

THE STATE OF NEW HAMPSHIRE

SUPREME COURT

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2019 TERM

DOCKET NO. 2019-0464

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Laura LeBorgne

v.

Elliot Hospital

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APPEAL FROM DECISION OF THE  
WORKERS' COMPENSATION APPEALS BOARD

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**REPLY BRIEF OF THE APPELLANT**

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## ARGUMENT

The Respondent's Brief presents arguments that are unsupported by the record and that are not relevant to the narrow issues before this Court. The Carrier argues that: 1) Ms. LeBorgne's appeal simply asks the Court to re-weigh conflicting medical evidence that the CAB already rejected; 2) the CAB made what the Carrier characterizes as a "procedural", "stand-alone" decision in finding that the massage therapists' decision not to fill out the Forms bears on the reasonableness of her treatment; and 3) there are arguments in Ms. LeBorgne's brief that were not preserved.

Contrary to the Carrier's arguments, the CAB never rejected the opinions of Ms. LeBorgne's treating provider, Dr. Charles Kim. Further, the CAB relied upon the fact that Ms. LeBorgne's massage therapy providers declined to complete the Forms in reaching the substantive conclusion that Ms. LeBorgne failed to meet her burden of proof. The Carrier cannot attempt to re-write the CAB's decisions by asserting that the CAB explicitly adopted the Carrier's arguments from its Objection to the Motion for Rehearing. Finally, the arguments Ms. LeBorgne made relative to the language of the Forms and the applicability of the provisions of RSA 281-A:23 V to her palliative treatment are corollary arguments to those previously preserved in this case.

**I. WHETHER THE NEW YORK MASSAGE THERAPY PROVIDERS SUBMITTED NEW HAMPSHIRE WORKERS' COMPENSATION FORMS IS IRRELEVANT TO THE QUESTION OF WHETHER THE TREATMENT IS REASONABLE, NECESSARY AND WORK-RELATED.**

*a. The CAB did not reject the medical opinions of Dr. Charles Kim.*

The Carrier argues that the CAB rejected the opinion of Ms. LeBorgne's treating provider Dr. Charles Kim. According to the Carrier, the CAB's Decision weighed the competing medical evidence of Drs. Farber and Kim and decided that Ms. LeBorgne failed to prove her case on the merits. See Brief at Page 21. The Carrier argues, "the CAB reasoned that Dr. Kim's own contemporaneous notes favor rejection of Dr. Kim's subsequent narrative opinion." See Brief at 23. Notably, the Carrier cites no provision of the CAB's Decision to support this assertion, because there is none.

The CAB did weigh the conflicting testimony of Drs. Farber and Kim and resolved that conflict in favor of Dr. Kim's opinion. As noted in Ms. LeBorgne's Brief, while the CAB did indicate that it found the lack of documentation of Ms. LeBorgne's massage therapy treatment in Dr. Kim's earlier medical notes "disturbing," it went on to reason that "Dr. Kim does explain the treatment plan more clearly in two letters that were written at the request of the claimant." See June 3, 2019 Decision at 4, App.<sup>1</sup> at 35. The CAB then adopted Dr. Kim's opinion, concluding, "[w]e also find that Dr. Kim's medical opinions to be slightly more reasonable and sounder

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<sup>1</sup> App. refers to the Appendix to Ms. LeBorgne's Brief unless otherwise noted.

than those of Dr. Farber...” *Id.* This language signals that the CAB certainly did not reject Dr. Kim’s opinion as the Carrier asserts.

- b. The CAB’s conclusion that Ms. LeBorgne failed to meet her threshold burden of proof based on the massage therapists’ failure to complete the Forms was a substantive decision.*

The Carrier next argues that the CAB made a “stand-alone”, “procedural” decision, separate from the question of a threshold burden, and adopted the Carrier’s argument that “...the claimant failed to meet the requisite procedural requirements for reimbursement” by failing to submit the Forms from Ms. LeBorgne’s massage therapists. See Brief at 14 (citing the Carrier.) As support for this proposition, which is not found within the text of the CAB’s Decisions, the Carrier argues that the CAB explicitly adopted the arguments it made in the Objection to the Motion for Rehearing (“the Objection”).

