

Tiferet Chiropractic Neurology - Stefan M. Herold, DC, DACNB
Board Certified Chiropractic Neurologist
1221 SE Madison St., Portland OR, 97214 - office: 503-445-7767

February 13, 2014

Overall Impression:

Todd Giffen presented to my office with a history of symptoms consistent with CTE (chronic traumatic encephalopathy), a pathophysiological condition of immune-excitotoxicity resulting from repetitive insults to the brain causing priming of microglia cells that then over-react to future insults, be they physical or chemical traumas. This hyper-activation of the innate brain immune cells can remain elevated for months or even years after a trauma occurs, continuing to cause damage long after the initial injury. CTE causes diffuse injury to neuronal networks, with greatest vulnerability in the frontal lobes, hippocampus, basal ganglia and limbic areas, causing a wide variety of both physical and neuropsychological symptoms.

He reported during his history to me about a diagnosis of neuroleptic malignant syndrome, new onset of dystonia and drug induced dyskinesias as well as another episode of severe dysautonomia brought on by the medical treatments in the hospital, which his medical records from OSH should verify. Such chemically induced neurologic injury would be more than enough to explain a state of primed microglial cells leading to ongoing immunoexcitotoxicity.

To help determine the best course of treatment to help Mr. Giffen, I am recommending he undergo some testing to determine if he is still in an active phase of excitotoxicity. If so, therapy must be targeted at reversing the immunoexcitotoxicity so that functional neurological rehabilitation can be possible.

Recommendations for further testing for Todd M. Giffen through is primary doctor

Blood work for elevations in serum cytokines:

IL-1, known to cause increased sensitivity of the NMDA receptors

IL-6, cytokine with high density of receptors in brain regions associated with CTE

TNF-alpha, associated with calcium dysregulation, increases sensitivity of AMPA receptors, activates TNFR1 receptor when elevated promoting neurodegeneration

INF-gamma, increases glutaminase enzyme, promotes destruction in presence of glutamate excitotoxicity by raising quinolinic acid levels

Urine and plasma tests for markers associated with excitotoxicity:

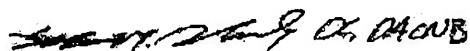
Quinolinic acid [QUIN], commonly included in organic acid profiles like Metametrics

Lipid Peroxidation, usually assessed with TBARS tests, also available from metametrics

Imaging and other tests to document physical or functional changes:

High resolution MRI using DTI (diffuse tensor imaging) to assess for patchy white matter lesions which are common with CTE

VNG: Video Nystagmography to record eye movement dysfunctions, (Dr. Zielinski)



Electronically signed by Stefan M. Herold, DC, DACNB

DAILY PROGRESS NOTE

Patient: **Todd Giffen**

Date: **Wednesday, February 5, 2014**

Subjective:

See history of current condition dated 02-05-2014. Summary: Complex history beginning with depression in 2006 and admission to the state mental hospital where he was then treated with drugs including Seroquil which led to neuroleptic malignant syndrome and landed him in the ER. He says that the medication was used for six months despite side effects. He reported being abused by a staff member during this time of his involuntary stay. In 2007 he got a new doctor who diagnosed him as not being psychotic and tried to get him off the medications. He says that in retaliation for reporting abuses to the media he was further mistreated while in the hospital and this is when he claims the surveillance began. In August of 2008 he had episodes of feeling his body swell up, mostly around the chest, his body became very stiff and he had shortness of breath which he attributes to attacks by someone using a DoD energy weapon. He heard voices, his throat closed up and he had convulsions. He had another episode of dysautonomia, having a HR of 170 for 2 months and total loss of sweating. He was out of the state hospital by 2010 and was arrested in 2011 where he was beaten by police who said he was resisting arrest and he was sent back to OSMH from 2011 to 2013. His lab work shows elevated CKmm >300 and elevated c-reactive protein. He has ongoing issues with muscle pain, tightness and cramping/twisting feelings in his body, particularly pinching in his neck and chest. He has dry skin, burning/stinging pain around his face/head and eyes and his symptoms wax and wane in intensity. Treatments like body vibration, heat and exercise have all helped him to feel better in the past.

Objective:

See examinations, posturography, thermal and surface EMG scans dated 02-05-2014.
Joint listings: C4 right rotated, T2 right rotated, T8 right rotated, right posterior/inferior ilium.
Halmagi right x4 prior to cervical adjustment.
Muscle findings: suboccipitals, C/T paraspinals, levator scapulae +2.25, T/L paraspinals, quadratus lumborum +2 hypertonic and tender points.
Special tests: mild improvement in right facial tic following rightward microsaccades.

Assessment: ICD-9: 333.85, 333.92, 310.2, 729.1, 297.1, 739.1, 739.2, 739.4

Orofacial dyskinesia due to medication, history of neuroleptic malignant syndrome, chronic traumatic encephalopathy, joint subluxation complex associated with myofascial dysfunction.

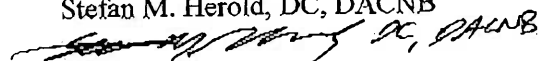
Plan and Procedures:

See care plan dated 02-05-2014. Chiropractic adjustments to above listings to reduce malposition/fixation and improve related nerve function. Myofascial techniques to above listed muscles to restore normal levels of tension and length. NMR: 5 minutes of microsaccade and pursuits with and without right side complex movements. HEP: microsaccade video to be emailed to patient when completed, instructions for right side complex movements, beginning with right leg and progressing to right arm with sequential finger tapping.

