

## Demo

Gender: Male  
Age: 1 (DOB:1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

### EEG Frequency Analysis

|                                     | Score  | Norms  |  |
|-------------------------------------|--------|--------|--|
| Eyes Open: Posterior Peak Frequency | 7.3 Hz | 8 - 12 |  |
| Eyes Open: Theta/Beta Ratio         | 0.89   | < 1    |  |

### Evoked Potentials (ERPs)

|                       | Score  | Norms      |  |
|-----------------------|--------|------------|--|
| Visual Processing     | 80 ms  | P200 < 175 |  |
| Attention / Vigilance | 332 ms | P300 < 370 |  |

### Behavioral Motor Test

|                        | Score  | Norms     |  |
|------------------------|--------|-----------|--|
| Reaction Time          | 327 ms | 350 - 550 |  |
| Reaction Time Variance | 7.1 ms | < 10      |  |
| Missed Responses       | 0 %    | <= 10     |  |
| Wrong Responses        | 2.1 %  | <= 3      |  |

### Self-Assessment Questionnaire

Attention - Distracting Pain: 5 of 5  
Chronic Pain: 5 of 5  
Chronic Pain - Neuropathic: 5 of 5  
Chronic Pain: 5 of 5  
Experience muscle weakness: 4 of 5  
Chronic Pain - Musculoskeletal: 4 of 5  
Use incorrect words when speaking: 3 of 5  
Forgetful / poor memory: 3 of 5  
Concussion - Balance Problems: 3 of 5  
Snoring / sleep apnea: 3 of 5  
Don't recall what day of the week it is: 3 of 5  
Anxiety - Anxiety: 3 of 5  
Concussion event in the last 1 week: 1 of 5  
Altered vision: 3 of 5  
Get dizzy or easily lose my balance: 3 of 5  
Attention - Re-Experiences Intrusive Memories: 3 of 5  
Word Finding Problems: 1 of 5  
Get a metallic taste in my mouth: 3 of 5  
Aggressive, or hostile impulsivity: 3 of 5  
Altered hearing: 1 of 5

### Physician Summary - Key Findings

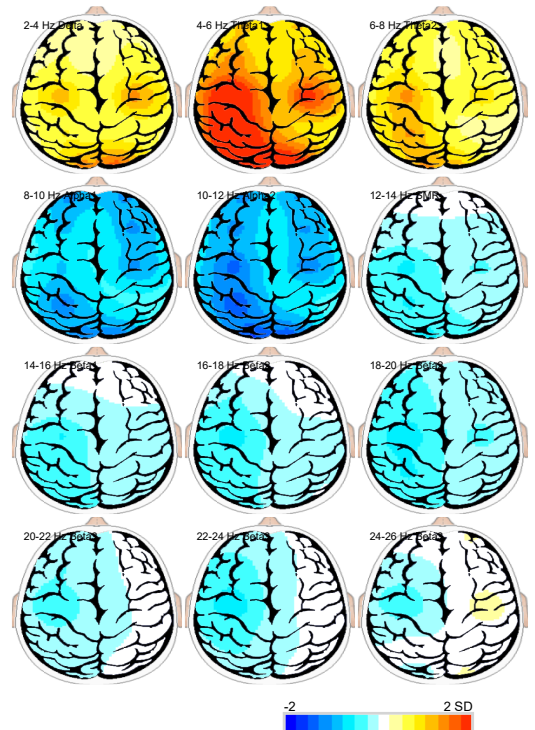
Normal response time to visual and cognitive stimulus.

Normal level of beta frequencies central brain activity;

Possible signs of Impaired Memory Symptoms (4 of 5); Possible signs of Tinnitus Disorder (1 of 5);

Physician Summary is provided by NeuroWave.com and is based solely on the BrainView electrophysiology biomarkers and existing medical literature. Clinical suggestions are made without knowledge of the patient's conditions, medications, or other medical lab values.

### Eyes Open - Headmaps - Z Scored



Physician's Notes:

## Demo

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

The electroencephalogram (EEG) has been a medical standard for the evaluation of general brain health and overall function. This test detects abnormalities in the brain waves, or in the electrical activity. The brain is the most important organ in the body at the center of the nervous system and controls all parts of the body. An EEG can detect minuscule abnormalities that occur as a result of the normal ageing process, mental diseases or disorders, brain insults due to trauma, and abnormal changes due to exposure to toxins, substance abuse, and acute or chronic events.

## Eyes Open: Posterior Peak Frequency: 7.3 Hz

Marker of Cognitive Performance

Reference: 8 - 12 Hz



## Eyes Open: Theta/Beta Ratio: 0.89

Marker of Inattention

Reference: < 1

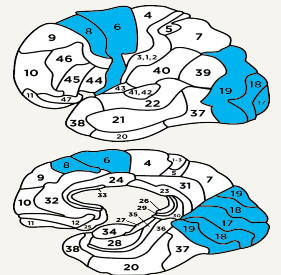


## Eyes Open: Brain Map Source - Deviations from normality

| Brodmann Area (BA)    | Frequency       | Z-Score | Function                    |
|-----------------------|-----------------|---------|-----------------------------|
| BA Right 17, 18, 19   | 4-6 Hz Theta1   | 3.2 SD  | Left visual field           |
| BA Right 6, 8 (9, 46) | 8-10 Hz Alpha1  | -2.2 SD | Impulse control/Impulsivity |
| BA Right 17, 18, 19   | 10-12 Hz Alpha2 | -2.1 SD | Left visual field           |

Deviations < 1.5 +-SD are in normal range; Deviations > 6 +-SD are not considered due to likelihood of artifact.

