JENEE
FAHNRICH, an individual,

Plaintiffs,

v.

LINDA WILLIAMS and JOHN DOE
WILLIAMS, a marital community under the
laws of the State of Washington, CLIFFORD
MULLINS and SHELLY MULLINS, a marital
community under the laws of the State of
Washington,

Defendants.

Case No. 02-2-04343-1

EX PARTE

**ORDER DENYING PLAINTIFFS'
MOTION FOR NEW TRIAL**

This matter came on for hearing on August 17, 2007, before the Honorable John P.
Wulle. Defendant Williams appeared by and through her attorney, Bruce M. White, Defendant
Mullins appeared by and through their attorney, Kevin M. Sampson, and Plaintiffs appeared by
and through their attorney, Michael Simon.

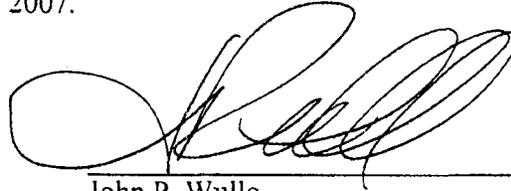
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///

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MITCHELL, LANG & SMITH
ATTORNEYS AT LAW
2000 ONE MAIN PLACE
101 S.W. MAIN STREET
PORTLAND, OREGON 97204-3230
TELEPHONE (503) 221-1011
FAX (503) 248-0732

1 After reviewing the pleadings and briefing of the parties, and hearing oral argument,
2 IT IS HEREBY ORDERED Plaintiff's Motion for New Trial is denied.

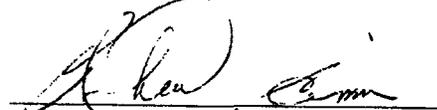
3 DATED this 6 day of ~~August~~, 2007.
4 *Sept*



6 John P. Wulle
Superior Court Judge

7 Submitted By:
8 Bruce M. White, WSBA No. 14131
9 Attorney for Defendant Williams

10 Approved to Form:

11 
12 Michael Simon, WSBA No. 10931
13 Attorney for Plaintiff's

14 
15 Kevin M. Sampson, WSBA No. 24162
16 Attorney for Defendants Mullins

APPENDIX 4

NOV 13 2007

Sherry W. Parker, Clerk, Clark Co.

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

DAVID FAHNDRICH and CINDY
FAHNDRICH, a marital community under
the laws of the State of Washington, and
JENEE FAHNDRICH, an individual

Plaintiffs,

v.

LINDA WILLIAMS and JOHN DOE
WILLIAMS, a marital community under
the laws of the State of Washington,
CLIFFORD MULLINS and SHELLY
MULLINS, a marital community under
the laws of the State of Washington

Defendants.

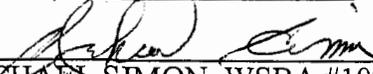
Case No. 02-2-04343-1

**NOTICE OF APPEAL TO COURT
OF APPEALS**

Plaintiffs David Fahndrich, Cindy Fahndrich and Jenee Fahndrich, seek review
by the designated appellate court of the Judgment entered on October 16, 2007.

A copy of the decision is attached to this Notice.

DATED this 10th day of NOVEMBER, 2007.


MICHAEL SIMON, WSBA #10931
Of Landerholm, Memovich, Lansverk & Whitesides, P.S.
Attorneys for Plaintiffs
805 Broadway Street, Suite 1000
P.O. Box 1086
Vancouver, WA 98666-1086
(360) 696-3312

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CERTIFICATE OF SERVICE

The undersigned hereby certifies as follows:

1. My name is Linda Gill. I am a citizen of the United States, over the age of eighteen (18) years, a resident of the State of Washington, and am not a party of this action.