Treatment frequency: f/u as able

CPT codes: 99203-25, 98941

Stefan M. Herold, DC, DACNB



Patient Name Todd Giffen

Date 2-05-14

Health History & Current Condition

History of Present Illness

Location
Quality
Severity
Timing/Progression
Duration/Onset
Context: Injury/Illness
Modifying Factors:
Aggravating/
Alleviating
Associated signs/sx.
Radiating px, numb/ting
ADL's
Self-Treatment
Medical Treatment

PFSH

Past History, major health
Sleep/Fatigue/Energy
Relevant Family History
Heritable Disease Risk

Social History

Occupation/Duties

Exercise

Diet

Supplements

Medications

Tobacco Use

Drug Use

Mind/Emotion/Intel

Red Flags

Difficulty Swallowing

Slurred Speech

Severe Nausea/Vomiting

Unexpl. Weight loss/gain

History of Cancer

Hx of steroid use

Fever

Inc. pain at night

Bilateral Sciatica

Foot drop/weakness

Saddle Parasthesia

Loss Bowel/Bladder control

Review of Systems

Constitutional: fever, weight loss, night sweats, fatigue

Signature

Healthy as kid - ADHD - inattentive, some hyperall

fully functional adult. - ADHD & depression

1st injury @ OR State Hospital - head neuropathic analgesic syndrome - Scragged

2006 & 2007 d/c take off meds initially (has had 2T, dystonia, etc.)

2007 - new doctor dx - not psychosis, help him get off meds.

1st injury @ OR State Hospital - head neuropathic analgesic syndrome - Scragged

convulsions sexually abused him & kept him from being released - hospital

reported, investigated but d/c put very far. Retained against

him claiming delusion - put on more meds.

Glue was caught in 2007 before sexual patients escape

Hospital report released 2007 showing Hx of abuse, inadequate care, etc.

Hospital report released 2007 showing Hx of abuse, inadequate care, etc.

Dr. Robert Duncan - targeted by staff, aggressive retaliation happening to

him and those who helped him.

Dr. Robert Duncan - targeted by staff, aggressive retaliation happening to

has 'proof' of security tape & from 11/2007 & 1/2008, telephone

& he believes other types of technology.

His psychologist Kathy Meadows -

Aug. 2008 used directed energy weapon while at hospital

in his room felt energy in body - started to swell up - chest primarily, 1st AFP, SE

heard computer voice say 'You spy for the State men Journal'

had convulsions, throat pulsed/ spasms. unable to talk some of the time

experiencing hallucinations - Hx 170 for 2 months, less sweating, muscle t

tried to treat his dystonia (neuroleptic drug)

lost by police in 2011 in Eugene, out of OR in 2010

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Alcohol Use: Y (N)

Caffeine: (N) Ex 10g & 50g

Attorney: Sara Abramo, criminal Attorney

had neurofeedback EEG
low at put scalp

Schub. to see neurologist
Dr. Zuckor Al
in Ashland
Linda

lots of CK
& C-reactive
neg.
C-reactive

Eyes: double vision, spots/floaters, tunnel vision

ENT: tinnitus, hearing, sinus, sore throat, tonsils, TMD

Cardiovascular: palpitations, cold hands/feet, chest pain

Respiratory: SOB, cough, asthma

Gastrointestinal: abdominal pain, diarrhea, # daily - gas upon
bowel mvmts, blood, nausea/vomiting, hernias

Genitourinary: incontinence, pain/blood/freq. urination,

reproductive: menses, pregnancies, birth control

Musculoskeletal: pain, injuries, scoliosis, headache

Integumentary (skin, breast): psoriasis/eczema, cancer

Neurological: dizzy, memory, alt senses, personality A

Psychiatric: depression, anxiety, mood swings, stressed

Endocrine: excess thirst or hunger, intolerant heat/cold

Hematologic/Lymphatic: clotting dys, blood thinners

Allergic/Immunologic: allergies, autoimmunity

(has history oxygenated hospital)

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Tiferet Chiropractic Neurology - Stefan M. Herold, D.C.

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Patient Todd Giffen Date 2-05-14

PATIENT CARE PLAN

- ☒ CMT/articular adjustments: to address biomechanics and improve neurologic feedback
- ☒ functional neurologic rehabilitation to restore appropriate frequency of firing in CNS
- ☒ CranioSacral Therapy: to address dysfunction of the cranio-sacral system
- ☒ Bioenergetics/BEST/qigong: to address energy stagnation, emotional imbalances
- ☒ manual techniques and postural training: to address myofascial dysfunction
- ☒ exercises or neuromuscular re-education: to balance muscle tone and prevent re-injury
- ☐ mechanical traction: to improve/normalize posture/lordosis and/or mobilize discs/joints
- ☐ infrasound therapy: address swelling, nerve hyperactivity, blood flow & speed healing
- ☐ interferential current: to reduce pain, edema and muscle spasm, LDA activation
- ☐ infrared laser: to reduce pain & swelling, boost metabolism to speed healing
- ☐ heat: in sub-acute or chronic phase to reduce muscle guarding and increase blood flow
- ☐ orthotics/supports: during periods of activity to reduce stress on injured area
- ☒ diet and nutrition: recommended changes and supplementation to improve health
- ☐ gut barrier repair /cleanse program: address food sensitivities, systemic inflammation
- ☐ other: _____
- ☒ referral: Dr. Zickler for VNG, Joshy for AI conditions

Frequency of Care Estimate: Future care will be determined each visit based upon the patient's complaints and current objective findings, in accordance with standards of care.

- ☒ 1 2 3 4 5 visits per week month for 6-8 weeks / months
- ☐ 1 2 3 4 5 visits per week month for _____ weeks / months
- ☐ 1 2 3 4 5 visits per week month for _____ weeks / months

Re-evaluation: After 6 / 12 visits or one / two / three / six months

or following a significant change, exacerbation or new injury.

