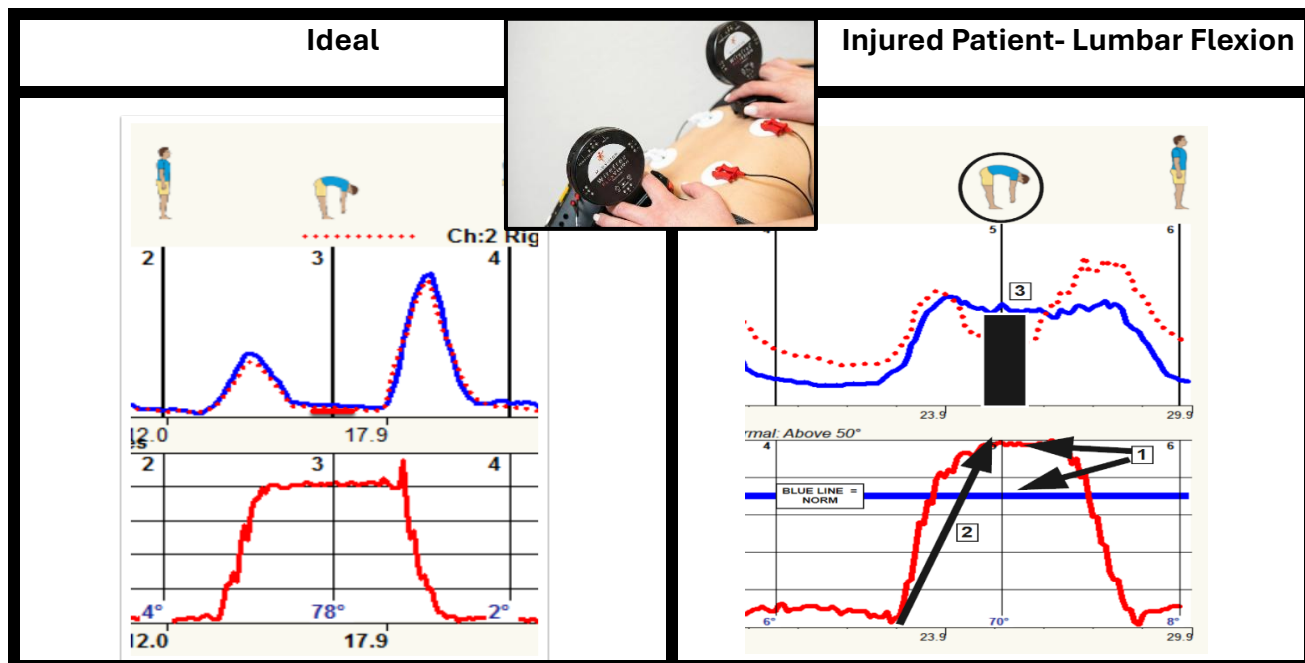


ROM CAN BE NORMAL DESPITE INJURY



DynaROM detects **abnormal muscle guarding**—the body's protective response to pain in motion.



Referencing the markers 1-3 on the patient graph to the right:

1. Note Range of Motion is normal, but DynaROM is abnormal. This is why we combine ROM and muscle guarding response (DynaROM). ROM is normal, but DynaROM is abnormal. DynaROM increases sensitivity and specificity to pain in motion.
2. Note the Slope of the ROM graph is moderately shallow, indicating restricted motion in flexion.
3. Extremely high muscle guarding response known as “lack of flexion relaxation” proves significant pain and/or joint restriction.

NOTE: The exam includes all ranges of motion. The motions presented are limited to save space.