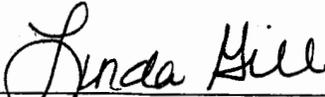
2. On the 13th day of November, 2007, a copy of the **NOTICE OF APPEAL TO COURT OF APPEALS** was delivered via first class United States Mail, postage prepaid, to the following persons:

Kevin M. Sampson
Bullivant|Houser|Bailey, P.C.
805 Broadway Street, Suite 400
Vancouver, WA 98660-2962

Bruce White
Mitchell, Lang & Smith
101 S.W. Main Street, Suite 2000
Portland, OR 97204-3230

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATED: November 13, 2007
At: Vancouver, Washington



Linda Gill

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FILED

OCT 16 2007

Sherry W. Parker, Clerk, Clark Co.

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

DAVID FAHNRICH and CINDY
FAHNRICH, a marital community
under the laws of the State of
Washington, and JENEE
FAHNRICH, an individual

Plaintiffs,

v.

LINDA WILLIAMS and JOHN
DOE WILLIAMS, a marital
community under the laws of the
State of Washington, CLIFFORD
MULLINS and SHELLY
MULLINS, a marital community
under the laws of the State of
Washington

Defendants.

Case No. 02-2-04343-1

JUDGMENT

07-9-06817-1

JUDGMENT SUMMARY

The following is recited to be in compliance with RCW 4.64.030:

- | | |
|-------------------------------|--|
| 1. Judgment Creditors: | DAVID FAHNRICH, CINDY
FAHNRICH and JENEE FAHNRICH |
| 2. Judgment Debtors: | LINDA WILLIAMS, CLIFFORD
MULLINS and SHELLY MULLINS |
| 3. Principal Judgment amount: | Williams: \$ 22,500.00
Mullins: 2,500.00 |

JUDGMENT - 1

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159

1 4. Attorney's Fees: \$ 200.00

2 5. Costs: \$ 440.00

3 6. Principal Judgment shall bear
4 interest at twelve percent (12%)
per annum.

5 7 Attorney's fees and costs shall bear
6 interest at twelve percent (12%)
per annum.

7 8. Attorney for Judgment Creditor: LANDERHOLM, MEMOVICH,
8 LANSVERK & WHITESIDES, P.S.

9 This matter was tried by a jury of 12 from July 30 to August 3, 2007, the
10 Honorable John P. Wulle presiding. Plaintiffs David Fahndrich, Cindy Fahndrich and
11 Jenee Fahndrich appeared personally and through their attorney of record Michael
12 Simon Defendant Linda Williams appeared personally and through her attorney of
13 record, Bruce White. Defendants Clifford Mullins and Shelly Mullins appeared
14 personally and through their attorney of record, Kevin M. Sampson.

15 The parties presented evidence and testimony to the jury and on August 6, 2007,
16 the jury returned a verdict in favor of Plaintiffs David Fahndrich, Cindy Fahndrich and
17 Jenee Fahndrich in the amount of \$22,500.00 against Defendant Linda Williams and
18 \$2,500.00 against Defendants Clifford and Shelly Mullins, a copy of the jury's verdict
19 is attached as Exhibit A.

20 Consistent with the jury's verdict in this action, the Court enters final judgment
21 in this matter as follows:

22 1. Plaintiffs David Fahndrich, Cindy Fahndrich and Jenee Fahndrich are
23 awarded judgment against Defendant Linda Williams in the amount of \$22,500.00;

24 2 Plaintiffs David Fahndrich, Cindy Fahndrich and Jenee Fahndrich are
25 awarded judgment against Defendants Clifford Mullins and Shelly Mullins in the
26 amount of \$2,500.00;

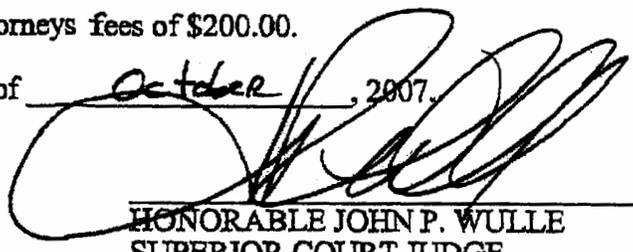
JUDGMENT - 2

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1 3. Plaintiffs David Fahndrich, Cindy Fahndrich and Jenee Fahndrich shall
2 are awarded costs in the amount of \$440.00 (Superior Court filing fee-\$110.00; Jury
3 Demand fee-\$250.00; Process Service on Defendant Williams-\$55.00; Process Service
4 on Defendants Mullins-\$25.00);

5 4. Plaintiffs David Fahndrich, Cindy Fahndrich and Jenee Fahndrich are
6 awarded statutory or reasonable attorneys fees of \$200.00.

