



Patient:  
Provider:  
Office:

DOB:  
Visit:  
Address:

Sex:  
Chart:

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**Chief Complaint:** NVR E&M

**History of Present Illness:**

Chief Complaint: NVR E&M Visit; doctor advised..

Chief Complaint: Daily migraines; frontal; chronic; 8/10 pain; improving; nausea; photophobia; better with Emgality injections. Patient was in MVA 2018; headaches started after MVA; head hit side of window; patient reports no LOC but stated emergency vehicles were there immediately. Patient is going to be starting OT.

\*

**Patient was originally sent to our clinic by; Dr ?**

**Dizziness SX:** yes; room moves; intermitted; more so with fast head movements or sitting up quickly; since MVA.

**Headache/Migraine SX:** see above

**Visual Discomfort SX:** Eye discomfort / sore eyes / eyestrain,, Headaches or dizziness after using eyes,, Eye fatigue / very tired after using eyes all day,

**Diplopia SX:** Have to close or cover one eye to see clearly,

**Photophobia SX:** Normal indoor lighting is uncomfortable – too much glare,, Outdoor light too bright – have to use sunglasses indoors,, Fluorescent lighting is bothersome or annoying

**Dry Eye SX:** Eyes feel “dry” and sting,, Have to rub the eyes a lot

**Depth SX:** Clumsiness / misjudge where objects really are,, Lack of confidence walking / missing steps / stumbling,, Clips doorway sides

**Peripheral SX:** Side vision distorted / objects move or change position,, Avoid crowds / can't tolerate “visually-busy” places,

**Near/Reading SX:** Short attention span / easily distracted when reading,, Difficulty / slowness with reading and writing,, Confusion of words / skip words during reading,, Lose place / have to use finger not to lose place when reading

**Other SX:** Patient notes foggy feeling.

VISUAL SX SCORE / DATE COMPLETE: 82/ 04-16-2020

**Med / Fam / Social History:**

LAST EYE EXAM: 10/20/2018 at

OCULAR HX: Denies glaucoma; AMD; vision loss and other eye conditions.

OCULAR SYMPTOMS: No redness; pain; or discharge, No flashes or floaters

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CLS HISTORY: None

MHX COMMENTS: MVA 2018. Migraines. No diabetes or HTN..

Primary Care Physician: Dr Engel at SCMG-N

SURGICAL HX: Patient denies any surgeries.

Family Medical History (unspecified member): Unremarkable for systemic and ocular disease 04/16/2020

\*Family Notes: Husband; Aaron. No kids.

OCCUPATION: Wells Fargo; admin assistant

Digital Device Usage (in hours per day): 7+

Hobbies: quilting, knitting

TOBACCO/ALCOHOL/DRUG HX: Non-smoker; never used tobacco, DENIES alcohol use, DENIES recreational drug use, Patient DENIES pregnancy and/or breastfeeding

Health care directive or living will on file? Patient declined to answer.

### **Review of Systems:**

CONSTITUTIONAL SX: no fatigue, no fever, no significant weight change

EARS/NOSE/MOUTH/THROAT: no earaches, no medical hearing loss, no nasal discharge, no sinus trouble, no dry mouth, no chronic sore throat.

MUSCULOSKELETAL: no muscle or joint pains, no stiffness, no arthritis, no gout, no backache, no swelling, no redness, no pain, no tenderness, no limitation of motion

NEUROLOGICAL: Positive--, head injury, dizziness, headaches

PSYCHIATRIC: no nervousness, no depression, no memory change

EYES: See MHx section for Sx

### **Subjective:**

NVR E&M Visit Notes

CC additional comments: Poor patient compliance with home activities. Headaches; improving; less often. Nausea; with headaches only. Dizziness; no change. Patient just had 3rd Emgality injection with

SOAP Objective & Assessment:

Facial Appearance: moderate hygiene - no neglect

Face symmetry: normal - not assymetric and without droop



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Facial Strength: was functional even

Breathing: normal breathing - no uneven or short breath

Nausea (GI): no entering nausea, but nausea with activities

Posture: normal - no slouch or collapse

Balance: poor; unstable base of support

Moving Gait: normal - no drag or uneven gait pattern

Mood Affect: cooperative, anxious

Eyes (visual function): see below

OSI/SI - Working to develop organization and orientation of the X, Y, Z axis to integrate vision and movement awareness. OSI 1; Obstacle Course 1 with Prism Base Up/Down/Right/Left; To build good organization of X,Y,Z axis through time, and integrate vision with motor movement; Poor balance in all 4 base directions. Poor spatial adaptation.