Yet the text of the CAB’s June 3 Decision says otherwise. After concluding that it accepted Dr. Kim’s opinion, the CAB then focused on a narrow issue: whether the fact that the Forms were not submitted bears on the reasonableness of the treatment. See June 3, 2019 Decision at 4, App. at 35 (“[h]owever, the carrier argued that the claimant did not meet her burden of proof, and that the treatment was not reasonable.”) The CAB then explored the fact that Ms. LeBorgne’s providers did not submit the Forms and this was the basis for the CAB’s Decision to find that Ms. LeBorgne failed to meet her burden of proof.

This was not a “procedural” discussion. The CAB’s error, in using the fact that the Forms were not submitted as the basis to reason that Ms.

LeBorgne failed to meet her burden of proof, is *the* substantive issue in the case. The remainder of the CAB's discussion focuses on whether a good cause argument was made to absolve the necessity of the Forms and whether the handwritten treatment notes from the LMT providers were sufficient to fulfill the requirements of RSA 281-A:23. This entire section of the Decision was written in context of exploring whether or not Ms. LeBorgne has met her burden of proof regarding the reasonableness, necessity and causality of the massage therapy.

*c. The CAB did not explicitly adopt the arguments in the Carrier's Objection to the Motion for Rehearing.*

Because the plain language and structure of the CAB's June 3, 2019 Decision do not support the Carrier's narrative in this case, it attempts to argue that the CAB adopted all of the arguments that the Carrier made in its Objection. In its Objection, the Carrier argued, without support from the actual June 3 Decision, that the CAB rejected Dr. Kim's narrative opinion in its Decision. See Objection at page 2, ¶¶ 7-8. As is typical, the CAB then issued a two sentence Decision on the Motion for Rehearing, denying the Motion "for the reasons asserted by the defendant in its objection to the claimant's motion." See July 15 Decision, App. at 3.

This is *pro forma* language that the CAB uses in most every Decision on a Motion for Rehearing. One cannot infer that this means the CAB meant to explicitly adopt every argument that the Carrier made in its Objection, especially since the Carrier's arguments were not supported by the CAB's earlier Decision. Further, the next sentence of the July 15 Decision demonstrates that the CAB's rationale in reaching its conclusion

was based solely on the issue of the massage therapists' failure to submit the Forms. The CAB wrote "the refusal of the claimant's providers to complete and submit Worker's Compensation Medical Forms is not good cause within the meaning of RSA 281-A:23 V." Id.

The Carrier also argues that the CAB adopted the Carrier's argument that "[t]he statute does not expressly grant the Compensation Appeals Board [as opposed to a hearing officer] the authority to override the 'no reimbursement' rule with a finding of good cause." See Brief at 29. As noted in Ms. LeBorgne's Objection to the Carrier's Motion for Summary Affirmance, the CAB did not specifically make this finding relative to the authority of the CAB to rule on the RSA 281-A:23 V issue nor does it appear it intended to do so. In the June 3 Decision, the CAB entertained whether a good cause argument was made and unequivocally found that it could have ruled on that issue. See June 3 Decision at 5, Addendum to Appellant's Brief at 36. The CAB confirmed its position in the July 15, 2019 Decision where it specifically reiterated its finding that Ms. LeBorgne's providers' failure to submit the Forms "is not good cause within the meaning of RSA 281-A:23 V." See July 15 Order, App. at 3.