Low alpha peak frequencies below 8Hz have been correlated with: cognitive disturbances and dementia.  
Normal level of beta frequencies central brain activity;  
Examination Duration: 25 min 14 sec



## Physician's Notes:

## Demo

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

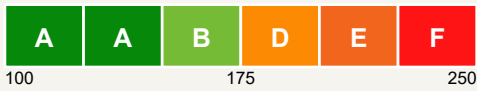
Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

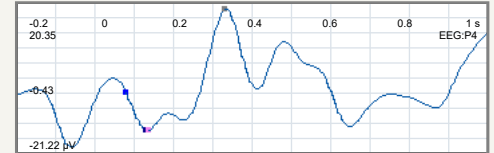
Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

Event-related potentials (ERP) are also referred to as evoked potentials (EP) and are a measurement of the brain's direct response to a specific sensory, cognitive, or motor event. EPs have the ability to measure (to the millisecond) the speed in which the brain is able to process this information. This fast-paced processing is what allow us as humans to receive, filter, and process billions of pieces of information in order to make split-second decision every second of every day. Due to the sensitivity of ERP testing, we are able to detect changes in this processing speed that is related to cognitive decline. If this testing is performed early enough, these changes can be seen before they become physically noticeable. The ERP can detect slowing in physical reaction times and decision-making skills, as well as stress disorders, memory loss, and other neurological disorders.

## Visual Processing: 80 ms



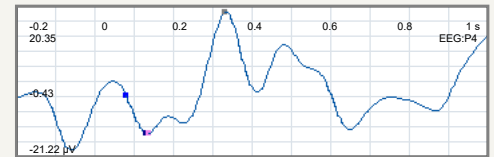
Reference: P200 < 175 ms



## Attention / Vigilance: 332 ms



Reference: P300 < 370 ms



## Physician's Notes:

**Demo**

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

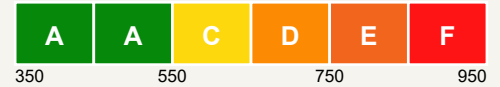
**Physician Only Report**

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

A natural process of ageing includes the decline in neuro physical and cognitive abilities. Behavior performance can be measured as it relates to the daily stressors that everyone faces, including neuro-physical, emotional and mental challenges. The observable changes can include changes in reaction time, errors in commission (how often you make mistakes), and errors in omission (how often you miss information). These performance measures can provide an accurate snapshot and an objective assessment of a patient's ability to effectively perform general or routine daily tasks and can indicate the level of decline.

**Reaction Time: 327 ms**

Reference: 350 - 550 ms

**Reaction Time Variance: 7.1 ms**

Reference: &lt; 10 ms

**Missed Responses: 0 %**

Reference: &lt;= 10 %

**Wrong Responses: 2.1 %**

Reference: &lt;= 3 %



Normal response time to visual and cognitive stimulus.

Physician's Notes:

**Demo**

 Gender: Male  
 Age: 1 (DOB: 1/1/1)

 Weight: 245 lbs  
 Patient Code:

 Height: 6 ft 3 in  
 BMI: 30.6

 Physician Only Report  
 Exam Date: Jul 12 2021 15:01  
 Organization: AbbyCare

**Patient History:**

Attention - Distracting Pain: 5 of 5; Chronic Pain: 5 of 5; Chronic Pain - Neuropathic: 5 of 5; Chronic Pain: 5 of 5; Experience muscle weakness: 4 of 5;

**Acquisition Summary:**

 Montage: Common Reference 21 channels;  
 Sampling Rate: 500Hz; High Pass Filter: 0.5Hz; Low Pass Filter: 50Hz; Notch Filter: 60Hz;  
 Examination Duration: 25 min 14 sec;  
 The patient was awake with eye open for an adequate period of time during the tracing;

**Physician Summary - Key Findings:**

 Normal response time to visual and cognitive stimulus.  
 Normal level of beta frequencies central brain activity;

Physician Summary is provided by NeuroWave.com and is based solely on the BrainView electrophysiology biomarkers and existing medical literature. Clinical suggestions are made without knowledge of the patient's conditions, medications, or other medical lab values.