Working to improve the ability to stabilize fixation, smooth pursuit action and perform saccades with equal visual process between the 2 eyes. OEM 4; Strobe Ball Catch; To improve the ability to fixate and develop visual motor planning; Patient started with poor motor accuracy, but improved significantly by the end of session with accuracy. Used level 2.

Padula VMS NVPT Protocol: LATERAL WEIGHT TRANSFER 1; Establish proprioceptive base of support with ambient process. The therapist will facilitate proprioceptive system to reorganize, giving model of movement, to break focal binding. Small rocking movements cause neural inhibition, inhibiting the abnormal response. Inhibition and facilitation are both needed for an efficient system. Utilizing eyes closed first prevents focalization and forces patient to use only proprioception. Patient was able to demonstrate proficiency with good balance.

SOAP Plan:

Plan: Continue per P.O.C.

Time: 32 total minutes were spent face to face with Demo Demo during this encounter, and over 50% of that time was spent on counseling and coordination of care. Progress of the vision rehabilitation and how it will help decrease the patient's visual and balance symptoms. Patient was educated on the importance of home vision exercises to decrease symptoms. The patient indicated understanding of material discussed. Systems

Evaluated/ Integration: 6

NVR Staff:

Physician:



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Home NVR Activities assigned: EM-4, RightEye Home

**Physical Exam:**

Pulse	Blood Pressure	Height	Weight	BMI	Smoking Status
70 bpm	121/82 mmHg	65.00 in	140.00 lbs	23.29 kg/m <sup>2</sup>	Never smoker

**Assessment:**

**Post Trauma Vision Syndrome** - Following a neurological event, such as a traumatic brain injury, cerebrovascular accident, multiple sclerosis, cerebral palsy, etc., individuals frequently will report visual problems such as, but not limited to, seeing objects appearing to move that are known to be stationary; seeing words and print run together, double vision, and experiencing intermittent blurring. In some cases; symptoms may not appear for days, weeks, or even longer following the event. Some symptoms may only last a few seconds while others can linger much longer – months and even years. These patients may be told that their problems are 'not in their eyes' and that their eyes appear to be healthy when they may be suffering from a syndrome affecting the visual process in the brain called Post Trauma Vision Syndrome (PTVS). Persons who are not treated for PTVS can experience this syndrome for many years following a neurological event.

**Visual Midline Shift Syndrome** - Following a neurological event, such as a traumatic brain injury, cerebrovascular accident, multiple sclerosis, cerebral palsy, or long term pain (migraines/headaches), individuals can start to lean toward one side of the body, or shift their weight differently because they think that their body center is shifted. The brain will attempt to compensate for this weight shift by shifting the visual midline away from the affected side. This can cause the person to shift their body laterally which, in turn, affect balance, posture and gait. This event is generally termed Visual Midline Shift Syndrome. In general terms, where you perceive the center of you, is wrong. This causes spatial disorientation. \*

\*\*Yoked prism eyeglasses are advised to utilize FULL TIME - working to reduce VMSS and PTVS.\*\*

\*\*SV Eyeglasses are advised; one SV pair for distance and one SV pair for near; NO BIFOCALS.\*\*

**Ocular Motor Dysfunction (OMD)** - OMD is a condition that can be present in childhood or as an adult. OMD occurs when the eyes can't track or move smoothly between objects. The eyes may make multiple stops as they track from object A to B; they may overshoot or undershoot the target. This condition often causes reading problems because patients can't keep their place. They may skip over lines or may not be able to find where to go at the end of the line. It may affect walking because they can't scan the environment accurately, and thus



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they misjudge things. As a result, an individual may have difficulty with depth perception, visual attention, visual memory, visual perceptual tasks, visual scanning, spatial disorientation, eye-hand coordination, balance, or reading and writing tasks.