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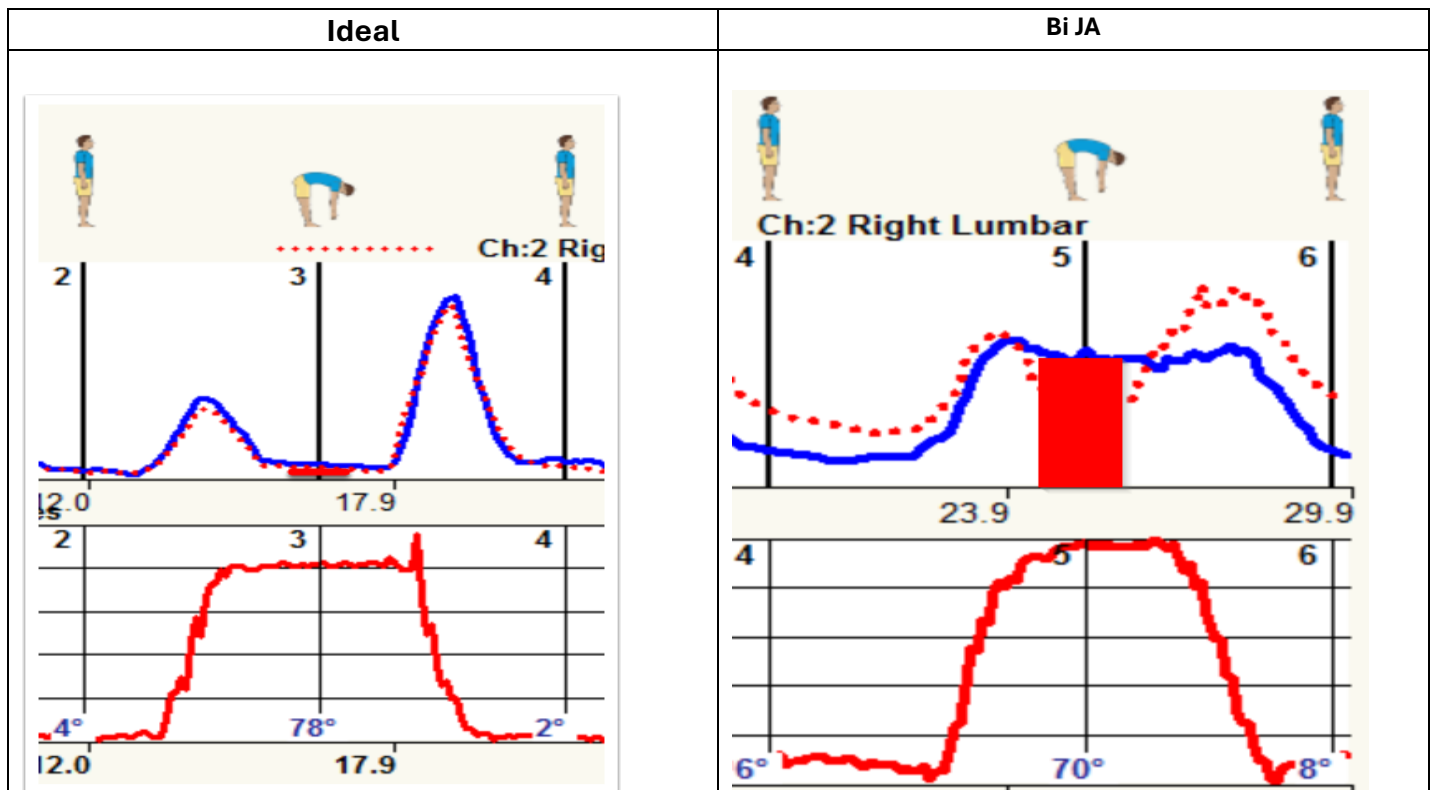
13545 Erickson Pl. NE, Suite 200, Seattle, WA 98125

Phone: 206-357-6501 email: david@myovision.com Patient Name: Bi JA

Interpretation of Patient Test Results: *Lumbar Flexion DynaROM*

Interpretation: Severe with Fibrillation: The patient demonstrates lack of flexion relaxation and muscle guarding correlating highly with soft tissue injury and pain in this motion, and has significant muscle fibrillation indicating acute pain throughout this motion.