**Physician's Notes:**

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.  
 Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

**Demo**

Gender: Male  
Age: 1 (DOB: 1/1/1)

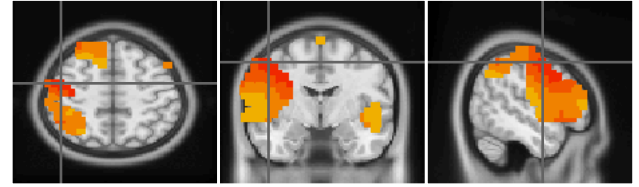
Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

**Physician Only Report**

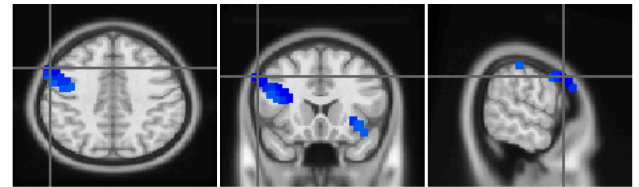
Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

Region: Occipital Lobe  
Brodmann Area (BA): Right 17, 18, 19  
Frequency: 4 - 6 Hz (Theta1)  
Z-Score: 3.2 SD  
Brodmann: Primary visual cortex (V1) - Striate cortex, Secondary visual cortex (V2) - Middle occipital gyrus, Associative visual cortex (V3, V4 & V5) - Inferior occipital gyrus  
Function: Left visual field



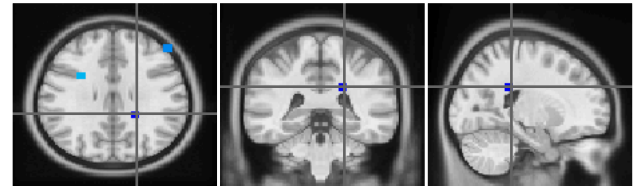
Description: Complete bilateral lesions of the occipital lobes produce cortical blindness, which is some times associated with unawareness or denial of blindness (Anton's syndrome). According to functional studies BA17 clearly participates in the detection of light intensity, color recognition, and the detection of visual patterns. It also participates in visuo-spatial information processing, tracking motion and visual attention. fMRI studies have disclosed its involvement in some unexpected functions, such as visual priming, and word and face encoding; however in the latter case it is just one of the steps in a widespread network, including the bilateral frontal (BA44/45), occipital (BA17/18/19) and fusiform gyri (BA37) as well as the right hippocampal formation. Interestingly, BA17 is activated not only with the physical presentation of visual information, but also in mental imagery tasks.

Region: Frontal Lobe  
Brodmann Area (BA): Right 6, 8  
Secondary BA: Right 9, 46  
Frequency: 8 - 10 Hz (Alpha1)  
Z-Score: -2.2 SD  
Brodmann: Premotor cortex or Lateral Premotor Area (PMA); Supplementary Motor Area (SMA), Frontal Eye Fields  
Function: Impulse control/Impulsivity



Description: The diversity of functions involving BA6, probably the largest Brodmann's area, is not surprising. However, its basic function seems to be clear enough: motor sequencing and planning movements. Damage in the lateral premotor area results in kinetic apraxia (loss of the kinetic components of engrams resulting in coarse or unrefined movements with movements that no longer have the appearance of being practiced over time). The SMA portion is related with movement initiation. The left SMA also participates in language initiation and maintenance of voluntary speech production; but, interestingly, it also activates with imagined movements. Linguistic functions of left BA6 are diverse, but a major function evidently is speech motor programming; Broca's area indeed corresponds to a subdivision of the premotor cortex, and some of the linguistic functions of the lateral premotor area are probable the result of an extended activation of the frontal languages areas. By the same token, participation of BA6 in memory, attention, and executive functions may be due to the activation of an extended brain network, that sometimes involves BA6. The existence of mirrors neurons that activate when observing (and imagining) actions plays an important role in understanding thinking and planning.

Region: Occipital Lobe  
Brodmann Area (BA): Right 17, 18, 19  
Frequency: 10 - 12 Hz (Alpha2)  
Z-Score: -2.1 SD  
Brodmann: Primary visual cortex (V1) - Striate cortex, Secondary visual cortex (V2) - Middle occipital gyrus, Associative visual cortex (V3, V4 & V5) - Inferior occipital gyrus  
Function: Left visual field



Description: Complete bilateral lesions of the occipital lobes produce cortical blindness, which is some times associated with unawareness or denial of blindness (Anton's syndrome). According to functional studies BA17 clearly participates in the detection of light intensity, color recognition, and the detection of visual patterns. It also participates in visuo-spatial information processing, tracking motion and visual attention. fMRI studies have disclosed its involvement in some unexpected functions, such as visual priming, and word and face encoding; however in the latter case it is just one of the steps in a widespread network, including the bilateral frontal (BA44/45), occipital (BA17/18/19) and fusiform gyri (BA37) as well as the right hippocampal formation. Interestingly, BA17 is activated not only with the physical presentation of visual information, but also in mental imagery tasks.

**Physician's Notes:**

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

**Demo**

Gender: Male  
Age: 1 (DOB: 1/1/1)