7 ENTERED this 15 day of October, 2007.

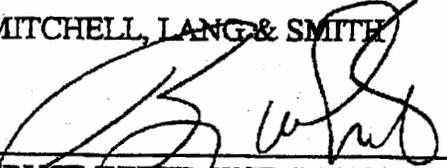


HONORABLE JOHN P. WULLE
SUPERIOR COURT JUDGE

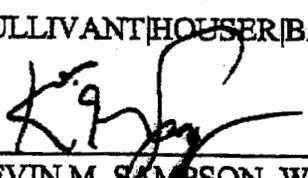
10 PREPARED AND SUBMITTED BY:
11 LANDERHOLM, MEMOVICH,
12 LANSVERK & WHITESIDES, P.S.

13 
14 Michael Simon, WSBA #10931
15 Of Attorneys for Plaintiffs

16 RECEIPT OF JUDGMENT ACKNOWLEDGED
17 CONSENT TO ENTRY GIVEN:

18 MITCHELL, LANG & SMITH
19 
20 BRUCE WHITE, WSB # 14131
21 Of Attorneys for Defendants Williams

22 RECEIPT OF JUDGMENT ACKNOWLEDGED
23 CONSENT TO ENTRY GIVEN:

24 BULLIVANT|HOUSER|BAILEY, PC
25 
26 KEVIN M. SAMPSON, WSB #24162
Of Attorneys for Defendants Mullins

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FILED

AUG 06 2007

10:27am
Sherry W. Parker, Clerk, Clark Co.

Jury polled - unanimous

[Signature]
Deputy clerk

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF CLARK

DAVID FAHNDRICH and CINDY
FAHNDRICH, a marital community under the
laws of the State of Washington, and JENEE
FAHNDRICH, an individual,

Plaintiffs,

v.

LINDA WILLIAMS and JOHN DOE
WILLIAMS, a marital community under the
laws of the State of Washington, CLIFFORD
MULLINS and SHELLY MULLINS, a marital
community under the laws of the State of
Washington,

Defendants.

Case No. 02-2-04343-1

VERDICT FORM

We, the jury, answer the questions submitted by the court as follows:

QUESTION 1: Was there any negligence by defendant Williams that was a proximate cause of
damage to the plaintiff?

ANSWER: Yes (Write "yes" or "no")

QUESTION 2: With respect to the accident with defendant Williams, was there also negligence
by plaintiff that was a proximate cause of damage to the plaintiff?

148
[Signature]

1 ANSWER: No (Write "yes" or "no")

2 QUESTION 3: If your answer to Question 2 was no, do not answer this question. If your
3 answer to Question 2 was yes, assume that 100% represents the total combined fault
4 that proximately caused the plaintiff's damage from the accident with defendant
5 Williams. What percentage of this 100% is attributable to the plaintiff, and what
6 percentage is attributable to the negligence of defendant Williams?

7 ANSWER:

8 To Plaintiff: _____ %

9 To Defendant Williams: _____ %

10 Total: 100%

11 QUESTION 4: What do you find to be the plaintiff's amount of damages from the accident with
12 defendant Williams? (Do not consider the issue of contributory negligence, if
13 any, in your answer).

14 ANSWER:

15 Economic Damages: \$ 22,500⁰⁰/₁₀₀

16 Non-Economic Damages: \$ Ø

17 QUESTION 5: With respect to the accident with defendant Mullins, was the negligence of
18 defendant Mullins a proximate cause of damage to the plaintiff?