There can be no doubt that the CAB is wholly authorized to make decisions on issues of payment under RSA 281-A:23 V. It is routine for the CAB to review matters that were decided, with respect to medical payment, by hearings officers at the first level hearing. See In re Rainville, 143 N.H. 624, 626 (1999) ("the board's subsequent decision that the medical treatments at issue were not reasonable or necessary does not absolve the carrier from its duty to pay for medical expenses accruing up to the time of the board's decision.") It is clear that the phrase "hearing officer", which



the Carrier argues precludes the CAB from deciding this issue, is simply meant to refer to the fact finder, either at the first level or on appeal.<sup>2</sup> Indeed, it would defy reason that a claimant is permitted to appeal, to the CAB, a first level decision on such an issue, but the CAB is not permitted to issue an order on that same issue.

The Carrier also attempts to argue that Ms. LeBorgne cannot respond to the Carrier's argument relative to the phrase "hearing officer" because the issue was not properly preserved. See Brief at 30. Ms. LeBorgne properly preserved the issue by asserting that the CAB has the utmost authority to act under RSA 281-A:23 V (c) and find good cause to waive the 10 day reporting period. See Motion for Rehearing e.g. 4, 11, 15.

## **II. INFORMATION FROM THE FIRST LEVEL HEARING IS NOT RELEVANT TO THIS APPEAL.**

The Carrier cites issues presented to the first level hearing officer throughout its Brief. See Brief at 11-12, 28-29.<sup>3</sup> Re-visiting irrelevant evidence from the first level hearings is neither productive nor does it bear

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<sup>2</sup> The regulations use "hearings officer" and "chair of the panel" or "panel of the compensation appeals board" interchangeably depending on the procedural posture of the case. See e.g. LAB 203.02 ("[o]nce a hearing officer or panel of the compensation appeals board has been assigned to adjudicate a contested matter or dispute, there shall be no direct communication between the parties.")

<sup>3</sup> The Carrier also makes a statement that Ms. LeBorgne's pleadings somehow assert that the Lump Sum Settlement in this case reached at lower level hearings *mandated* the payment of future medical bills. See Brief at 8 (noting in bold print "Any statement by the claimant to the contrary is false" and citing Ms. LeBorgne's brief at page 9.) The cited portion of the Brief clearly states: "The Carrier was thereafter obligated to pay all future medical treatment arising out of the work-related injury, *so long as the treatment was reasonable, necessary and related to Ms. LeBorgne's May 19, 2011 work injury.*" This is *not* a false statement of the Carrier's obligations and to the extent the Carrier's Brief implies this statement leaves the Court with the impression that payment is mandated, it is misleading.

on the issues in this case.<sup>4</sup> For example, the Carrier attempts to discredit the massage therapy treatment notes by indicating that these notes were not initially provided at the first level hearing and “suddenly materialized” before the CAB hearing. *Id.* at 12.

CAB hearings are *de novo* without reference to the first level evidence submitted or considered. See Lab 202.02 (“[d]e novo hearing means a new hearing which is not bound by the findings and rulings of a previous hearing ...” (internal quotations omitted)). At the time of the CAB hearing, the Carrier had all of the requisite massage therapy notes. Contrary to the Carrier’s statement that these notes “suddenly materialized” and insinuation that they are perhaps contrived, these professionals kept detailed notes that appear contemporaneous even on a cursory review. Ms. LeBorgne’s New York massage therapist, Megan Doolen, included her treatment notes with daily logs regarding specific massage treatments administered and recommended follow-up. See Records at 906-908, attached hereto at 15-17; see also Records at 39-45, attached hereto at 18-24. Ms. Doolen also completed an initial intake form which specifically lists Ms. LeBorgne’s prior and current injuries. *Id.* at 47, attached hereto at 25. Simply put, the CAB had all of the evidence, in terms of the massage therapy treatment notes, available to it in reaching its Decision and the Carrier’s remaining characterizations of what did or did not occur in lower hearings are irrelevant.