Prognosis: Excellent Good Fair Poor Full Recovery Functional Improvement

Complicating factors Tarline

Goals of Treatment

- ☒ decrease pain or other symptoms _____
- ☒ range of motion/mobility/posture/balance: improve or restore to normal/pre-injury status
- ☒ improvement in objective findings: CDP/posturography, thermography, sEMG, imaging
- ☒ return patient to normal work schedule and activity levels
- ☒ prevent future occurrences, ☐ other: _____

Doctor's Signature Stefan M. Herold, D.C. Date 2-05-14

Neurologic & Physical Examination

Patient: Todd Giffen

Date: 2-05-14

CC & significant history: high energy brain injury

DOB: 3-13-85

Severity Level: Current: /10 Worst: /10 Best: /10

Considerations: ☒ headache ☐ head injury ☐ dizzy/vertigo ☐ seizures ☐ tremors ☐ weakness ☐ incoordination

Initial Exam

☒ numb/tingling ☐ difficulty swallowing ☐ difficulty speaking ☐ other dysexecutive, task perseveration

Re-Exam

Mental Status WNL

Development: ☒ good ☐ fair ☐ poor
 Behavior: ☒ alert ☐ lethargic, confused
 Orientation: time, person, place x3
 Memory/Concentration:
☒ memory recent ☒ memory remote
☒ 13 work recall: blue fish hope easy
☒ serial numbers 100 subtracting 7's
☒ mono 2798296, prosody 4332032
☒ spell WORLD backwards 5/7
☐ draw clock 2:45, overlap pentagons

Observation

Height: 6'2" Weight: 230 Saliva pH:
 Body Composition: WNL Ecto Meso Endo Obese BMI: Body Fat%:
 Posture: head 2 yow shoulder hips LegL:
 Bletherospasticity: none mild moderate clonus spasm ☐ Tremors/Asterixes
☒ Spontaneous movements ☐ Tics/vocalizations ☐ Ballism/Choreiform
face R & L

Eye Movements

CN 3/4/6 Alignment: light reflex WNL Tropia: eso exo skew
☒ Smooth Pursuits: WNL Intrusion dymetria right, left, R L CB diagonal plane
☒ Saccades: horizontal R L hypo, R L hyper, R L delay ☒ Anti-S: good, fair, poor
☒ Saccades: vertical U D hypo, U D hyper, U D delay ☐ Ptosis: R L mm
☒ Optokinetic Nystagmus: P = pursuit tracking amplitude, S = re-fixation saccade
 moving Right WNL P S moving Left WNL P S
 Upward WNL P S Downward WNL P S
☒ 'H' Pattern Gaze: WNL reflex + voluntary weakness In:
☒ Convergence: WNL, R L exophoria, fatigue @ seconds, repeat:
 Resting Nystagmus: none end gaze to R L, eye R L, direction horiz, vert, rot
☐ VOR ☐ Halmagl Head Thrust

Cranial Nerves

late Est & Cnn.
 CN 1 Olfactory: R: 4 inches L: 5 inches
 CN 2/3 Optic: fundoscopic WNL
 Vein/Artery ratio: R L
 visual acuity Snellen R L
 visual fields: WNL abnl:
 pupils: PERLA anisocoria R > L
 decreased in dark corectasia R L
 increased in dark - cormiosis R L
 swinging test - WNL, APD R L
 accommodation: WNL abnl:
 Pupils brisk/st sluggish R L, hippus @
4 sec R, 4 sec L amplitude WNL
 CN 5: jaw muscle str R L
 Sensation V1 V2 V3 Onion skin
 CN 7: facial expression forehead, eyes, mouth 5/7 Corneal Rfx R L
 CN 8: finger rub R L Weber: mid R L
 Rinne: R: Air Bone, L: Air Bone
 Otoscopic findings:
 CN9/10: swallow, gag reflex R L
 Palate elevation R L repeat:
 Voice: NL hoarse, breathy, nasal - peri strained/strangled - central
 CN 11: SCM R L upper traps R L
 CN 12: tongue midline, deviates R L atrophy, fasciculations

Autonomic Assessment

Heart Rate: 91 Pulse Oximetry: R 97 % L 98 %
 Perfusion Index: R 8.8 L 9.2 Respirations: WNL shallow fast slow
 Blood Pressure: R 138/84 L 130/85 seated, supine, standing
 Blood Pressure: R L seated, supine, standing
 Temperature oral: forehead: R °F L °F Skin: WNL
 Auscultation: temporal a carotid a Heart: WNL Lungs: WNL VBI: R L

Motor Testing

94
☒ Hand Clap x3 WNL Persev. ☒ Finger Tap R L 0 1 2 3 4
 Coordination & Dysdiadochokinesia Tests:
☒ Rapid finger movement (Piano Playing) WNL R slow/Dysd L slow/Dysd
☐ Heel/Shin WNL R slow/Dysd L slow/Dysd
☒ Rapid alternating: hands WNL R slow/Dysd L slow/Dysd
☒ Rapid alternating: feet WNL R slow/Dysd L slow/Dysd
☒ Finger to Nose (F2N): WNL miss miss+correct hesitation term tremor
☐ Finger Nose Finger (FNF): WNL miss nose R L miss finger R L
 Balance/Gait: post + apogon sharp R & L
☒ Romberg's Position: feet together on: floor / foam stable large ellipse falls R L
☐ Pertubational challenge: ☐ Pull Test: ☒ Pronator drift R L
☒ Gait: WNL arm swing R L foot drop ataxia hemiplegia spastic festination myopathic
hand over 2 instructions
☒ Dual Task: months ABC's: change in gait/arm swing improved worsened
☐ Heel Walk ☐ Toe walk ☐ Tandem walking: forward backwards

Motor Strength (AAO 0-5)**Upper Extremities WNL**

Upper traps (CN 11, C3-4)(spin acc)

Deltoid (C5, C6)(axillary)

Brachioradialis (C5, C6)(radial)

Biceps (C5, C6)(musculocut)

Triceps (C6-T1)(radial)

Wrist flexors (C6, C7)(med/ulnar)

Wrist extensors (C6-C8)(radial)

Finger flexors (C8)(med/ulnar)

Finger extensors (C7)(radial)

Interossei (C8-T1)(ulnar)

Lower Extremities WNL

*Hip Flexion (L2-3)(femoral)

Hip extension (L5-S1)(sciatic)

Hip abduction (L4-5)(sup gluteal)

Hip adduction (L2-3)(obturator)

*Knee flexion (S1)(femoral)

*Knee extension (L3-4)(femoral)

*Dorsiflexion (L4, L5)(deep per.)