19 ANSWER: Yes (Write "yes" or "no")

20 QUESTION 6: If your answer to Question 5 was no, do not answer this question. If you answer
21 to Question 5 was yes, what do you find to be the plaintiff's amount of damages
22 from the accident with defendant Mullins?

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ANSWER:

Economic Damages: \$ 2500⁰⁰/₁₀₀

Non-Economic Damages: \$ 0

(INSTRUCTION: Sign this verdict form and notify the bailiff.)

DATE: August 6, 2007

Shawna Bernal
Presiding Juror

APPENDIX 5

Cascade Park Chiropractic CHIROPRACTIC EXAMINATION WORK SHEET

Date 4/19/00

Name Jane Farnsworth

X-Ray _____

Doctor Smith

Central N's ⊖ Bilat.

Cervical Tests ⊕ Isometric testing Flex/Ext
RA/RLI

Dynamometer Rt. _____ Lt. _____
Height _____
Weight _____
(Circle dominant hand)

George's Functional Maneuver

	pos/neg	Ischemic Reaction
Rt.	<u>⊕/⊖</u>	_____
Lt.	<u>⊕/⊖</u>	_____
Pulse	<u>62</u>	<u>norm</u> / weak / absent
Rate		

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	<u>26</u>	50	<u>Bilat. Cerv</u>
Extension	<u>38</u>	60	<u>" " "</u>
Rt. Lat. Flexion	<u>22</u>	45	<u>LT. Cerv</u>
Lt. Lat. Flexion	<u>18</u>	45	<u>RT. Cerv</u>
Rt. Rotation	<u>45</u>	80	<u>RT. Cerv</u>
Lt. Rotation	<u>51</u>	80	<u>Bilat. Cerv</u>

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	_____	_____	<u>31</u>	50 w/p
Angle of Kyphosis	_____	_____	_____	0-40
Rt. Rotation	_____	_____	<u>18</u>	30 w/p
Lt. Rotation	_____	_____	<u>17</u>	30 w/p

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	_____	_____	<u>41</u>	60 w/p
Extension	_____	_____	<u>13</u>	25 w/p
Rt. Lat. Flexion	_____	_____	<u>15</u>	25 w/p
Lt. Lat. Flexion	_____	_____	<u>15</u>	25 w/p
Straight Leg Raiser (in degrees)	(L) <u>65</u>	(R) <u>58</u>		

Reflexes

	nerv	disc	L	R
Biceps	C5	C4	<u>+</u>	<u>+</u>
Brachioradialis	C6	C5		
Triceps	C7	C6		
Patellar	L4	L3		
Achilles	S1	L5		

Muscle Test

Deltoid	<u>L +5</u>	R <u>+5</u>
Biceps	L	R
Wrist Flex	L	R
Heel Walk	L	R (L4 Disc)
Toe Walk	L	R (L5 Disc)

PALPATION

Cervical (Tenderness/Spasm) Bilat. Cerv. para's / Bilat. Suboccipitals / Levels C1-C2/4
 Thoracic (Tenderness/Spasm) RT. TRAPS / RT. Thor para's / Levels T2-T7
 Lumbar (Tenderness/Spasm) RT. Lumb. para's / RT. S.I. Jnt. / Levels L4-S1

Comments: Begin Rehab + LMT Services next 2-visits

Due to SOFT Tiss. problems + HA's.

(4-19-00)

	Left	Right	Location
Distraction	_____	_____	_____
Foraminal Compression	_____	_____	_____
Shoulder Depressor	<u>⊕</u>	<u>⊕</u>	<u>Bilat. Cerv</u>
Derefield Cervical	_____	_____	_____

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests			
Apparent Short Leg	_____	<u>1"</u>	_____
Derefield Leg ck.	_____	_____	_____
Ely's Sign	<u>⊕</u>	<u>⊕</u>	<u>L50</u>
Ycoman's Sign	_____	<u>⊕</u>	<u>RT. L50</u>