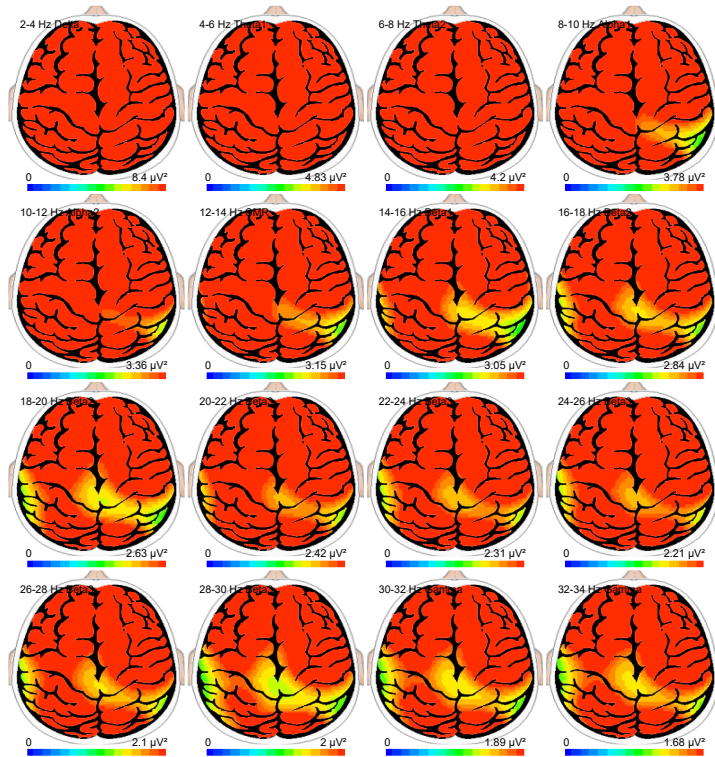
Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