*Plantar flexion (S1)(tibial)

Inversion (L4-5)(tibial)

Eversion (L5, S1)(super per.)

*Extensor hallucis (L4-S1)(deep per.)

R L

Sensory

[] Tactile Extinction R: L: [] 2-Point Discrimination

[] Graphesthesia R: L: [] Stereognosis R: L: [] Temperature:

[] WNL Joint Position Sense - UE: distal prox LE: distal prox

[] WNL Vibration 128Hz - UE: distal prox LE: distal prox

[] Light touch: WNL Dermatomes: Upper

[] Pinwheel: WNL Dermatomes:

Orthopedic & Nerve Tension LP=local pain, RP=radiating pain, '+' positive finding

[] Tinell's sign: [] Milgram's Test [] FABRE R / L

[] Straight Leg Raise Right rp / lp @ ____, Left rp / lp @ ____

[] Bragard's (dorsiflex) Right rp / lp @ ____, Left rp / lp @ ____

[] Yeoman's (hip extension) R ____, L ____, [] Valsalva

[] Ely's (heel to buttocks) R ____, L ____, [] Hibb's (hip rot) R ____, L ____,

[] T/C/T Compression: [] Distraction [] SotoHall

[] Max Foraminal Compression R: L: [] Ch. Depression R: L:

TOS: [] Adson's [] Wright's [] Costoclavicular

Range of Motion Cervical Px Lumbar Px Other:

Flexion ____/50 ____/85 ____

Extension ____/60 ____/25 ____

Right Lateral Flexion ____/45 ____/25 ____

Left Lateral Flexion ____/45 ____/25 ____

Right Rotation ____/80 ____/25 ____

Left Rotation ____/80 ____/25 ____

Reflexes All WNL Clonus/#: Wrist Ankle

[] Jaw Jerk (CN V) [] Hoffman: [] Plantar: R: flexion extension

[] Abdominal: T7-9 T10-11 [] Percussion Myotonia R: L:

[] Muscle Rigidity: knife clasp (decerebrate), lead pipe (BG), cog wheel (PD), Spasticity

Traps (C3-4), Pec (C3-4), Biceps (C5-6), Brad (C6), Triceps (C7), Fingers (C8), Quads (L3-4), Hams (L5), Ankle (S1)

very hypotonic to flexors globally**Palpation** x indicates pain/tenderness, 0-3 indicates level of muscle hypertonicity, rr=right rotated, ll=left rotated

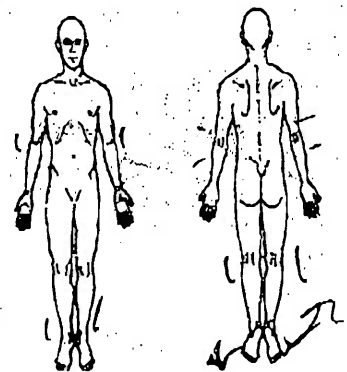
Misalign:

Level: CO C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 Sacrum

Pain:

R paravert: _____

L paravert: _____

DTR (Wexler Scale)

Impressions: Sprain/strain - Disc/SOL Functional Subluxations Myofascial dysfunction Nerve entrap Fx/dislocation Pathology other:

Level of Primary Lesion: Cortex Deep Nuclei Cerebellum Brainstem Spinal Cord Peripheral Nerve Receptor

Functional Pattern: Hemisphericity: R: L: TND Cerebellum: Dominant Weak TND R: L: Mesencephalon: Plastic TND R: L:

Date: 2-05-14

Dr. Signature: _____

Stefan M. Herold, DC, DACNB

This is a comprehensive checklist of examination procedures. Each item should be utilized as a diagnostic option based on the patient's presenting symptoms and the clinical discretion of the examiner. Every procedure does not have to be performed on every patient. Some procedures may be contraindicated in certain situations.



BALANCE CONCEPTS

Generated: Wednesday, 5 Feb 2014 - 3:28 pm

Tiferet Chiropractic Neurology - Stefan M. Herold, DC, DACNB
1221 SE Madison Street, Portland, OR 97214 O: 503.445.7767
www.tiferetchiro.com

