

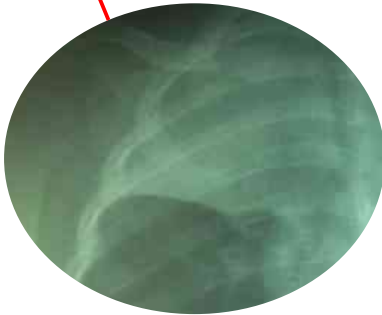
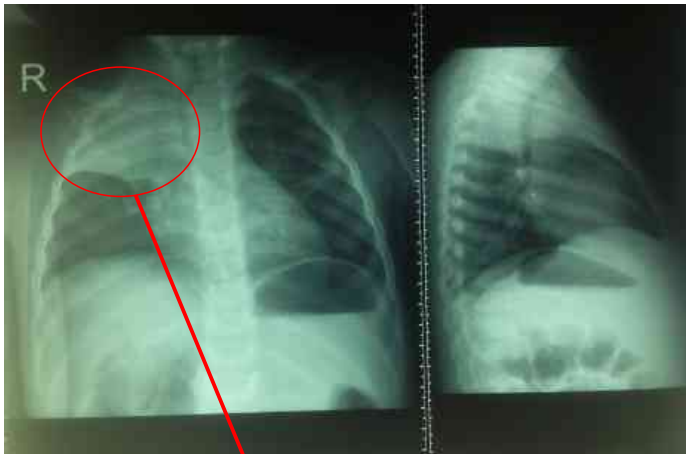


Physio & Wellness

"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.

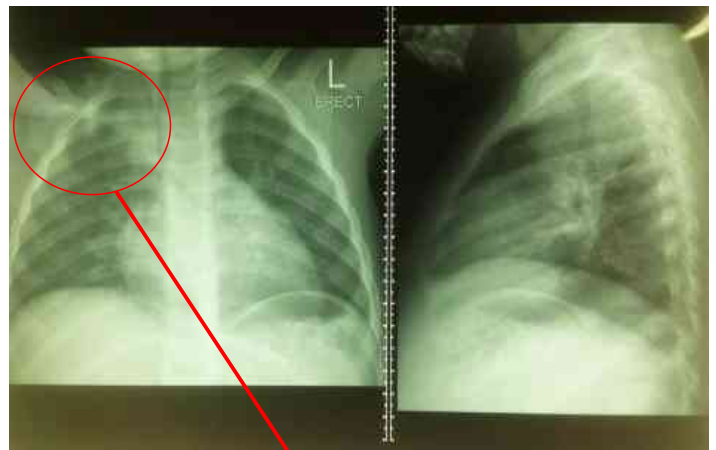
Thank you for your referral.

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



Physio & Wellness

"Outcome Based Technology"

**DEEP OSCILLATION
CASE STUDY
SUPPORT DOCUMENTATION**

J VERSTER PHYSIO THERAPIST

PO BOX 54625

NINAPARK

0156

PR 7222483

TEL (012)5422826

CELL 082 896 7888

Email: chagne@mweb.co.za

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.



Physio & Wellness

"Outcome Based Technology"

**DEEP OSCILLATION
CASE STUDY
SUPPORT DOCUMENTATION**

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



Physio & Wellness

“Outcome Based Technology”

DEEP OSCILLATION CASE STUDY SUPPORT DOCUMENTATION

Dr's Oosthuysen & Engelbrecht

Radioloë/Radiologists Ingelyf/Incorporated

PR 0315877

Level 3 B-BBEE Contributor

Netcare Moot Hospital

572-18th Avenue
RIETFONTEIN
☎012 330 1614/5
☎012 331 2092

☐P/Bag x40173
ARCADIA 0007

Netcare Akasia Hospital

Heinrich Avenue
AKASIA
☎012 549 2270
☎012 549 1695

Accounts

582-18th Avenue
RIETFONTEIN
☎012 331 7068
☎012 331 7069
☎086 634 8107

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):

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



Physio & Wellness

"Outcome Based Technology"

DEEP OSCILLATION CASE STUDY SUPPORT DOCUMENTATION

Dr's Oosthuysen & Engelbrecht

Radioloë/Radiologists Ingelyf/Incorporated
PR 0315877

Level 3 B-BBEE Contributor

Netcare Moot Hospital

572-18th Avenue
RIETFontein
☎012 330 1614/5
☎012 331 2092

☒P/Bag x40173
ARCADIA 0007

Netcare Akasia Hospital

Heinrich Avenue
AKASIA
☎012 549 2270
☎012 549 1695

Accounts

582-18th Avenue
RIETFontein
☎012 331 7068
☎012 331 7069
☎086 634 8107

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: 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