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<sup>4</sup> To the extent that this Court finds that prior lower level decisions are somehow relevant, it is worth noting that Ms. LeBorgne has routinely appeared at the Department of Labor to successfully challenge the Carrier’s objections to payment of her medical bills. This is yet another effort to avoid the Carrier’s obligations, relying on the merest of technicalities.

**III. THE PLAIN LANGUAGE OF THE FORMS AND THE PALLIATIVE NATURE OF MS. LEBORGNE'S MASSAGE THERAPY BEARS ON THE APPROPRIATENESS OF THE CAB'S DECISION TO APPLY THE PROVISIONS OF RSA 281-A:23 V (C) TO THE MERITS OF THIS CASE.**

Finally, the Carrier argues that Ms. LeBorgne did not preserve the argument that the palliative nature of her treatment bears on the conclusion that the requirements of RSA 281-A:23 V (c) are implicated in this case. The Carrier also argues that Ms. LeBorgne failed to preserve the argument that the New York providers' decision to decline to fill out the Forms was reasonable. See Brief at 37-40. Attorney Falkenham's colleague, Attorney Charles Giacomelli, was counsel of record at the Department of Labor, and brought the issue of the compensability of palliative care to the attention of the CAB during closing arguments. See Transcript of Department of Labor Hearing ("Transcript") at 52:13-19. Attorney Giacomelli noted: "[y]ou have a situation where there's been a significant amount of palliative care, and Attorney Wiseman is a good lawyer, and he knows the law of New Hampshire. And he's going to argue hey, look, it's compensable. There's the case, the appeal of Levesque. That treatment that is palliative in nature is compensable under New Hampshire law." Id. The arguments regarding palliative care are simply corollary arguments to support the argument that the requirements of RSA 281-A:23 V (c) are not implicated in this case as they apply solely to billing and payment between providers of *remedial care* and insurance carriers. The applicability of RSA 281-A:23 V (c) to this case has been repeatedly preserved in the pleadings.

The Carrier also argues that Ms. LeBorgne is precluded from arguing that the plain language of the Form supports the reasonableness of her massage therapist providers' decisions not to fill out the Form. See Brief at 39 ("an earlier form found in the record does not list LMT's on its face and cites this as evidence massage therapists have no obligation to comply with the 10-day reporting requirements.") This argument is simply made to support the good cause arguments preserved throughout the pleadings and hearings. It is a corollary policy argument that supports the reasonableness of the massage therapy providers' decision that they were "uncomfortable" filling out forms from another state.

Assuming, *arguendo*, that these corollary arguments were not preserved, the CAB's Decisions relative to the applicability of RSA 281-A:23 V (c) to this case constitute plain error. Rule 16-A states, "[a] plain error that affects substantial rights may be considered even though it was not brought to the attention of the trial court or the supreme court." Sup. Ct. R. 16-A. As such, to the extent not preserved, Ms. LeBorgne's substantive rights were clearly impacted by the CAB's Decision not to compensate her massage therapy treatments, and these specific arguments need not be preserved for the Court to consider their merit.

### **CONCLUSION**

For the reasons stated above, Laura LeBorgne respectfully requests that this Honorable Court: (a) reverse the CAB's Decisions of June 3, 2019 and July 15, 2019, (b) find that Ms. LeBorgne met her burden to establish that her massage therapy treatments were reasonably necessary and causally related; and (c) grant such other and further relief as is just, equitable, and appropriate.

**CERTIFICATION PURSUANT TO RULE 26(7)**

Pursuant to Supreme Court Rule 26(7), I hereby certify that every issue specifically raised herein (a) has been presented in the proceedings below and (b) has been properly preserved for appellate review by a contemporaneous objection or, where appropriate, by a properly filed pleading. I further hereby certify the within brief complies with the word limitation in Supreme Court Rule 16(11) of 3,000 words. This brief contains 2,773 words.