Supine Tests

	Left	Right	Location
Straight Leg Raising	_____	<u>⊕</u>	<u>RT. L50</u>
Well Leg Raising	_____	_____	_____
Bragard's Test	_____	_____	_____
Milgram's Test (30 sec)	_____	_____	_____
Soto Hall/Kernigs	<u>⊕</u>	<u>⊕</u>	<u>N-only</u>
Hoovers	_____	_____	_____
Fabere Patrick	_____	_____	_____
Gackson's Sign	_____	<u>⊕</u>	<u>RT. L50</u>

Seated Tests

	Left	Right	Location
Bechterew's Sign	_____	_____	_____
Valsalva	_____	_____	_____
Minor's Sign	_____	_____	_____

Standing Tests

	Left	Right	Location
Kemp's Sign	_____	_____	_____
Patient Lean	_____	_____	_____

⊕ Bilat Test RT. S.I. ⊕

APPENDIX 6

Cascade Park Chiropractic
**CHIROPRACTIC EXAMINATION
 WORK SHEET**

Date 5/22/00

Name J. Fabricich

X-Ray _____

Doctor Smith

Height _____ Dynamometer Rt. _____
 Weight _____ Lt. _____
 (Circle dominant hand)

George's Functional Maneuver

Rt. pos/neg / Ischemic Reaction _____
 Lt. / _____
 Pulse _____ norm / weak / absent
 Rate _____

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	_____	50	_____
Extension	_____	60	_____
Rt. Lat. Flexion	_____	45	_____
Lt. Lat. Flexion	_____	45	_____
Rt. Rotation	_____	80	_____
Lt. Rotation	_____	80	_____

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	_____	_____	_____	50
Angle of Kyphosis	_____	_____	_____	0-40
Rt. Rotation	_____	_____	_____	30
Lt. Rotation	_____	_____	_____	30

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	_____	_____	_____	60
Extension	_____	_____	_____	25
Rt. Lat. Flexion	_____	_____	_____	25
Lt. Lat. Flexion	_____	_____	_____	25

Straight Leg Raiser (in degrees) (L) _____ (R) _____

Reflexes

	nerv	disc	L	R
Biceps	C5	C4	L _____	R _____
Brachioradialis	C6	C5	L _____	R _____
Triceps	C7	C6	L _____	R _____
Patellar	L4	L3	L _____	R _____
Achilles	S1	L5	L _____	R _____

Muscle Test

Deltoid L _____ R _____
 Biceps L _____ R _____
 Wrist Flex L _____ R _____
 Heel Walk L _____ R _____ (L4 Disc)
 Toe Walk L _____ R _____ (L5 Disc)

PALPATION

⊕ Belt test Rt.

Cervical (Tenderness/Spasm) Levels C2/3/4 / Bilat. Cerv parasp / RT. 5th occiput.
 Thoracic (Tenderness/Spasm) RT. Thor parasp / Levels T4-T7
 Lumbar (Tenderness/Spasm) RT. S.I. Joint / Buttock Region / Levels L4/S1

Comments: Cont. w/ rehab / Having hard time stabilizing

Low Heel / Changing exercises + home therapy

5.22.00

Cervical Tests ⊕ Isometrics Flex/Ext/R

	Left	Right	Location
Distraction	_____ / _____	_____ / _____	_____
Foraminal Compression	_____ / _____	_____ / _____	_____
Shoulder Depressor	<u>⊕</u> / <u>⊕</u>	<u>⊕</u> / <u>⊕</u>	<u>Bilat Cerv</u>
Derefield Cervical	_____ / _____	_____ / _____	_____

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests	_____ / _____	_____ / _____	_____
Apparent Short Leg	_____ / _____	_____ / _____	_____
Derefield Leg ck.	_____ / _____	_____ / _____	_____
Ely's Sign	_____ / <u>⊕</u>	_____ / <u>⊕</u>	<u>RT. LBP</u>
Yeoman's Sign	_____ / <u>⊕</u>	_____ / <u>⊕</u>	<u>RT. LBP</u>