Flexion Range of Motion in Degrees. AMA: 50° Patient: 68°



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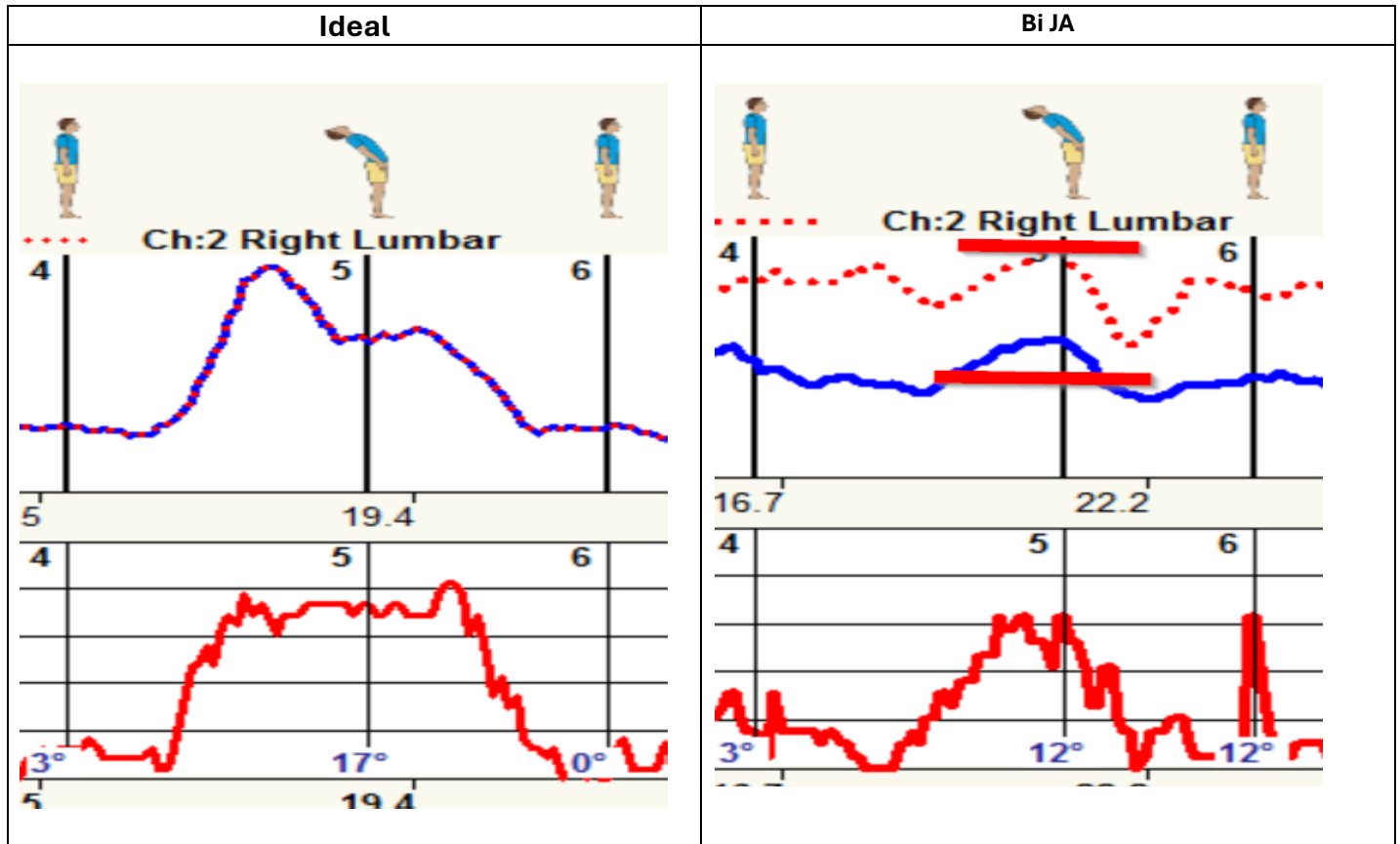
13545 Erickson Pl. NE, Suite 200, Seattle, WA 98125

Phone: 206-357-6501 email: david@myovision.com Patient Name: Bi JA

Interpretation of Patient Test Results: Lumbar Extension DynaROM

Interpretation: Severe: The patient demonstrates a level of muscle guarding and range of motion which correlate with severe degree of soft tissue injury. This pattern is commonly seen with SI joint instability and correlates with a severe level of pain in this motion.