Respectfully submitted,

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By and through her Attorneys,  
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Date: 03/05/2020

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**CERTIFICATE OF SERVICE**

I hereby certify that the foregoing document is being served electronically upon Eric G. Falkenham, Esquire and Gordon J. MacDonald, Esquire, NH Attorney General, through the Court's electronic filing system, and two copies have been mailed to Kenneth Merrifield, Commissioner, New Hampshire Department of Labor, State Office Park South, 95 Pleasant Street, Concord, NH 03301, in compliance with Supreme Court Rule 16(3).

/s/ Mark D. Wiseman  
Mark D. Wiseman

## **ADDENDUM**

Records of Megan Doolen, LMT.....	15
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# Megan Doolen LMT



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December 21, 2018

To Whom It May Concern:

I am writing this letter to highlight my experience and legitimacy as a massage therapist as asked by one of my clients, Laura Leborgne.

I am a New York state licensed massage therapist. Each state has different requirements and academic hours for licensure. Obtaining a New York state massage license is one of the most difficult and rigorous in the country. It has one of the highest number of academic hours, hours of study, classroom hours, and clinical hours required to sit for the state exam. This alone makes New York state licensed massage therapists some of the highest educated and qualified in the country. Curriculum consists of anatomy, physiology, neurology, myology or kinesiology, pathology, hygiene, first aid, CPR, infection control procedures, the chemical ingredients of products that are used and their effects, as well as the theory, technique and practice of both eastern and western massage/bodywork therapy.

In my ten years of experience as a massage therapist, I have worked in multiple settings: medical offices, yoga studios, prenatal massage clinics, and spas. Within these different settings, I have worked with a multitude of injuries and complaints. During the four years I spent working in a chiropractic office, I specialized in cases of patients with work related injuries (L&I) and motor vehicle accident related injuries (PIP). I have over 200 hours of continuing education, and have been a member in good standing with the nationally recognized organization, American Massage Therapy Association, for the past eight years.

If you have any further questions about my education or experience please contact me directly.

Sincerely,

Megan Doolen  
Licensed Massage Therapist



- 5/30/17 - Cl c/o continued @ discomfort shoulder, UB, neck.  
Tx: FBM-focus mms of sh., neck, UB using MFR, DT technique  
(MED)
- 6/6/17 - Cl c/o continued @ discomfort shoulder. Tx: FBM focus cervical, shoulder mms - DT, MFR, RM (MED)
- 6/13/17 - Cl c/o continued discomfort in shoulder Tx: FBM focus mms of posture, rotator, using DT, MFR, RM (MED)
- 6/23/17 - NO change. Continue tx plan focusing postural mms shoulder, neck, UB (MED)
- 7/7/17 - Cl c/o continued discomfort in shoulder. Summer temperatures has helped @ (P). (M) focus shoulder girdle, cervical mms, ESQs. XFF, MFR, DT, PP to assess of discomfort and supporting. (MED)
- 7/11/17 - Cl c/o continued discomfort sh., slight ↓ due to weather. Tx: FBM-focus on cervical, thoracic mms. using XFF, DT, MFR, RM (MED)
- 7/25/17 - Cl c/o continued discomfort sh. mms and discomfort in neck. Tx: FBM-focus cervical, shoulder mms - upper thoracic - XFF, MFR, DT, RM, DP. (MED)
- 8/1/17 - Cl c/o continued shoulder discomfort. Tx: FBM focus DT, MFR, DP, P/S, XFF to mms of shoulder girdle. (MED)
- 8/8/17 - Cl c/o continued discomfort in shoulder. CSTx. (MED)



8/15/17 - CI c/o continued shoulder (P), & slightly due to worn wearers

Tx FBM focus upper body - cervical / upper thoracic mms related to shoulder / neck posture (MED)

8/25/17 - CI c/o shoulder (P). CSTx.