Re: Todd Giffen
DOB: 13 March 1985
Height: 6'1", Weight: 221.7 lb
BMI: 28.8

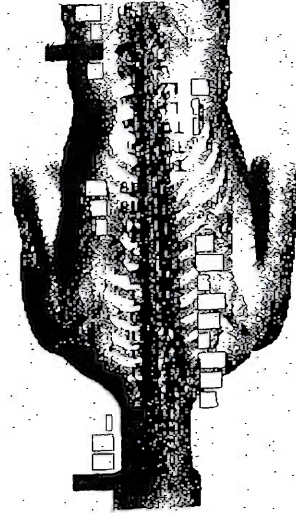
Test	Eyes Open, Firm Platform	Eyes Closed, Firm Platform	Eyes Open, Soft Platform	Eyes Closed, Soft Platform
Date	5 Feb 2014 - 3:23 pm	5 Feb 2014 - 3:24 pm	5 Feb 2014 - 3:25 pm	5 Feb 2014 - 3:26 pm
Graph				
Mean Distance	2.9 (Normal 94%)	3.2 (Normal 83%)	6.8 (Normal 117%)	12.2 (Normal 92%)
Mean Distance AP	1.7 (Good 73%)	3.0 (Normal 96%)	3.6 (Good 80%)	8.7 (Normal 82%)
Mean Distance ML	2.0 (Poor 136%)	0.8 (Very Good 50%)	5.1 (Very Poor 184%)	6.8 (Normal 119%)
RMS Distance	3.2 (Normal 93%)	3.6 (Normal 82%)	7.7 (Normal 117%)	14.0 (Normal 93%)
RMS Distance AP	2.2 (Good 75%)	3.4 (Normal 90%)	4.5 (Normal 81%)	10.7 (Normal 82%)
RMS Distance ML	2.4 (Poor 131%)	1.0 (Very Good 46%)	6.3 (Very Poor 180%)	9.0 (Poor 125%)
Range AP	11.5 (Normal 88%)	15.9 (Normal 90%)	23.7 (Normal 95%)	48.6 (Normal 80%)
Range ML	11.3 (Poor 137%)	5.2 (Very Good 53%)	29.5 (Very Poor 189%)	43.0 (Poor 129%)
Mean Velocity	7.3 (Normal 111%)	7.9 (Normal 81%)	14.8 (Normal 114%)	36.7 (Normal 106%)
Mean Velocity AP	5.6 (Normal 115%)	6.3 (Normal 83%)	8.2 (Normal 89%)	25.2 (Normal 92%)
Mean Velocity ML	3.7 (Poor 120%)	3.7 (Normal 87%)	10.8 (Very Poor 186%)	22.1 (Very Poor 151%)
95% Ellipse Area	93.3 (Normal 98%)	65.1 (Very Good 41%)	529.6 (Very Poor 294%)	1662.4 (Very Poor 307%)
Sway Area	7.6 (Normal 114%)	6.9 (Good 62%)	31.1 (Very Poor 245%)	126.1 (Very Poor 317%)
Mean Frequency	0.4 (Normal 110%)	0.4 (Normal 99%)	0.3 (Very Low 49%)	0.5 (Very Low 34%)
Mean Frequency AP	0.6 (Very High 143%)	0.4 (Normal 92%)	0.4 (Very Low 52%)	0.5 (Very Low 35%)
Mean Frequency ML	0.3 (Low 69%)	0.8 (Very High 140%)	0.4 (Very Low 37%)	0.6 (Very Low 29%)
Adaptation/Fatigue	16.6% (Fatigue)	43.6% (Fatigue)	1.0% (Fatigue)	5.9% (Fatigue)
Balance Age	40.4	22.0	55.2	44.7
Falls Risk	13.0%	12.3%	15.3%	13.4%

Likely weakness: Primary Ocular Loss with Secondary Vestibular Loss (95%)

Patient Name:
Patient Number:
Patient Identifier:

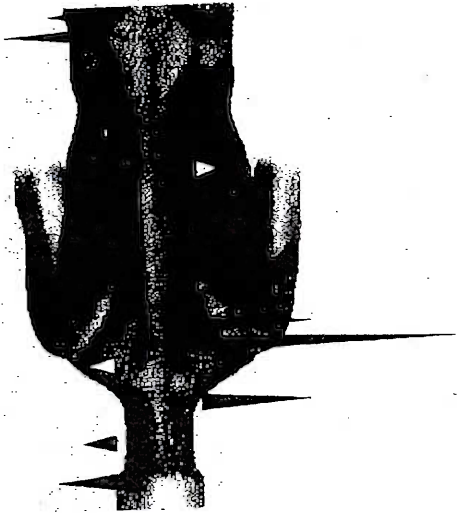
Giffen, Todd
 18769203

Rolling Thermal Scan NCM Bar Graph on (02/05/2014 03:34 PM)
 8 degrees Fahrenheit



0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0
0.0
0.1
0.3

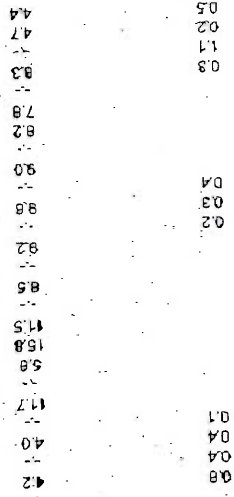
Static EMG Scan Asymmetry on (02/05/2014 03:38 PM)
 200 % Position: Seated Action: Neutral



0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0

+1 +2 +3

Static EMG Scan EMG Amplitude on (02/05/2014 03:38 PM)
 28 uV Scale Position: Seated Action: Neutral



0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0

Mild Mod Severe

0.9%
0.8%
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%

Static EMG Scan Pattern Graph on (02/05/2014 03:38 PM)
 Position: Seated Action: Neutral



Dr. Stefan Herold
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1221 SE Madison Street
Portland, OR 97214

Practice Name:
Practice Address:

+1 +2 +3

5.7
5.8
5.9
6.0
6.1
6.2
6.3
6.4
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9.9
10.0

Pattern: 80.14
 Symmetry: 78.97
 Total Energy: 119.00

+1 +2 +3

PATIENT INFORMATION (Please answer all questions, circle when applicable)

Last Name Giffen First Name Todel MI M
Address 405 W Centennial City Springfield State OR Zip 97477
Best way to contact you? ☒ home phone, [] cell phone, [] email Date of Birth: 3/13/1985
Phone 541 321-0010 Email Address wisegamer@yahoo.com
Gender: Male Female Marital Status: Single Married Partnered Divorced Separated Widowed
Occupation _____ Employer _____
Emergency Contact Arlene Giffen Phone 541 747 7623 Relation Grandma
How did you learn about Dr. Herold? Sign, Advertisement, Workshop, Referral: Chiropractic News Assoc.
Is your condition the result of a recent auto accident? Yes No or work injury? Yes No
If yes, please request additional forms to fill out. Date of injury 2008/2013/2014

General Health Information

Have you received chiropractic care in the past? Yes No Explain: _____
What are your goals for care: (check boxes) ☒ Decrease symptoms or pain, ☒ Prevent future pain or other health problems, ☒ Improving health & quality of life, [] Learn more about health/wellness, [] Improve performance in a sport/activity, ☒ other: diagnose, tests
Compared to five years ago, would you consider yourself less healthy or more healthy? (please circle)
Five years from now, would you like to be: less healthy or more healthy? (please circle)
Do you get regular exercise? Yes No
If yes, what kind of exercise and how often? walking, daily
Is there anything that prevents you from exercising as much as you would like? injuries, legal issues
Would you consider your diet to be mostly (please circle): healthy (vegetables, fruits, whole foods), unhealthy (junk food, prepackaged items or restaurant food) or a mixture of the two.
Are you interested in learning more about ways to eat a healthier diet? Yes No

Current Conditions: Please list your main health concerns below in order of significance, rate severity of symptom from zero to ten and state how long you have had the condition/concern.