Extension Range of Motion in degrees: AMA: 20° Patient: 10°



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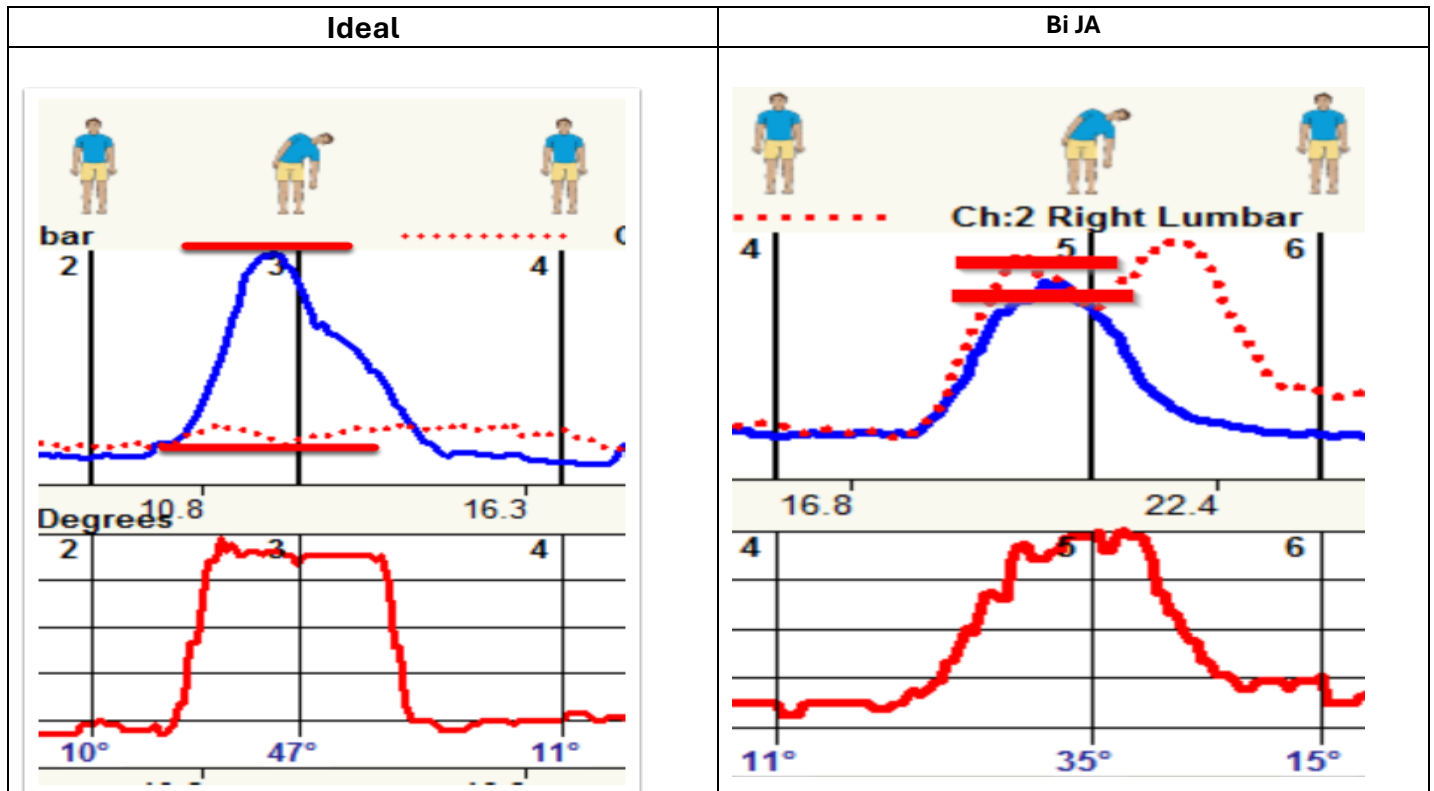
13545 Erickson Pl. NE, Suite 200, Seattle, WA 98125

Phone: 206-357-6501 email: david@myovision.com Patient Name: Bi JA

Interpretation of Patient Test Results: Lumbar Left Lateral Flexion DynaROM

Interpretation: Severe: The patient demonstrates a pattern of muscle guarding which correlates with a severe degree of soft tissue injury and discomfort/restriction in this motion.