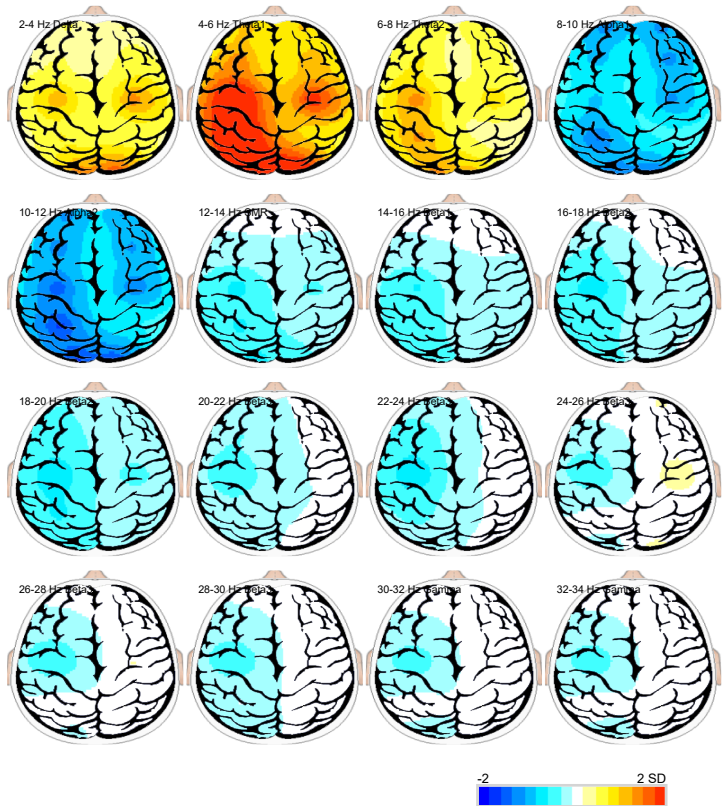
**Physician Only Report**

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

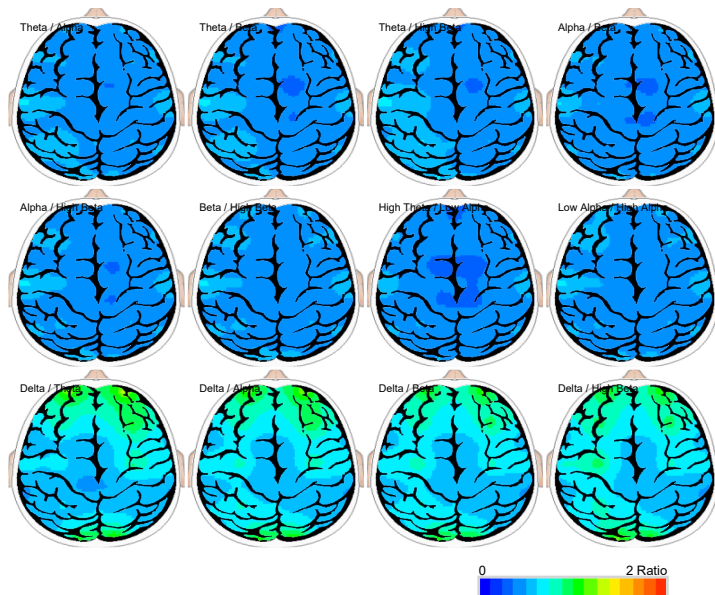
**Absolute Power**



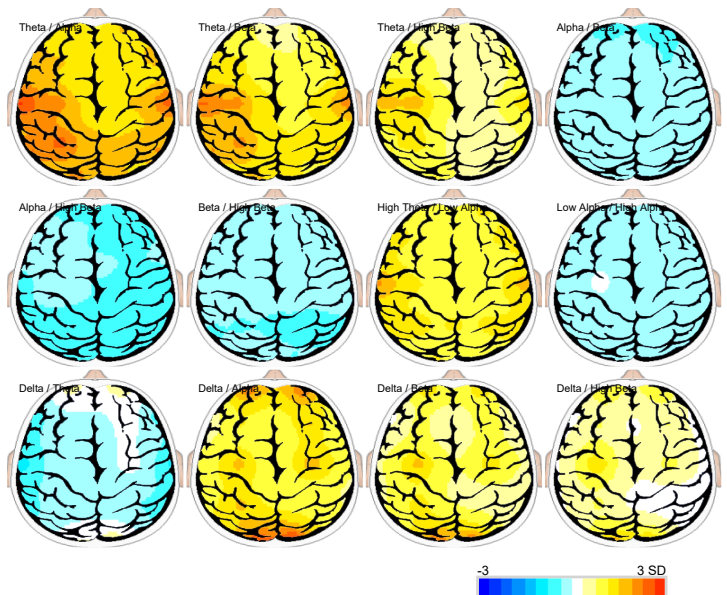
**Z Scored - Relative Power**



**Power Ratio**



**Z Scored - Power Ratio**



**Physician's Notes:**

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

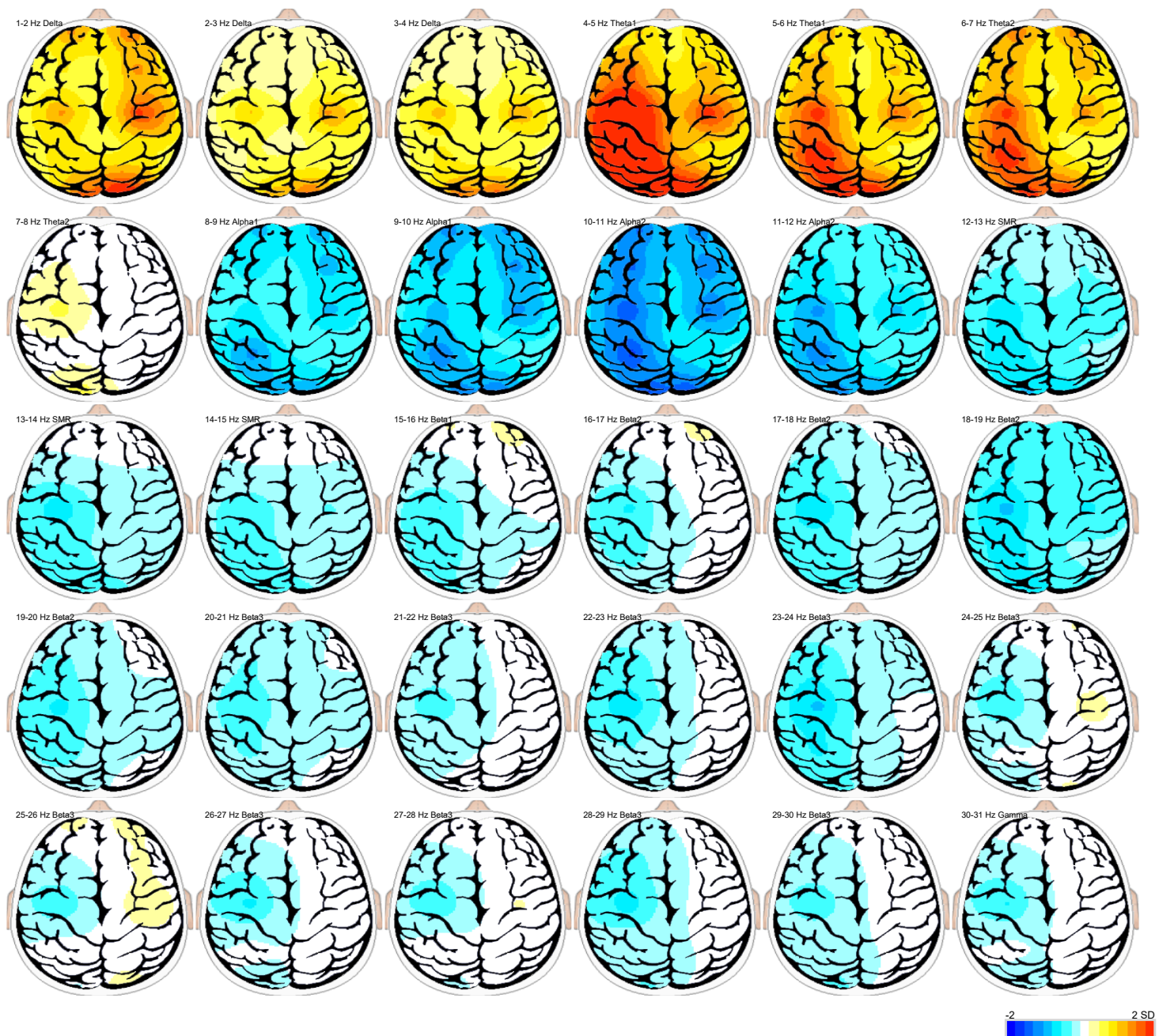
Demo

Gender: Male

Age: 1 (DOB: 1/1/1)

Patient Code:

Exam Date: Jul 12 2021 15:01



Physician's Notes:

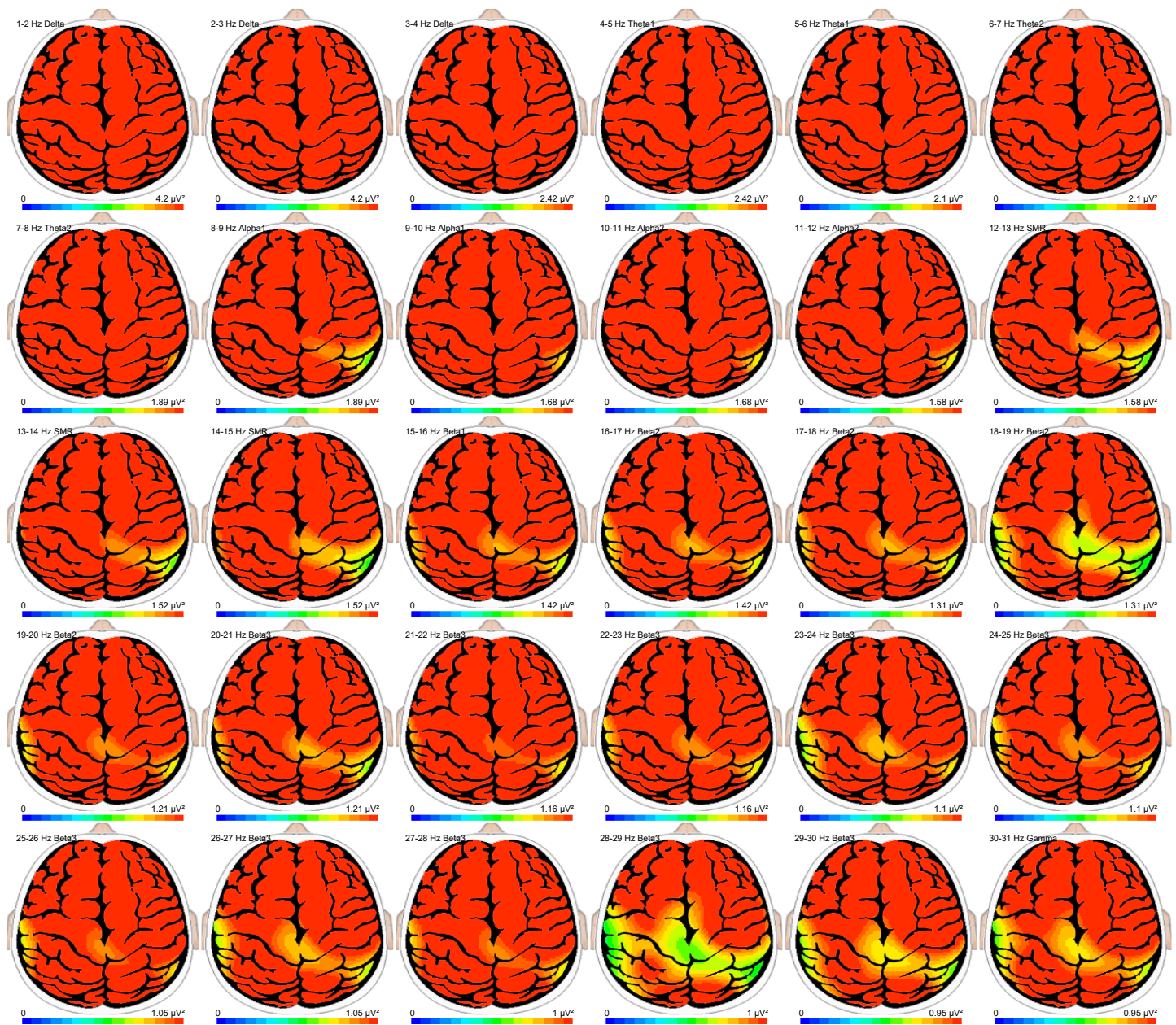
All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1)

Patient Code:

Exam Date: Jul 12 2021 15:01



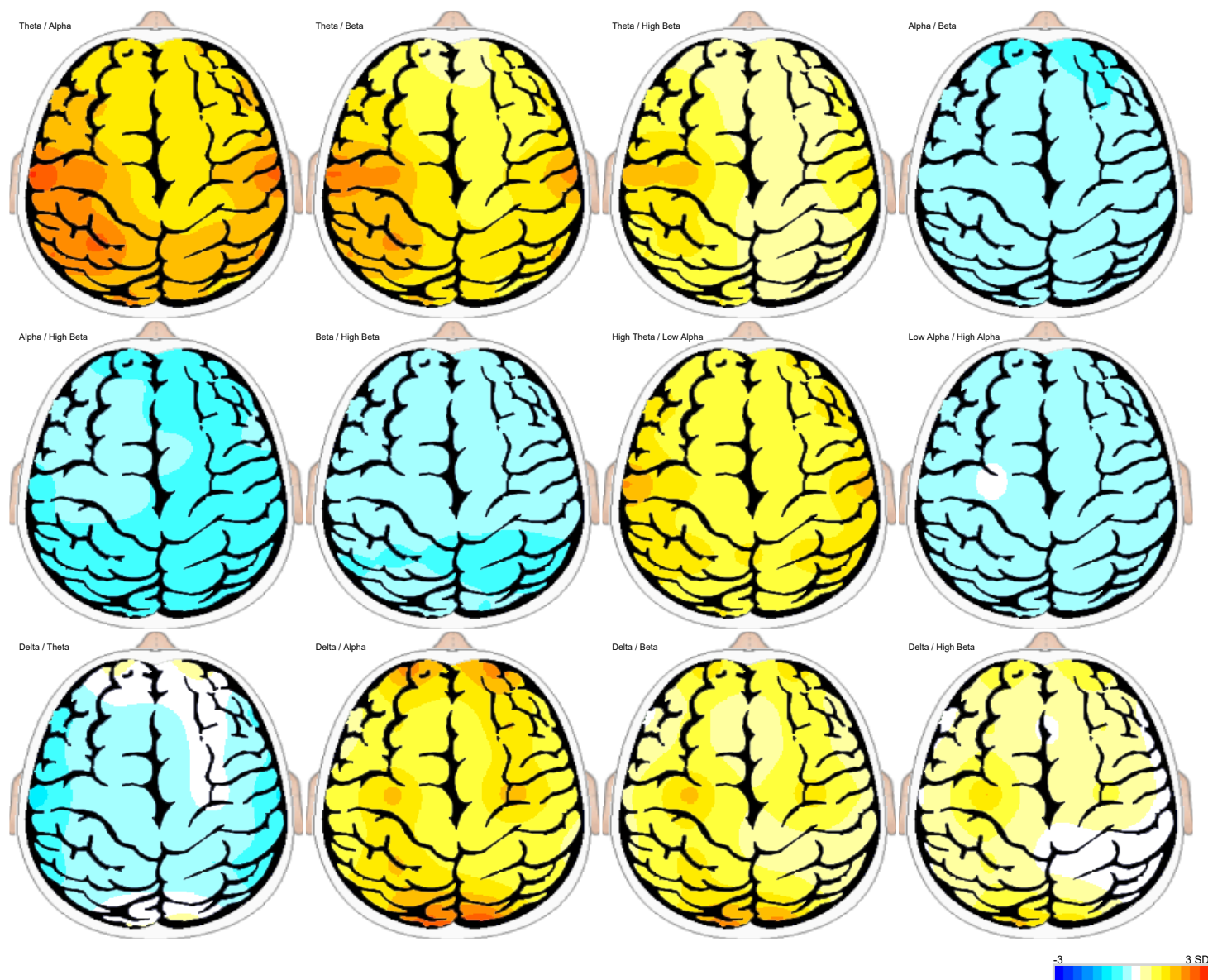
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



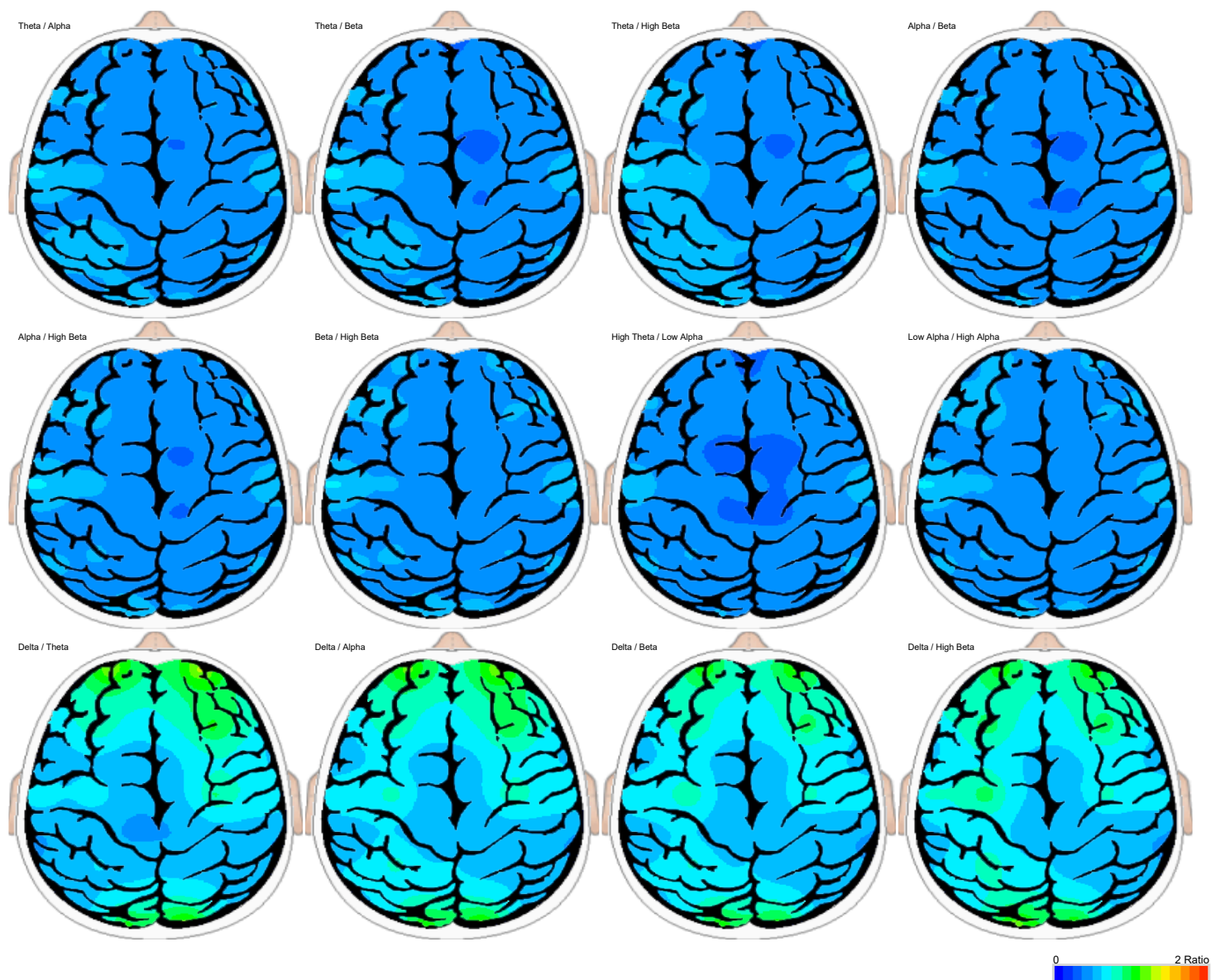
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

