

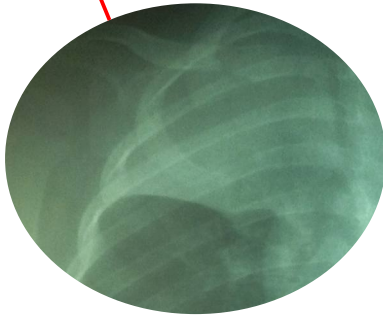
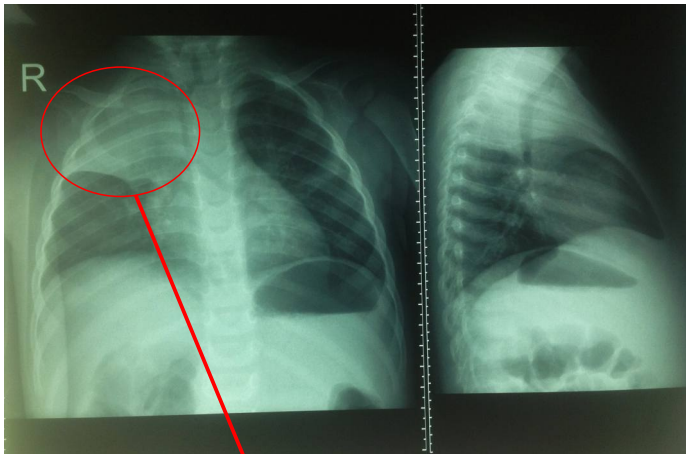


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"Outcome Based Technology"

DEEP OSCILLATION CASE STUDY

BEFORE TREATMENT 30/09/2014



CHEST X-RAYS (2 VIEWS PA AND LATERAL):

The trachea is pulled to the right.

There is complete opacification to the right upper lobe.

Features are in keeping with a lobar pneumonia.

No visible effusions noted.

Costophrenic angles are sharp.

Please correlate with clinical findings.

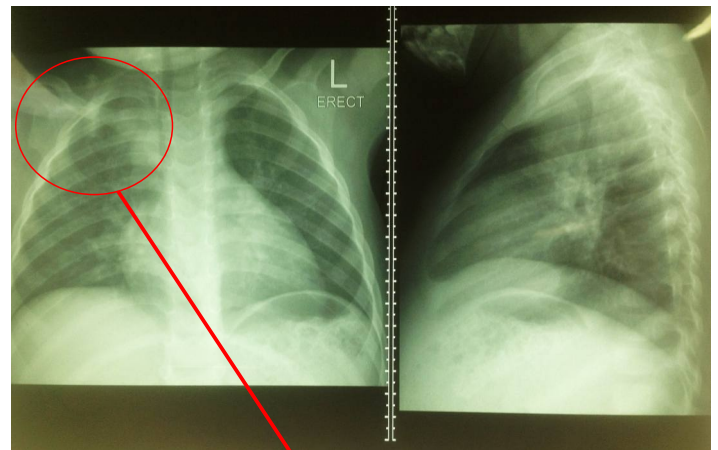
Thank you for your referral.

Regards

DR ZI EBRAHIM

/ IH

AFTER TREATMENT 04/10/2014



CHEST:

The trachea and mediastinum is central.

The cardiothoracic index is normal for the patients age.

Both lung fields show patchy veiling and opacification with hilar regions.

No pleural effusions.

The visualized soft tissues and bony elements are normal.

Findings are in keeping with lobar bronchopneumonia.

Thank you for your referral.

Regards

Dr M Naude

/hc



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**DEEP OSCILLATION
CASE STUDY
SUPPORT DOCUMENTATION**

J VERSTER PHYSIO THERAPIST

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10/11/2014

Attention :
PHYSIO WELLNESS
DEWALD

RE : DEEP OSSILATION
PATIENT : THABANG LEBEPE (MNDAWENI)

Goodday

Writer refer to treatment on the aforesaid patient Thabang Lebepe.

We have treated the patient from 30/09/2014 until 06/10/2014.
On the 30th of September 2014 the referring Dr CT Kuzwayo
requested a chest Xray .

The X ray report revealed total consolidation of the right upper lobe.

Treatment commenced on the 01st of October 2014, treatment plan as
follows :

Deep Ossilation

25Hz-40Hz (10min).

Patient position was changed to Fowlers (5min).

Also to Left Lateral (side) (5min) for the remaining time of treatment.

We also did suction of the upper respiratory tract and nostrils.

The patient's cough was productive.

The patient was treated twice daily for 3 consecutive days.



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A follow up X Ray was done on the 04th of October 2014 to evaluate the condition.

The X ray report revealed that the right upper lobe was cleared .

Patient was treated for a following 2days in hospital where after the patient was discharged.

The patient had a follow up at the rooms of Dr CT Kuzwayo and the condition was satisfactory. There was no complaints of coughing and or flem.

Yours truly

J VERSTER

CELL 0828967888



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Dr's Oosthuysen & Engelbrecht

Radioloë/Radiologists Ingelyf/Incorporated

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Dr AJ Oosthuysen (MBChB, MMED RAD) Dr AME Engelbrecht (MBChB, MMED RAD) Dr ZI Ebrahim (MBChB, MMED RAD, FC RAD)

PATIENT:	LEBEPE, THABANG J TJ MAST
REFERRED BY:	KUZWAYO, CT DR
DATE:	30/09/2014
ACC. NO.:	AK185386

CHEST X-RAYS (2 VIEWS PA AND LATERAL):

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Please correlate with clinical findings.

Thank you for your referral.

Regards

DR ZI EBRAHIM

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PATIENT: LEBEPE, THABANG J TJ MAST
REFERRED BY: KUZWAYO, CT DR
DATE: 04/10/2014
ACC. NO.: AK185541

CHEST:

The trachea and mediastinum is central.

The cardiothoracic index is normal for the patients age.

Both lung fields show patchy veiling and opacification with hilar regions.

No pleural effusions.

The visualized soft tissues and bony elements are normal.

Findings are in keeping with lobar bronchopneumonia.

Thank you for your referral.

Regards

Dr M Naude

/hc