1. Muscle injury, dystonia ^{neuro-muscle} Severity? (0-10) _____ Duration? 5-6 years
2. Brain injury from Torture Severity? (0-10) 10 Duration? 5-6 years
3. _____ Severity? (0-10) _____ Duration? _____

Have you seen another health professional for this condition? Yes No Whom? Dr. Ziglinski
Dr. Bill Walter

Describe treatment or recommendations: Dr. Bill Walter is pursuing EMG/EEG, and has prescribed some supplements. He also heart monitoring work. Also ultrasound & stomach - Neurologist to order more tests.

Have you been treated for any other health condition in the past year? Yes No

Please describe treatments and when: high CK/c-reactive protein in blood

Name of Medical Doctor: Dr. Bill Walter May we contact about care? Yes No

Clinic/Practice Location: Golden Apple Healthcare, Eugene OR

List any medications you are currently taking: Vitamin D², Magnesium, Tizanidine

Are you interested in alternatives to medication? Yes No

List current supplements, herbs or other remedies you are currently or frequently use. None

Past Health History

Please indicate with an 'X' any conditions that you have experienced, please circle specific answers.

Conditions	current	past	Conditions	current	past
Anemia			Heart Disease		
Anxiety/Depression		X	High Blood Pressure	X	X
Arthritis: osteo/degenerative			High Cholesterol		
Asthma			Numbness/Tingling	X	
Back/Neck Pain	X		Rheumatoid Arthritis		
Cancer			Sciatica/Leg Pain		
Carpal Tunnel Syndrome			Scoliosis		
Diabetes / Hypoglycemia			STD's/HIV		
Digestive Disorders			Stroke/TIA/Aneurism		
Dizziness/Vertigo/Fatigue	X		TMJ/Jaw Pain or Clicking		
Headaches/Migraines	X		Tuberculosis		
Heart Burn/Acid Reflux			Pregnancy: # of births		

List any known allergies: neuroleptics, Haldol, Serenol, Zyprexa

List any known birth defects or any major childhood injuries: none - healthy till adult. ^{ADHD as a kid.}

List any surgery you have had and when: oral surgery, 2004 to remove wisdom teeth.

List any major injuries/accidents you have sustained and when: injury by meds, neuroleptic malignant syndrome, torture/experimentation by military. Police assault.

Family History: (Only indicate close blood relatives - siblings, parents or children)

Arthritis: _____ Cancer: _____

Diabetes: _____ High Blood Pressure: Grandpa

Heart Disease/Stroke: _____ Other major illness: _____

Females Only: Date of last menstrual cycle _____ Regular / Irregular

Are you using birth control pills or other hormonal contraception (implants/shots)? Yes No

Are you pregnant at this time? Yes No (If you become pregnant during care, please inform the doctor immediately, as it may limit some of the types of therapy that can be used.)

Jacki Giffen
Patient Signature

2/5/2014
Date

Tiferet Chiropractic Neurology - Stefan M. Herold, DC, DACNB

1221 SE Madison Street - Portland, OR 97214 - Office: (503) 445-7767

Informed Consent and Terms of Acceptance to Treatment

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, including examination tests, diagnostic x-ray(s) and physiotherapy, on me (or on the patient named below for which I am legally responsible) which are recommended by the doctor of chiropractic.

I understand that, as with any health care procedure, there are certain complications, however rare, which may arise during a chiropractic manipulation. Such complications could include, but are not limited to: rib fractures, joint injuries, muscle strain, vascular injury and cervical myelopathy. I do not expect the doctor to be able to anticipate all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, are in my best interest.

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understands both the objective and the method that will be used to attain it.

Adjustment: The adjustment is the specific application of forces to facilitate the body's correction of joint subluxation. Our chiropractic method of correction is by specific adjustments of the spine and extremities.

Health: The state of optimal physical, mental and social well being, not merely the absence of disease or infirmity.

Vertebral subluxation: A misalignment of one or more of the bones of the spinal column which involves an alteration of nerve system function, resulting in a lessening of the body's innate ability to express its maximum health potential.

The goal of care is not to treat disease. We offer to diagnose vertebral subluxation and neurological and neuro-musculoskeletal conditions. Our treatments aim to improve body alignment and reduce nerve function imbalances to maximize the self healing and regulating forces in the body. Many disease states will naturally resolve when the body begins to function normally again.

If during the course of a chiropractic examination we encounter non-chiropractic or unusual findings, we will advise you of this. If you require or desire advice, diagnosis or treatment for those findings that are outside the scope of chiropractic, we will recommend the services of another health care provider specializing in that particular area of concern.

Regardless of what the disease is called, we do not offer to treat the disease. OUR PRACTICE OBJECTIVE is to heal the whole person, eliminate major interference to the expression of the body's innate wisdom, and to provide advice to help you prevent future challenges. Our method involves specific adjusting and other sensory stimuli to correct vertebral and extremity subluxation and improve brain function/balance. Additionally, we use other modalities to help your body hold those adjustments.

I, Todd Giffen have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. Therefore, I accept chiropractic care on this basis.

x Sarah Duff 2/5/2014
Signature of Patient (or Patient's Representative) Date

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of _____
Have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

(signature of parent or guardian)

Please initial the following and sign/date at the bottom of the form.