(MED)

11/5/17 - CI c/o continued sh. discomfort, UB tightness. Tx: ↓ (P),  
UB HT mms using XFF, MFR, DP, P/S, (SW) techniques. (MED)

11/5/17 - No change. CSTx. (MED)

11/9/17 - CI c/o sh. (P) / discomfort, LB (P), UB tension, Tx:  
FBM focus on mms upper thoracic, LUMBAR, to ↓ (P), tension  
using MFR, XFF, DP, (SW), P/S. (MED)

9/26/17 - CI c/o continued sh. (P), LB discomfort / tension, jaw tension  
Tx: ↓ (P), tension, FBM. XFF, P/S, MFR, DP. to  
mms in LB, UB, neck sh. (MED)

9/3/17 - No change. FBM - CSTx. (MED)

10/13/17 - CI c/o continued discomfort in sh., UB. Tx: FBM, focus mms  
upper thoracic, cervical. (MED)

10/17/17 - CI c/o ↓ slight UB/sh. tension Tx: FBM - focus  
DP, XFF, MFR, P/S, to UB, (SW) leg. (MED)

10/10/10 - (S) Cl c/o (P) shoulder stiffness (P) 2/wk  
 (S) FBM focus areas above  
 (A) - light fascial release, pre-spinal flossy  
 (P) - (M) as needed 1x/week (P) relief

10/27/10 - (S) Cl c/o (P) shoulder stiffness (P) 2/wk  
 back (P)  
 (S) - FBM focus areas above  
 (A) - see above  
 (P) - (M) as needed 1x/week

11/3/10 - (S) - Cl. c/o of dizziness, stiffness due  
 to changing (P) medication  
 (S) - light fascial, MFR (M) FB  
 (A) - see above  
 (P) - (M) 1x/week

11/10/10 - (S) - Cl. c/o (P) shoulder (P), feels <sup>much</sup> better after  
 medication adjustment  
 (S) - FBM focus pre-spinal flossy (P) not as  
 dizzy  
 (A) - see above (M)  
 (P) - (M) 1x/week

6/20/10 - (S) CL/c - shoulder (P) - 11/10

(O) FBSW M

(R) - finger, forearm, release through the paraspinals in  
(R) traps

(P) (M) 1x/week as needed

7/21/10 - (S) (R) shoulder (P)

(O) FBSW M - focus (R) shoulder

(A) fascial release U3

(P) (M) as needed

7/26/10 -

(S) - (P) & tightness  
and jaw

(O) - UB (M) focus areas above

(R) - DT, M F12

(P) - (M) as needed 1x/week

8/11/10 - (S) CL/c (O) shoulder (P), low back (P)

(O) - FBSW M - QL, ES93, paraspinal, teres, levator,  
lat cuff main focus

(R) - same

(P) (M) as needed

8/25/10 - (S) CL/c (R) shoulder tightness

(O) - FBSW M - focus sh. min's

(A) - see above

(P) (M) 1x/week

5/26/16 (S) Cl c/o (R) shoulder, neck, LB, HAs,  
Jan (P)

(C) - UBDIM - fix usages mentioned above

(A) - Deep tissue

(M) (P)

(P) - (M) as needed

6/2/16 - (S) Not feeling much (P) today, just back  
from vacation

(S) UBM focus neck (P) shoulder, LB.

(A) - ↑

(P) (M) as needed (M)

6/9/16 - (S) - Cl c/o ↑ (P) shoulder (P), HAs irritated  
near suboccipital area

(C) - DT, MFR UBM (M)

(A) - (R) > (L) shoulder fascial tension

(P) - (M) as needed 1x/week to discomfort

6/16/2016 - (S) Cl c/o (R) shoulder (P) tight upper back

(C) - UBM

(A) - focus near ES6's - upper thoracic

(P) - tight spindles of ES6 gripping spine, create ROM  
through fascial release

(P) - (M) 1x/week

6/23/16 - (S) - Cl c/o (R) shoulder (P) jaw discomfort

(C) - MFR, DT to upper body, light stretch  
through legs for circulation

(A) - paraspinal

(P) - (M) 1x/week

3/29/16 - (S) Cl. c/o ↑ HAs, ↑ shoulder, ↑ back (P). Hips & lso  
feel very tight

- (G) - UB DTM - focus from hips, LB, neck, shoulders.
- (A) - paraspinals in between shoulder blades - very tight to spine - thumbing to create space.
- (P) - (M) as needed to continue to help manage (P).