Supine Tests

	Left	Right	Location
Straight Leg Raising	_____ / <u>⊕</u>	_____ / <u>⊕</u>	<u>RT. LBP</u>
Well Leg Raising	_____ / _____	_____ / _____	_____
Bragard's Test	_____ / _____	_____ / _____	_____
Milgram's Test (30 sec)	_____ / _____	_____ / _____	_____
Soto Hall/Kernigs	_____ / <u>⊕</u>	_____ / <u>⊕</u>	<u>NP</u>
Hoovers	_____ / _____	_____ / _____	_____
Fabere Patrick	_____ / _____	_____ / _____	_____
Gaenslen's Sign	_____ / <u>⊕</u>	_____ / <u>⊕</u>	<u>RT. LBP</u>

Seated Tests

	Left	Right	Location
Bechterew's Sign	_____ / _____	_____ / _____	_____
Valsalva	_____ / _____	_____ / _____	_____
Minor's Sign	_____ / _____	_____ / _____	_____

Standing Tests

	Left	Right	Location
Kemp's Sign	_____ / _____	_____ / _____	_____
Patient Lean	_____ / _____	_____ / _____	_____

APPENDIX 7

Cascade Park Chiropractic CHIROPRACTIC EXAMINATION WORK SHEET

Date 11/02/00

Name Jane F.
X-Ray _____
Doctor Smith

Height _____
Weight _____
Dynamometer Rt. _____
Lt. _____
(Circle dominant hand)

Cervical Tests (+) Isometrics All Planes

George's Functional Maneuver

	pos/neg	Ischemic Reaction
Rt.	<u>10</u>	_____
Lt.	<u>10</u>	_____
Pulse Rate	<u>65</u>	<u>norm</u> / weak / absent

	Left	Right	Location
Distraction	___/___	___/___	_____
Foraminal Compression	___/___	<u>(+)</u>	<u>RT. Cerv</u>
Shoulder Depressor	<u>(+)</u>	<u>(+)</u>	<u>Bilat Cerv</u>
Derefield Cervical	___/___	___/___	_____

Cervical R.O.M.

	degree	norm.	Location of pain
Flexion	<u>20</u>	50	<u>Bilat. Cerv</u>
Extension	<u>33</u>	60	<u>Bilat. Cerv</u>
Rt. Lat. Flexion	<u>20</u>	45	___/___
Lt. Lat. Flexion	<u>16</u>	45	___/___
Rt. Rotation	<u>42</u>	80	<u>RT. Cerv</u>
Lt. Rotation	<u>49</u>	80	<u>Bilat. Cerv</u>

Thoraco-Lumbar Tests

	Left	Right	Location
Prone Tests	___/___	___/___	_____
Apparent Short Leg	___/___	___/___	_____
Derefield Leg ck.	___/___	___/___	_____
Ely's Sign	___/___	___/___	_____
Yeoman's Sign	___/___	___/___	_____

Thoracic R.O.M.

	T1	T12	Total	Norm.
Flexion	___	___	<u>27</u>	50 w/p
Angle of Kyphosis	___	___	___	0-40
Rt. Rotation	___	___	<u>15</u>	30 w/p
Lt. Rotation	___	___	<u>15</u>	30 w/p

	Left	Right	Location
Supine Tests	___/___	___/___	_____
Straight Leg Raising	___/___	___/___	_____
Well Leg Raising	___/___	___/___	_____
Bragard's Test	___/___	___/___	_____
Milgram's Test (30 sec)	___/___	___/___	_____
Soto Hall/Kernigs	<u>(+)</u>	<u>(+)</u>	<u>N/MS</u>
Hoovers	___/___	___/___	_____
Fabere Patrick	___/___	___/___	_____
Gaenslen's Sign	___/___	___/___	_____

Lumbar R.O.M. (True Lumbar Flexion)