Range of Motion in Degrees. AMA: 30° Patient: 32°



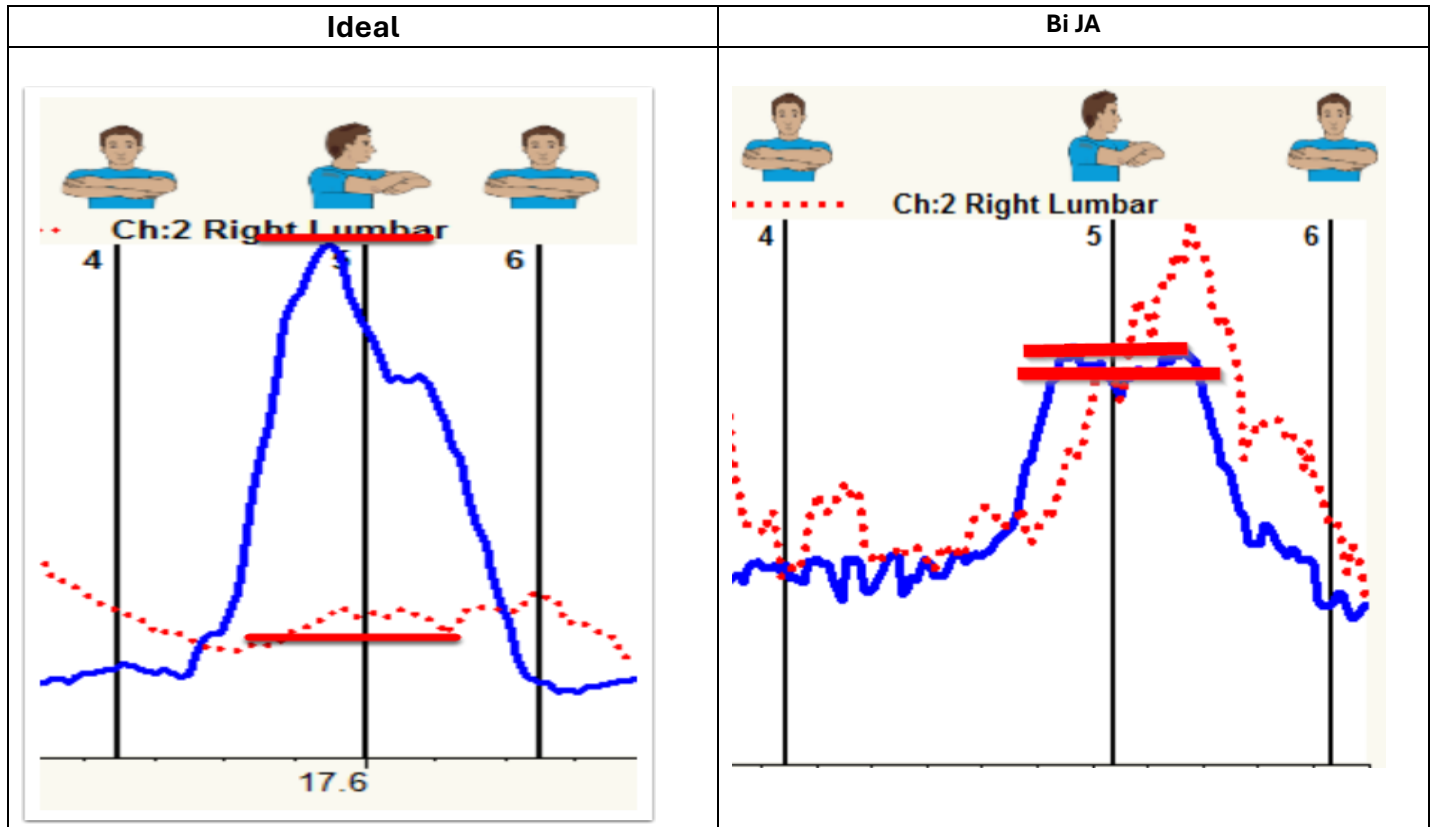
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Phone: 206-357-6501 email: david@myovision.com Patient Name: Bi JA

Interpretation of Patient Test Results: Lumbar Left Rotation

Interpretation: Severe: The patient demonstrates a pattern of muscle guarding which correlates with a severe degree of soft tissue injury and discomfort/restriction in this motion.



