

ALL-STATE LEGAL® EXHIBIT
C004
1
4/2/15



OSF

SAINT JAMES - JOHN W. ALBRECHT
MEDICAL CENTER

REHABILITATION

Patient Name: Barbara Cook Date: 6-1-06

Diagnosis: (sign, symptom, condition, requiring therapy) 1.) Vertigo
2.) _____ 3.) _____

Date of injury/onset: _____

Precautions/restrictions: _____

Frequency: Therapist discretion
 Other _____

Duration: Therapist discretion
 Other _____

PHYSICAL THERAPY

- Evaluate & treat
- Modalities: _____
- ROM/strengthening
- Gait training
- Establish home program: _____
- Aquatics
- Wound care
- Pediatric therapy
- Bladder health program
- Other _____

OCCUPATIONAL THERAPY

- Evaluate & treat URW - OB
- Hand/upper extremity
- ROM/strengthening
- Myofascial Release (MFR)
- ADL Retraining
- Cognitive/perceptual activities
- Splinting
- Pediatric therapy
- Other _____

RETURN TO WORK

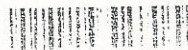
- FCE
- Work conditioning
- Functional job analysis
- Evaluate & treat
- Intensive exercise program
- Other _____

SPEECH LANGUAGE PATHOLOGY

- Evaluate & treat
- Bedside swallowing evaluation & treatment
- Videofluoroscopy swallow function test
- Pediatric therapy
- Other Eval hearing for Vertigo

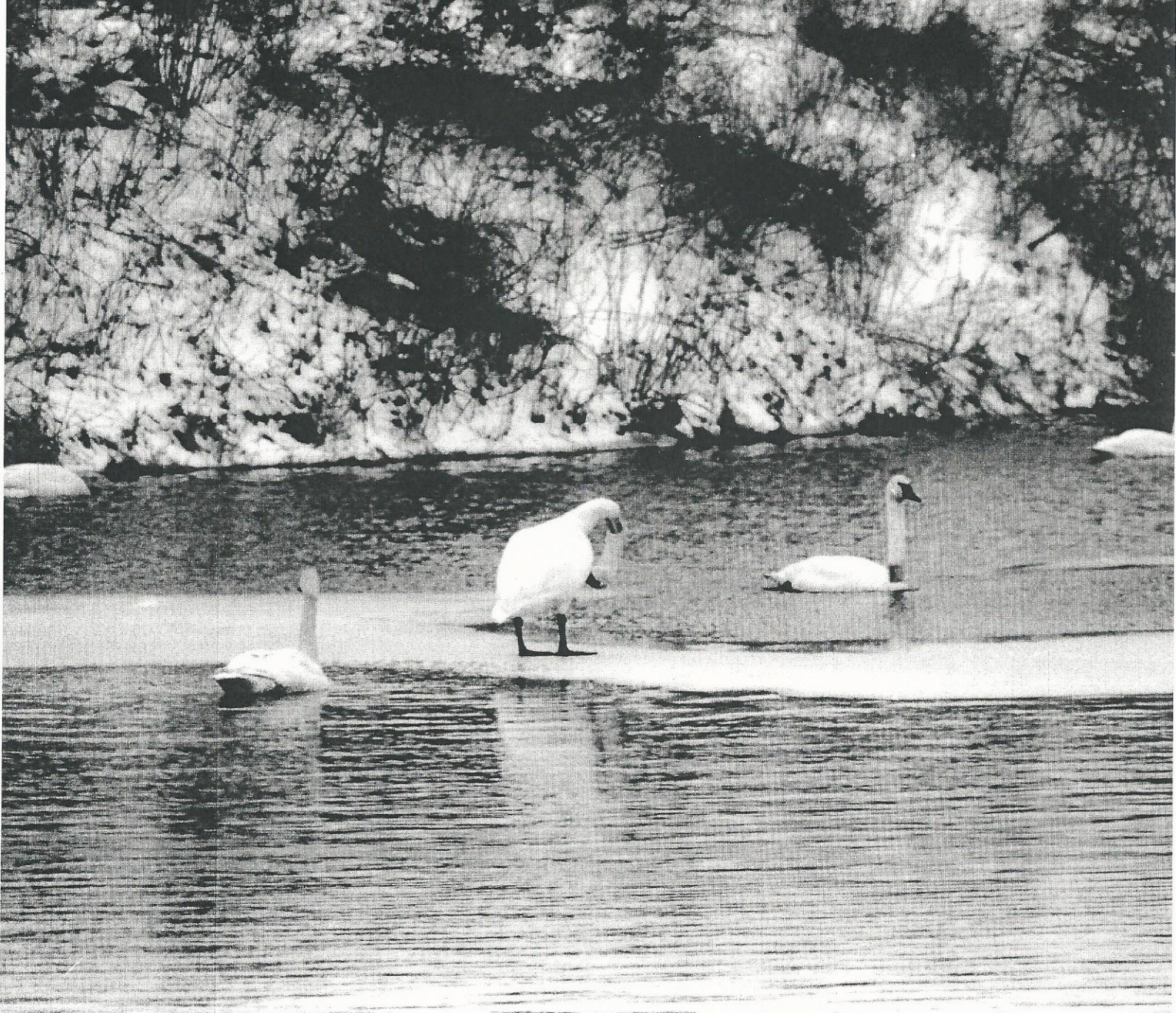
PHYSICIANS SIGNATURE: William G. [Signature]