**Convergence Insufficiency** - Convergence insufficiency (CI) is a common binocular vision disorder affecting approximately five percent of the population in the United States. Recent studies have linked convergence insufficiency to correct identification of athletes with concussions. CI is often associated with a variety of symptoms, including eyestrain, headaches, blurred vision, double vision, sleepiness, difficulty concentrating, movement of print while reading, and loss of comprehension after short periods of reading or performing close activities. It is not unusual for a person with convergence insufficiency to cover or close one eye while reading to relieve the blurring or double vision. Symptoms will be worsened by illness, lack of sleep, anxiety, and/or prolonged close work.

**Visual Perception Deficits** - A visual processing, or perceptual, disorder refers to a poor ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision. Difficulties with visual processing affect how visual information is interpreted, or processed by the brain.

**Visual Vestibular Deficit** - Vision plays a significant role in balance. Approximately twenty percent of the nerve fibers from the eyes interact with the vestibular system (in your ears). There are a variety of visual dysfunctions that can cause, or associate with dizziness and balance problems. Sometimes these are purely visual problems, and sometimes they are a combination of vision and vestibular issues - The eyes and the ears may not be properly communicating with each other to tell you where you are located in space.

**Constricted Functional Field/ Alpha-Omega** - This occurs when the brain is not fully utilizing your visual field, or space, due to fatigue of the adrenal system which is under continual stress. This is an imbalance relating to and affecting the biochemistry of the visual system. This is treated with field expansion or syntonics 'light therapy'.

Type	Code	Description
ICD-10-CM Condition	G44.329	Chronic post-traumatic headache, not intractable
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	H53.8	Other visual disturbances
ICD-10-CM Condition	R27.8	Other lack of coordination
ICD-10-CM Condition	H51.8	Other specified disorders of binocular movement



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**Plan:**

What tests need to be done or repeated, and when? (ANCILLARY TESTING ORDERS): every 6 visits FVF and RightEye sensorimotor to assess progress.

COUNSELING FOR SMOKING: Patient does not smoke.

RETURN TO CLINIC: 1 week for NVR E&M, ASAP if any redness; discharge or changes to vision.

**Visual Rehab Plan of Care (POC):** To decrease patient symptoms and prepare patient for more strenuous visual integrative activities of daily living.

\*\*Yoked prism eyeglasses are advised to utilize FULL TIME - working to reduce VMSS and PTVS.\*\*, \*\*SV Eyeglasses are advised; one SV pair for distance and one SV pair for near; NO BIFOCALS.\*\*, \*\*Continue care with your physicians, as they advise.\*\*, \*\*Continue care with OT / PT as advised.\*\*

**Field Expansion Therapy (syntonics/light) Prescribed:** \*Field expansion therapy, sometimes referred to syntonics or light therapy, is advised for the patient. Wavelength and # of weeks prescribed are very patient dependent, and may change based on patient reaction to initial therapy.\* This type of therapy is utilized to expand visual field awareness, and/or reduce eye/headache pain.

**NVR Prescribed:** \*NVR can greatly improve skills in the above areas of difficulty, but does not replace other needed therapies (example: OT, PT, vestibular). NVR can improve skills needed to progress and process other therapies with less effort.

\*Estimated weekly office visits are **12 as of 04/16/2020**. This is an estimate, which may change depending on patient progress, participation with home activities, and attendance to sessions.

**NVR P.O.C.** (Head injury, HA, Lack of Coordination/ OMD, Asthenopia, Photophobia, Dizziness, CI, Vestibular Deficits)

RightEye Code:

OVB PT Email: demo@yahoo.com

Protocol #1: NVR1 Syntonic Protocol #1: O-N / M-U

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT EST