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Phone: 206-357-6501 email: david@myovision.com Patient Name: Bi JA

CONCLUSION:

The purpose of this exam is to provide an objective means of evaluating for soft tissue injury by simultaneously measuring and graphing both range of motion and the muscular guarding response in response to motion. Muscle guarding is the body's natural response to pain in motion and can help establish validity of subjective complaints. By testing the patient in motion, a "stress test" of sort is created, which allows us to objectively evaluate levels of pain in motion.

Clinical Impression: Severe: The patient demonstrates a level of muscle guarding in one or more motions, which correlates highly with a severe level of soft tissue injury and discomfort/restriction in one or more of the motions.

This patient demonstrates severe muscle guarding in all ranges of motion. As muscle guarding is the body's natural defense mechanism in response to pain, this test data correlates with soft tissue injury as described in the 5th edition of the AMA Guides to the Evaluation of Permanent Impairment under Box 15-1, page. It is extremely unlikely, based upon the severity of muscle guarding, that this patient has much, if any, pain of a psychogenic origin. The patient's complaints of physical pain in motion are supported by the objective data gathered in this exam.

Important Information Regarding the Test Results

The information gathered from the sEMG is one of the many pieces of data used in determining a clinical profile and should not be used alone in the determination of injury or disability. Muscles often compensate for problems of the spine and do so in a manner that does not always directly reflect the exact location or even the general direction of the source. As an example, Lumbar problems often appear as abnormal muscle activity of the upper thoracic region. It is important to note that no single test can be used to determine injury. The DynaROM Motion ROM-EMG exam provides one piece of evidence used to develop a clinical profile.