4/5/16 - (S) Cl. c/o of HAs. (R) shoulder continued (P), jaw and neck.

(G) - UB DTM - focus trapezius, cervical mms, trax, rot cuff and paraspinals

(P) - (M) as needed to continue w/ (P) management (M)

4/19/16 - (S) Cl. c/o continues headache (P), LB (P).  
Dealt w/ nausea, IBS symptoms today.  
Start face up

(G) - UB DTM focus on areas of concern

(A) - paraspinals

(P) - (M) as needed for (P) management (M)

5/12/16 - (S) Cl. c/o ↑ shoulder (R) (P). Start face up.  
wants to work deep

(G) - UB DTM - focus (R) shoulder rot cuff & paraspinals

(A) - (R) shoulder

(P) - (M) as needed

5/19/16 - (S) Cl. c/o jaw (P). ↑ (P) in (R) shoulder wants to work lig  
(G) - UB DTM - focus jaw  
(A) - (R) rot cuff (P) - (M) as needed 1x/week



3/8/16 - (S) C/O const. d neck / 1.75 / 1.5 (P) (L) (R)

Same spot. LB (P) & chest to P in walking  
around. Liked suboccipital neck work.

(O) - UB (R) more focus neck, shoulders.

(A) - 3 spots - (R) teres, (R) trap / levator,  
(R) / (L) - 3 facet joints where deep paraspinals

high spine - create space here - used fascial  
rolling over the spine - could feel release slightly

(P) - (M) as needed 1x/week to continue to (M)  
(P), ↑ d-comfort.

3/15/16 - (S) C/O constipation, neck, jaw (P), Shoulder  
(P).

(O) - UB (M) - focus deep trapezials, neck, jaw  
(2) shoulder

(A) - (P) Paraspinals released after deep

thumping rolling

(P) - (M) as needed. (M)

3/22/16 - (S) - Chest traveled over the weekend -  
sitting in car & back (P), neck

(P), Shoulder (P). HAs have been  
debilitating

(O) - UB (M) focus, neck, shoulders, LB, jaw

(A) - (R) & (L) LB, mid thoracic, neck sp &

(P) - when not talking

(P) - (M) 1x week (M)

- 1/19/16
- (S) C/O (R) shoulder/neck/hip trap tighten band (P) (R) hip
  - (P) Screw tightened in UB, occipital (P)
  - (C) UB DTM focusing on hips, low back, mid back, neck, shoulders using DT, MFR, craniosacral technique
  - (R) - ESGs in mm spasm traps/cervical mm sp. (L) tighten ↑ then (R)
  - (P) (M) k/weak to help to ↓ mm spasm and tighten (R) in (P) shoulder/neck/LB.

- 2/9/16
- (S) - same complaint, hips/LB tightened up due to scrubbing bathroom floor. Went into bad mm sp.
  - (C) - UB DTM - focus (R) sh., (L) shoulder trap, neck, occipitals, LB
  - (R) - same
  - (P) - same

- 2/23/16
- (S) - same complaint (R) shoulder, (L) LB due to driving to & from NHT.
  - (C) - UB DTM - NMT, MFR, - cervical, mid thor, lumbar, m's
  - (A) - LB feels much better (R) side - & left. shoulder more relaxed since last week (P)
  - (P) - (M) as needed - continue tx plan

- 3/1/16
- (S) - same complaint (R) shoulder - LB feels better since moving around more
  - (C) - UB DTM -
  - (A) - (R) trap.
  - (P) - continue tx plan 23 (P)

10/30/15

(S) C1-C6 @ shoulder injury from lifting a patient at work as a nurse in 2011. Has received all types of medical tx and cannot find cause of problem. Think it may be nerve related. Was seen by chiropractor and that was help. Represents cervical MFR work to back, neck, hip.