Name: COOK, Barbara J.
DOB: 03/31/1948 Age: 58 Sex: F
MRN: 00547389 Account #: 002818979
OP Location: PT - Spc Care 187 40106
Ord/EP Prov: ROUGH, WILLIAM

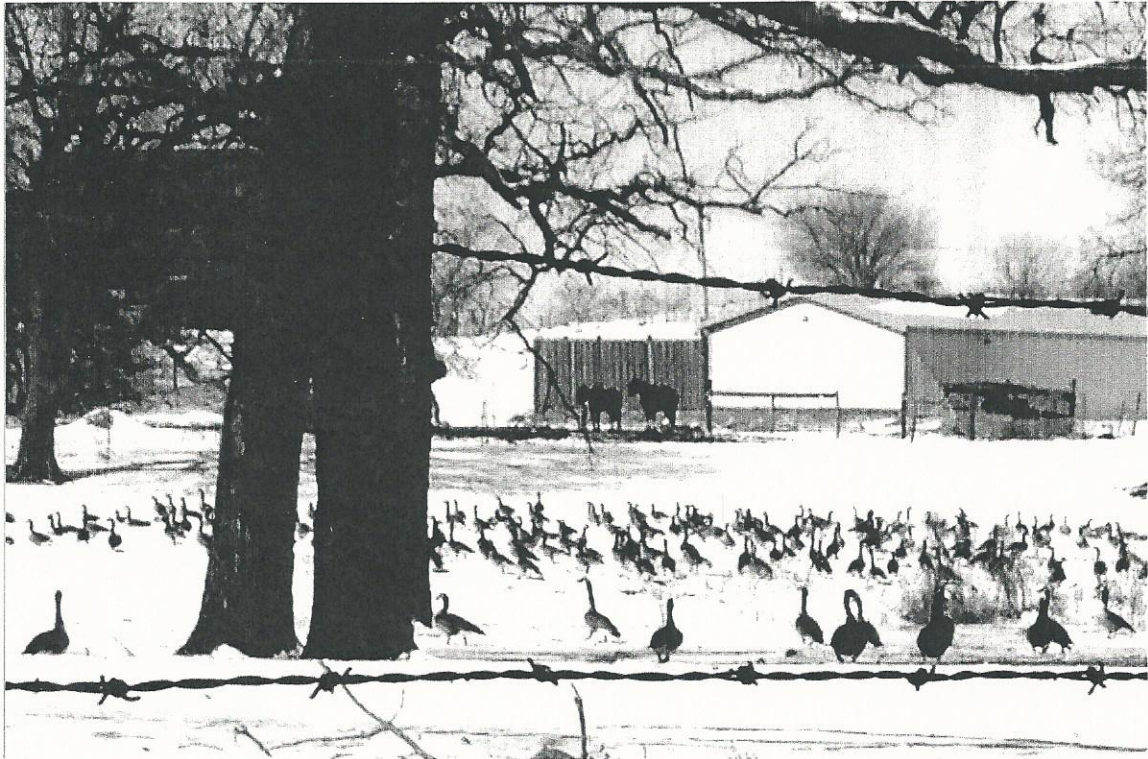


*PLEASE FAX A COPY OF THIS SCRIPT