Signed,



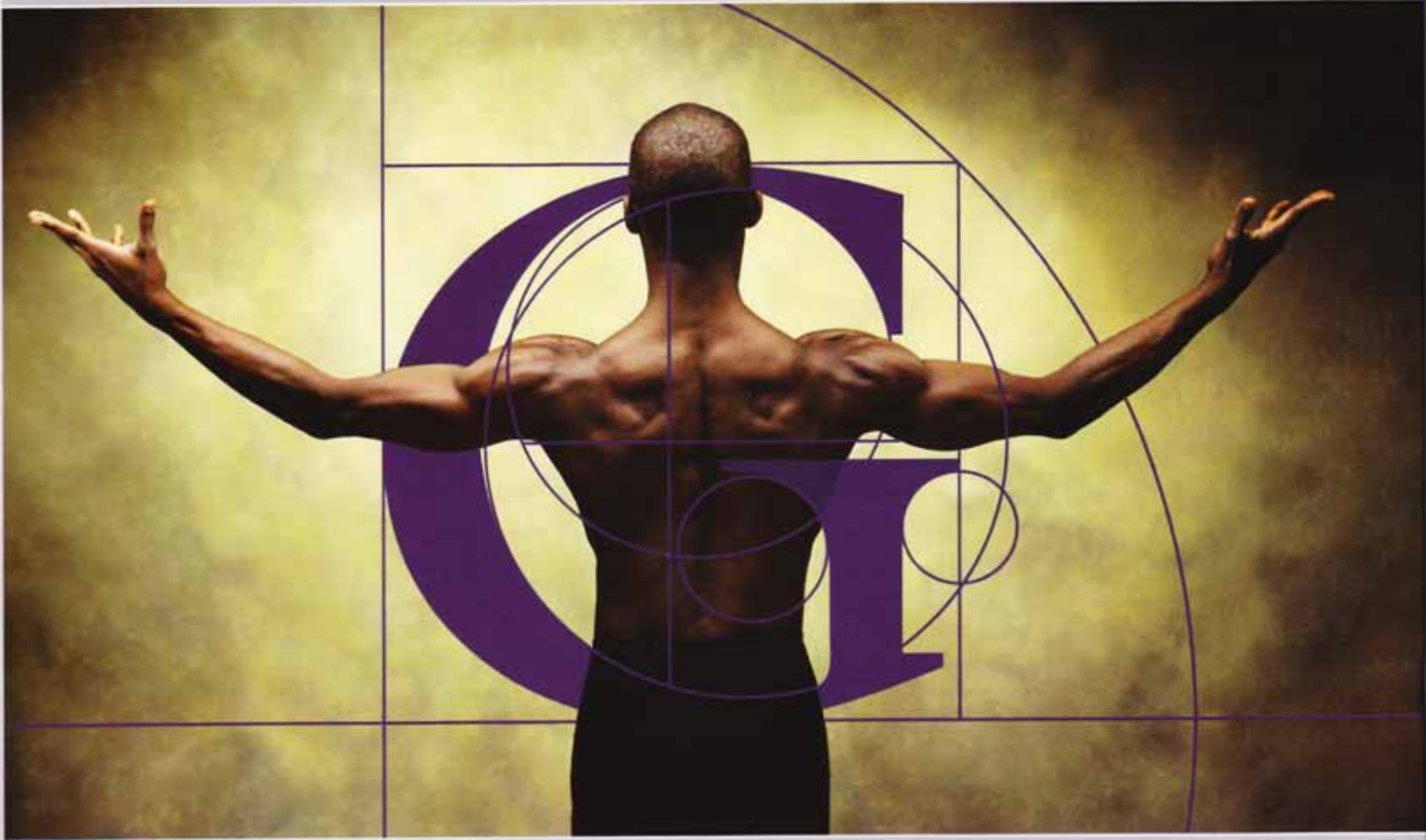
David Marcarian

Exhibit 1: DynaROM in AMA Medical Text
Educational Fair Use

See last page for letter from Author of book.
NOTE: This is most recent printing.



The Practical Guide to
**Range of Motion
Assessment**



John Gerhardt

Linda Cocchiarella

Randall Lea

Graphs were embedded in text for explanation

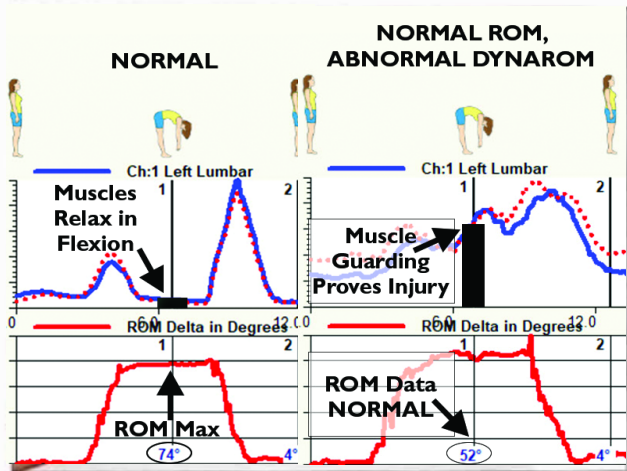


FIGURE 2-24

Neutral -0- starting position for measuring straight leg raising. The extensor is aligned along the lateral axis of the leg.



FIGURE 2-25

The straight leg is raised to the tightest position for hip flexion. Hold the opposite extremity down to prevent

The DynaROM wirelessly measures and graphs range of motion simultaneously with muscle guarding as measured with EKG technology. DynaROM provides a more sensitive measure of actual pain and dysfunction in motion, as it adds muscle guarding to range of motion. It takes the same time as range of motion, but with electrodes attached. Helps establish both true soft tissue injury and symptom magnification as muscle guarding cannot be feigned, while ROM can.