Assignment and Release of Information

Y I hereby authorize this clinic to release any information pertinent to my case to any other medical professionals, insurance companies, adjustors or attorneys as requested who become involved in this case. I further authorize this clinic to request and obtain medical records from my past and current physicians, hospitals, clinics, rehabilitation facilities or other practitioners as deemed necessary by the treating physician. I hereby release this clinic of any consequences thereof. A photocopy of this assignment shall be considered as effective and valid as the original.

Financial Responsibility

D I agree to be personally responsible for all charges incurred at this clinic. I understand that billing insurance is not a guarantee of payment and any services not covered by my insurance will be my responsibility. Dr. Stefan Herold is not contracted with any insurance companies and any benefits I may be eligible for will be based on out-of-network coverage. I authorize my insurer to make payments directly to Tiferet Chiropractic Wellness at 1221 Madison Street, Portland OR 97214. If I choose, I may receive a 20% same day 'cash discount' if paying for services on the day care is rendered. In this case, I have been informed that Tiferet Chiropractic Wellness will not directly bill my insurance company, but that I can be provided with an itemized bill showing all applicable charges and CPT codes that I may submit to my insurance company to obtain reimbursement directly to me.

Y I understand that there is a 24 hour notice requirement for cancellation of appointments. Unless the clinic receives 24 hour notice, I will be charged \$25 for a late cancel or missed appointment. Insurance plans will not cover this charge. It is at the doctor's discretion to waive this fee in lieu of reasonable circumstances preventing you from provided the required notification.

Privacy Policy Acknowledgement of Receipt of Notice of Privacy Practices

Y I have received a copy or have been given an opportunity to review the privacy practices and policies of Tiferet Chiropractic Wellness.

Jodi Biff
Patient Signature

2/5/2014
Date

PATIENT:

Todd Giffen
04/15/13

S: Todd applies as a new patient. She is a 28-year-old male currently in custody for Lane County for evident charges of resisting arrest and menacing. He is an Oregon native. He did spend some of his childhood in Phoenix. His mother is living, health unknown. Father is in Arizona, has hypertension and an aneurysm. He has two half-sisters, two half-brothers. He is the oldest child in his family. He states he had a significantly normal childhood. He was diagnosed with ADHD and treated with Ritalin at several points during this childhood. At the age of 18 he was apparently diagnosed with TMJ as a primary problem. He was given a prescription for ibuprofen, which was unhelpful. He states he had a long history of anxiety and inability to cope in his educational process. He does state that he did procure a GED performance diploma at the age of 20. He states he has a court employment record due to anxiety. ~~He states that there is a large record of statements by Mr. Giffen and some narrative records of an arrest at the age of 19 for menacing and harassment. I am unclear as to the length of that sentencing.~~ At the age of 21 he was diagnosed as having neuroleptic syndrome, primary symptoms that he recalls were hair-loss, narcolepsy, difficulty focusing and concentrating on his task at hand. He does state that his most recent arrest was in early 2011. He is apparently going to trial on charges of harassment, interfering with a 911 call and similar charges next week. He requests a physical examination. His primary complaints are swelling of his head, feeling like a scar tissue in and around his brain. The medications that he is on, which represent a considerable amount in the past, apparently there are no current medications. He had used fish oil and vitamin D. He has a history in his 20s of using Seroquel, Effexor, Wellbutrin, and Adderall with mixed success. He also states that he feels like he has numbness along the side of the face most of the time. He was released from custody in 2010. He felt as if he was being persecuted by some authorities with a radio wave device. He felt pressure in his ears, nerve pinching, face and neck aching and sore, swelling in his head, heat in his genitals, optimally requiring him to have multiple ejaculations in a day. There are some comments that he makes and some notes in the literature stating that this was apparently somehow against his will. I am unclear of the mechanism of that. He also complains of arthritic stiffness most of the time. He states he had a psychological evaluation 60 days ago. His primary complaints this day are the head pressure, anxiety, poor focus, muscle flaccidity.

pg 2 →

10/4/13 mailed copy of 4/15/13 P/E chart notes to Pt-Bk

PATIENT:

C. Todd 4/15/13

P12

O: Blood pressure is 158/98. Pulse 64. 98% O2, normal S1, S2. Lungs clear. Patient presents in normal conversational affect. He has some mild difficulty making eye contact. He is in ankle and leg irons, however he appears normally conversive for his current situation. He is able to continue conversations as to date, time, intellectually topic very easily. He is in minor subacute distress, cooperative. Seems focused inordinately on being harassed by others. Skin is moist, good integument, non-dry, soft. There is no evidence of eruptions on his back, torso, arms, or legs. Sclerae are normal. Pupils are equal and responsive. Normal AV ratio. No nicking. ENT is unremarkable. Nasal membranes are red, slightly boggy. Teeth are intact and reasonably well cared for. Thyroid is not enlarged. The lymph nodes are mildly swollen in the axillary chains. Otherwise unremarkable. Thorax and breasts are symmetrical bilaterally. There is very poor muscle tone and resulting in flabbiness of the breast bilaterally. Lungs clear to percussion and auscultation. Abdomen palpates normally, no organomegaly, no discrete nodules. There is marked lack of muscle tone out of proportion to a 28-year-old male, even one who would be in continued incarceration. There is very poor muscle tone at the extremity and torso muscles. He has the general muscle structure of an inactive male, probably twice his age. There is no urogenital exam done this date. There is no cyanosis, no clubbing, no edema, no varicosities. Neurologically superficial and deep tendon reflexes are intact. Cranial nerves are intact. Romberg test is negative. He is able to heel-toe, shrug bilaterally. We perform a neurotransmitter survey to question his cranial neurotransmitter function. It is relatively unremarkable. The only thing he keynotes on is fibromyalgia, TMJ, sensitivity to physical pain. Neurotransmitter panel essentially unremarkable. We review the blood chemistry done 04/15/13, drawn in our office on that date. This is an essentially normal chem screen. There is a moderately low potassium. There is a moderately low BUN. The low potassium would be consistent with a long-term situational stress disorder. Certainly it is atypical in a man of his age.