TO REHABILITATION. FAX # 815-842-6893 ATTN: TINA

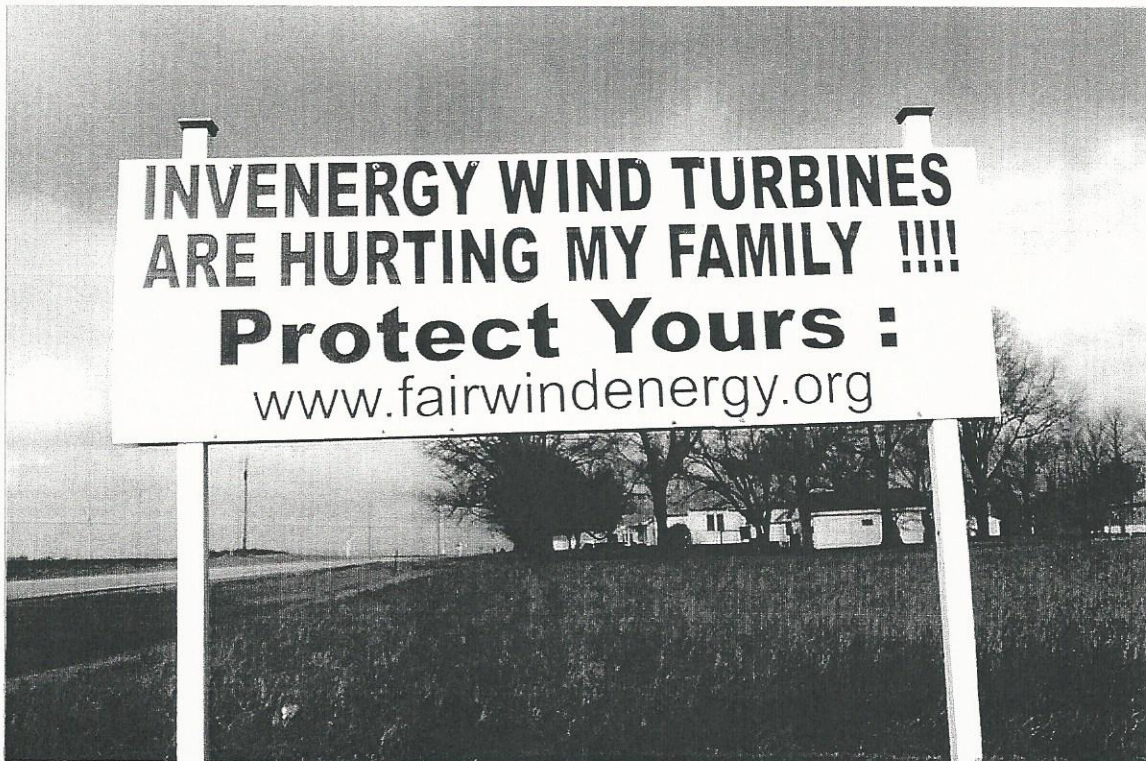
2500 W. Reynolds Pontiac, IL 61764 Phone: (815) 842-4591



Pic of
Swan



#2 - Geese in pasture by Creek



#3 protest sign - Vermillion County