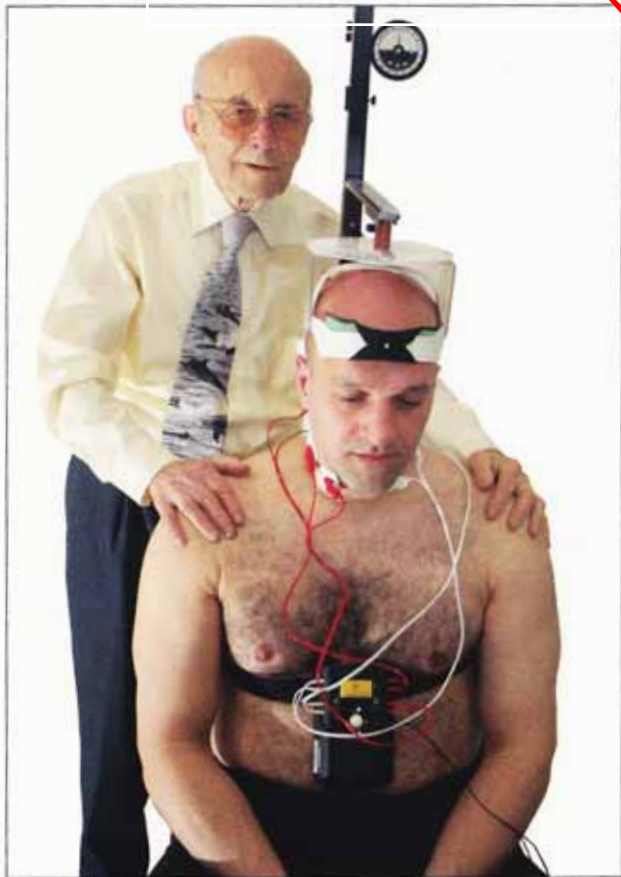


FIGURE 2-26

Measuring rotation of the cervical spine in upright (sitting) position with simultaneous assessment of effort using S-EMG. Examiner stabilizes the shoulders and placement of S-EMG and electrodes is shown.

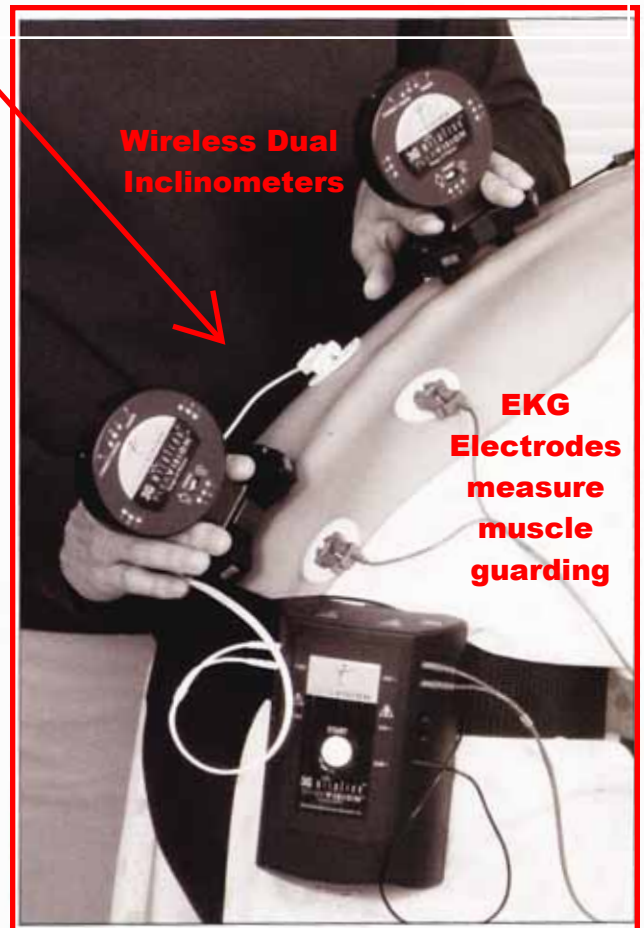


FIGURE 2-27

Measuring lumbar spine flexion. Position and stabilization of the electronic wireless dual inclinometers and placement of the S-EMG with electrodes are shown.

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