(E) - Cervicocranial - neck, MFR back EGS; hip and shoulder MFR. etc.

(R) - Client felt very relaxed, to mms are very + ant. (NB)

(P) - (NB) 1x/week. She felt that it helped to relax tension & would like to go a little deeper next time. (NB)

11/6/15 - (S) Same as last time

(E) - UB, - (R) hip joint, (R) shoulder, neck,

- jaw

(R) - sticky fascia through right shoulder, pecs, neck mms - scm, Deltoid mms (R) > (L) (NB)

(P) (NB) 1x/week to continue to keep where tension.



# Massage Client Intake Form

## Personal Information

Name: Laura LeBorgne Date: 10/30/15  
 Address: 425 Washington Blvd. Unit 1702  
 City: Jersey City State: NY Zip: 07310  
 Phone: 203-490-7661 Email: LAJAFRON@HOTMAIL.COM  
 DOB: 4/13/80 Age: 35  
 Sex: F Height: 5'5" Weight: 130

## History

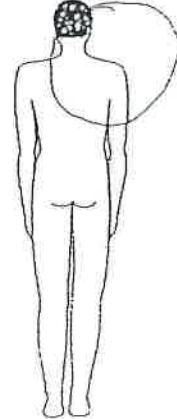
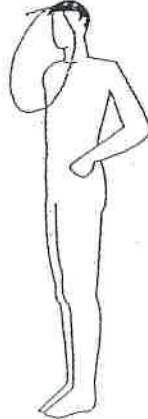
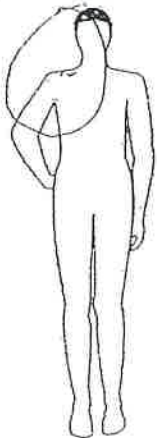
Exercise Frequency: Not much currently Exercise Type(s): Walking  
 Do you smoke? No Have you ever smoked? No How Often? No  
 How much water do you drink per day? Not enough  
 What medications are you currently using? MS Contin, Robaxin, Cymbalta, Wellbutrin, Buspar  
 Previous complaints/surgeries/medications: Shoulder, jaw, ear, neck, head  
 What is your major complaint? Myofascial Pain Syndrome (R) side-nerve injury  
 Have you received massage therapy before? Yes  
 Goals for massage therapy today? ☒ Relaxation ☐ Rehabilitation ☐ High activity level maintenance

Preferred type of touch: ☐ Light/Meditative ☐ Heavy/Invigorating ☒ Deep/Trigger Point

## Do You Have Any of the Following Today? (Check All That Apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Sunburn               | <input type="checkbox"/> Cuts, Burns, Bruises   | <input type="checkbox"/> Inflammation                        | <input type="checkbox"/> Irritated Skin Rash |
| <input checked="" type="checkbox"/> Headache   | <input checked="" type="checkbox"/> Severe Pain | <input type="checkbox"/> Poison Ivy                          | <input type="checkbox"/> Cold or Flu         |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Arteriosclerosis       | <input type="checkbox"/> Pregnancy                           | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Hernia                              | <input type="checkbox"/> Stomach Ulcers      |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Cancer                              | <input type="checkbox"/> Pins/Pacemaker      |
| <input checked="" type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Contact Lenses                      | <input type="checkbox"/> Heart Disease       |
| <input type="checkbox"/> Hemophilia            | <input type="checkbox"/> Low Blood Pressure     | <input checked="" type="checkbox"/> Musculoskeletal Problems |  |

## Mark Areas of Discomfort



I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues/diseases/disorders or perform spine palpitations.

Laura LeBorgne

Signature

10/30/15

Date

www.FreePrintableMedicalForms.com