	T12	Sacrum	Total	Norm.
Flexion	___	___	<u>53</u>	60 w/p
Extension	___	___	___	<u>25</u>
Rt. Lat. Flexion	___	___	___	<u>25</u>
Lt. Lat. Flexion	___	___	___	<u>25</u>
Straight Leg Raiser (in degrees)	(L) <u>75</u>	(R) <u>75</u>		

	Left	Right	Location
Seated Tests	___/___	___/___	_____
Bechterew's Sign	___/___	___/___	_____
Valsalva	___/___	___/___	_____
Minor's Sign	___/___	___/___	_____

Reflexes

	nerve	disc	L	R
Biceps	C5	C4	<u>+</u>	<u>+</u>
Brachioradialis	C6	C5	___	___
Triceps	C7	C6	___	___
Patellar	L4	L3	___	___
Achilles	S1	L5	___	___

	Left	Right	Location
Standing Tests	___/___	___/___	_____
Kemp's Sign	___/___	___/___	_____
Patient Lean	___/___	___/___	_____

PALPATION

Cervical (Tenderness/Spasm) RT. S. occiput Levels C2/3 C5/6 RT. Trap. Region / RT. TMT areas / Bilat Cerv paras / Bilat Sac

Thoracic (Tenderness/Spasm) Bilat. Thor. paras / RT. Trap. / supscapular / Levels T2/3, T4/5, T6/7, T8/9

Lumbar (Tenderness/Spasm) Minor L4-S1 levels

Comments: Very Tense thru-out Cerv. Region / upper thor. Region

Guarded Motions - hard to swallow / Cant sleep very hard

Post + Rehab to Improve Coordination

11-02-00

APPENDIX 8

CHIROPRACTIC EXAMINATION WORK SHEET

Name J. Fahrwaich
X-Ray
Doctor Smith

Dynamometer Rt. Lt. (Circle dominant hand)

George's Functional Manuever

pos/neg Ischemic Reaction
Rt. Lt.
Pulse Rate norm / weak / absent

Cervical Tests All planes cont.

Distraction
Foraminal Compression
Shoulder Depressor
Derofield Cervical

Cervical R.O.M.

degree norm. Location of pain
Flexion 50
Extension 60
Rt. Lat. Flexion 45
Lt. Lat. Flexion 45
Rt. Rotation 80
Lt. Rotation 80

Thoraco-Lumbar Tests

Prone Tests
Apparent Short Leg
Derofield Leg ck.
Ely's Sign
Yeoman's Sign

Thoracic R.O.M.

T1 T12 Total Norm.
Flexion 50
Angle of Kyphosis 0-40
Rt. Rotation 30
Lt. Rotation 30

Supine Tests
Straight Leg Raising
Well Leg Raising
Bragard's Test
Milgram's Test (30 sec)
Soto Hall/Kernigs
Hoovers
Fabere Patrick
Gaenslen's Sign

Lumbar R.O.M. (True Lumbar Flexion)

T12 Sacrum Total Norm.
Flexion 60
Extension 25
Rt. Lat. Flexion 25
Lt. Lat. Flexion 25
Straight Leg Raiser (in degrees) (L) (R)

Seated Tests
Bechterew's Sign
Valsalva
Minor's Sign

Reflexes

nerv disc
Biceps C5 C4 L R
Brachioradialis C6 C5 L R
Triceps C7 C6 L R
Patellar L4 L3 L R
Achilles S1 L5 L R

Standing Tests
Kemp's Sign
Patient Lean

Muscle Test

Deltoid L R
Biceps L R
Wrist Flex L R
Heel Walk L R (L4 Disc)
Toe Walk L R (L5 Disc)

PALPATION

Cervical (Tenderness/Spasm) RT. Traps/suboccipit/LT. SCM/RT. TMT Region/RT/LT. parasp
Thoracic (Tenderness/Spasm) Levels T2/3 / T5-T9 / Bilat. thor. parasp
Lumbar (Tenderness/Spasm) Very Minor L5 level

Comments: PALS cont. to be very firm / Arms cont. to be limited / Cont. of Rehab + LMT / Reviews from Thomas

12-4-00