Thyroid values are within normal limits. There is moderate to marked ecchymosis and cheilosis on the nasal and oral and ear tissues, typically secondary to poor nutritional status. There is a marked fracture of the nasal bones with a displacement to the right. The patient states that this was incurred during his arrest two years ago.

A: Anxiety, 293.84; postconcussion syndrome, 310.2; adjustment reaction, 309.9, probably secondary to poor nutritional status, long-term emotional stress. *hypertension 401.9*

STP 2008
P: The *X* of his request for a physical examination prior to his hearing ~~we hope~~ to provide some degree of confirmation. We discuss with him the need to follow some likely dietary protocol if he is able to, outside the confines of incarceration. It is clear that Todd is an alert, capable individual who is suffering from psychological or psychiatric difficulties beyond the ability of this office to evaluate and treat. It is my opinion that these could be significantly alleviated by improving nutritional and trace mineral status, either oral or intravenous. There is some reasonable likelihood that he would have reacted abnormally in a high stress situation because of a lifelong anxiety disorder with fixation on persecution following that trauma of arrest and incarceration. Recheck as needed.

Daniel Hardt, N.D./jnj

Giffen, Todd

Accession: EA34267780



**PeaceHealth
Laboratories**

123 International Way (541)687-2134
Springfield, OR 97477 (800)826-3616

Giffen, Todd	DANIEL M HARDT ND
ID: MR# :	DANIEL M HARDT ND
SEX: M	Collected: 04/15/2013 10:30AM
Age: 28 Y DOB: 03/13/1985	Received: 04/15/2013 02:04PM
SSN:	Printed: 04/15/2013 03:16PM
CHART:	Accession: EA34267780
	Requisition: UNKNOWN
	FINAL REPORT

COMMENTS:Pt. phone: 5413431257

Test Procedure**CUSTOM PROFILE 1 (HARDT)****Results****Reference Range**

WBC	6.4	4.0-11.0 K/mm3
RBC	4.73	4.31-5.77 M/mm3
HGB	14.0	13.2-17.5 g/dL
HCT	40.6	38.9-49.9 %
MCV	85.8	80-100 fL
MCH	29.6	27.8-33.8 pg
MCHC	34.5	31.5-36.5 g/dL
RDW	13.0	11.5-14.2 %
PLT CT	207	150-400 K/mm3
MPV	11.4	8.5-12.4 fL
NEUTRO%	53.3	41.0-73.0 %
LYMPH%	33.6	17.0-46.0 %
MONO%	9.0	4.0-13.0 %
EOS%	3.1	0-6.0 %
BASO%	0.8	0-2.0 %
IMM GRAN%	0.2	0-0.5 %
NEUTRO#	3.4	1.5-8.0 K/mm3
LYMPH#	2.2	1.0-3.5 K/mm3
MONO#	0.6	0.2-1.0 K/mm3
EOS#	0.2	0-0.5 K/mm3
BASO#	0.1	0-0.2 K/mm3
METHOD	AUTO	
SODIUM	140	135-145 mEq/L
POTASSIUM	3.7	3.5-5.2 mEq/L
CHLORIDE	104	95-109 mEq/L
CO2 CONTENT	29	22-31 mEq/L
ANION GAP	7	3-12
GLUCOSE	86	70-99 mg/dL
BUN	9	8-20 mg/dL
CREATININE	0.7	0.61-1.24 mg/dL
PROTEIN, TOTAL	7.3	6.2-8.4 g/dL
ALBUMIN	4.0	3.5-5.0 g/dL
GLOBULIN	3.3	2.2-3.6 g/dL
CALCIUM	9.5	8.6-10.2 mg/dL
BILIRUBIN, TOT	1.1	0.1-1.2 mg/dL
ALKALINE PHOS	60	30-110 IU/L
ALT	18	17-63 IU/L
AST	20	15-41 IU/L
GFR (MDRD EQUATION)	>60	>60 mL/min/1.73m2
GFR BLACK (MDRD EQUATION)	>60	>60 mL/min/1.73m2
PHOSPHORUS	4.1	2.4-4.7 mg/dL
URIC ACID	5.4	2.5-8.0 mg/dL
BILIRUBIN, DIR	0.1	0-0.3 mg/dL
GGT	13	8-60 IU/L
LDH	143	98-192 IU/L
IRON	108	50-170 ug/dL

Non-fasting specimens for iron will result in falsely elevated results.

FASTING STATUS
HDL

8 HRS FASTING

34 L

40-59 mg/dL

High Risk: <40

Low Risk: >59

LDL**102 H**

<100 mg/dL

Optimal: <100

Giffen, Todd

Accession: EA34267780

**PeaceHealth
Laboratories**123 International Way (541)687-2134
Springfield, OR 97477 (800)826-3616

Giffen, Todd ID: MR# : SEX: M Age: 28 Y DOB: 03/13/1985 SSN: CHART:	DANIEL M HARDT ND DANIEL M HARDT ND Collected: 04/15/2013 10:30AM Received: 04/15/2013 02:04PM Printed: 04/15/2013 03:16PM Accession: EA34267780 Requisition: UNKNOWN FINAL REPORT
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CHOLESTEROL	161	Near Optimal: 100-129 Borderline: 130-159 High: 160-189 Very High: >189 <200 mg/dL
TRIGLYCERIDES	126	Desirable: <200 Borderline: 200-239 High: >239 <150 mg/dL
CHOL/HDL RATIO	4.7	Normal: <150 Borderline: 150-199 High: 200-499 Very High: >499 <5.0

PAT. CONDITION

8 HRS FASTING

Performed at PeaceHealth Laboratories: 123 International Way, Springfield OR 97477

TSH WITH REFLEX TO FT4 IF INDICATED

TSH

1.87

0.40-4.6 uIU/mL

Performed at PeaceHealth Laboratories: 123 International Way, Springfield OR 97477

Copies to: (1) JAMES JAGGER
(2) PATIENT COPY

Reviewed by: