



## CRALLÉ PHYSICAL THERAPY SERVICES, P.A.

525 N.E. 3rd Avenue • Suite 106 • Delray Beach, FL 33444

RAYMOND H. CRALLÉ, R.P.T.  
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Reg No. 1043

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September 10, 2009

Dear Dr. Hall,

Thank you for referring A.B. for evaluation and treatment for complications suffered from Military Service that include Blast Injury.

Initial evaluation found a young male who exhibited difficulty answering questions regarding his history of injuries. It took A.B. two days to remember to tell me that after an IED he was bleeding out of his left ear and eye! Often he was slow to respond, seemed distracted. Spoke about anger and impulse control issues, difficulties socializing. He appeared withdrawn and standoffish.

A.B. demonstrated vestibular disturbances with his weight shifted to his right side. He was unable to demonstrate weight shift to midline and when asked to pick up his right foot he exhibited fall protect reactions. Closing his eyes with a broad based stance caused immediate loss of balance (Rhomberts). A film crew was present during part of this exam.

A.B. seemed relieved to know there was an awareness on our part that his complaints of balance issues were real reporting that he could not walk, had difficulty speaking and was "foggy" after one episode where he was hospitalized in the Military. He does not recall where he was hospitalized or for how long.

When rotated in a vestibular chair A.B. experienced post rotary nystagmus, loss of head control from midline, nausea, perspiration for an extended time > 3 minutes following 5 slow rotations in each direction. Spinning with left shoulder leading was more pronounced.

Gait was abnormal with poor biomechanics, poor weight shift left. He complains of problems ambulating at night for bathroom visits.

He does not report hearing loss but complains of tinnitus that increases with stress or when around groups of people. A.B. reports two loss of consciousness episodes each lasting approximately ½ day.

He complains of multiple joint pains, wears a right wrist splint, of frequent muscle spasms in back, knee pain, headaches, confusion, memory loss, required use of GPS unit to navigate.

He was shot in chest "by a large round" "It felt like being hit in the chest while running forward as fast as you can by a telephone pole... It knocked me thru the air flat on my back". "I couldn't breath for a while.. it exploded my vest. I have not been able to sleep on my back ever since, I can't get my

A.B.

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breath, but I can't sleep anyway." Examination reveals very poor excursion of chest wall to passive range of motion, soft tissues adhesions are palpable in abdomen. Myofascial restrictions are also pronounced in abdominal area.

A.B. is to begin Hyperbaric Oxygen treatments two times a day as prescribed by Dr. Charles Scherer. He will also receive two Physical Therapy sessions twice a day that will include one Myofascial release session of approximately 1 hour per day. Multiple modalities for pain suppression. Neuro-Rehabilitation focusing on increasing static and dynamic balance issues, gait training, vestibular stimulation.

Forensic psychologist, Dr. Jeffrey Gran and psychiatrist William Romanos, MD will evaluate before and after effects of HBO rehab protocols.

Shelby Hayes of Hayes Clinical Laboratories will draw blood and Dr. Sudpath and Dr. Chengus will be looking for biomarkers.

William S. Maxfield, MD will read SPECT scans provided by Alex Cruz of South East Medical Imaging.

We will rescan after 20 HBO visits and then after 2<sup>nd</sup> set of 20 HBOT. Thank you Dr. Hall for this opportunity to be of assistance to you and this fine brave young man.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raymond H. Cralle'. The signature is fluid and cursive, with a large loop at the top and a long horizontal stroke extending to the right.

Raymond H. Cralle, RPT

cc: Charles Scherer, MD



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October 12, 2009

Dear Dr. Hall,

This discharge summary of A.B., when combined with other reports of SPECT scans, forensic psychological exams, and blood studies will reflect the improvements and progressive gains A.B. has enjoyed because of your referral to our team of professionals.

We reported some of our initial findings on September 10, 2009 and our treatment plans.

We are awaiting Dr. William Maxfield's interpretation of A.B.'s 3<sup>rd</sup> SPECT scan, and anticipate continued improvement based on improved Affect, sleep patterns, and marked improvement in gait and coordination. Vestibular responses are near normal with A.B. now tolerating 20 spins in the Vestibular chair in both directions with no signs of Post Rotary Nystagmus. His fellow vet, R.B., notes A.B. is no longer a "sidewalker".

Incredulously, discharging medical personnel did not help A.B. understand that Vestibular Pathology was a comorbidity of his blast exposure where he reported bleeding out of his left eye and ear! Nor, does it appear, did they treat his balance problems in spite Romberg's Sign and other symptoms of Blast Trauma exhibited by A.B., ie, sleeplessness, impulse control, anger, etc.

A.B. received coordination exercises to enhance Static and Dynamic balance and now exhibits mild symptoms such as drifting while ambulating with eyes closed. Romberg's Sign is markedly reduced.

Some of A.B.'s pain and muscle spasms could be directly linked to the Biomechanics caused by Vestibular and Cerebellar damage noted in SPECT scan.

Sciatic pain is greatly diminished along with the frequent back spasm A.B. suffered.

Myofascial sessions were instrumental in reducing anxiety because of serotonin release from the gut. This was complemented by Cranial electrotherapy stimulation. (A unit was provided for home use by Neuro-Fitness, LLC.)

Forty treatments at 1.75 ATA were completed by A.B. along with traditional Physical Therapy including heat, electric stimulation, ultrasound, exercises, gait training, vestibular stimulation, etc.

A.B. completed a 5 hour forensic psychological exam twice and we await these results from Dr. Jeffery Gran, but anticipate positive results in light of our observations of behavior and Affect.

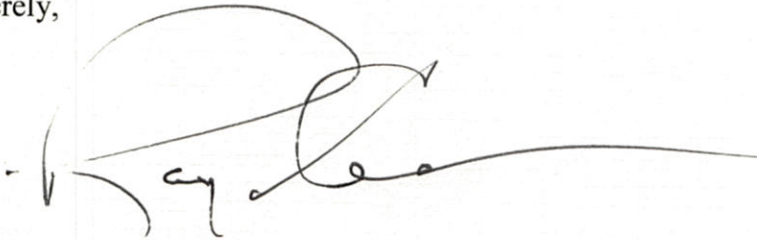
A.B. is very bright and became more articulate and outgoing as his treatments progressed.

A.B.

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I feel he should continue another series of HBO since Dr. Maxfield stated A.B. had the most involvement of the two vets we have treated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ray Cralle', with a long horizontal flourish extending to the right.

Raymond H. Cralle, RPT

Note: A.B. can sleep on his side, rib's no longer a problem.