**Demo**

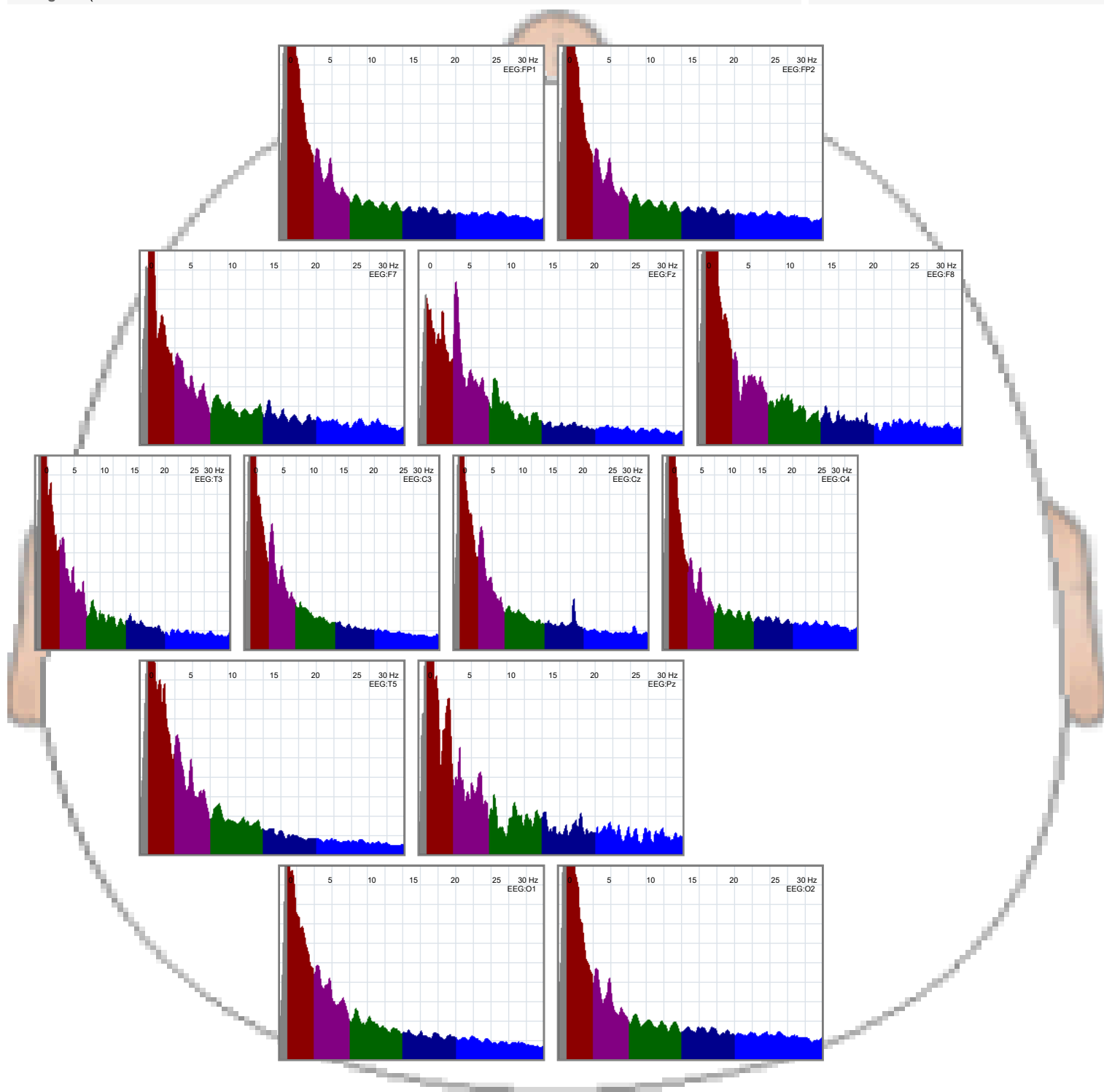
Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

**Physician Only Report**

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare



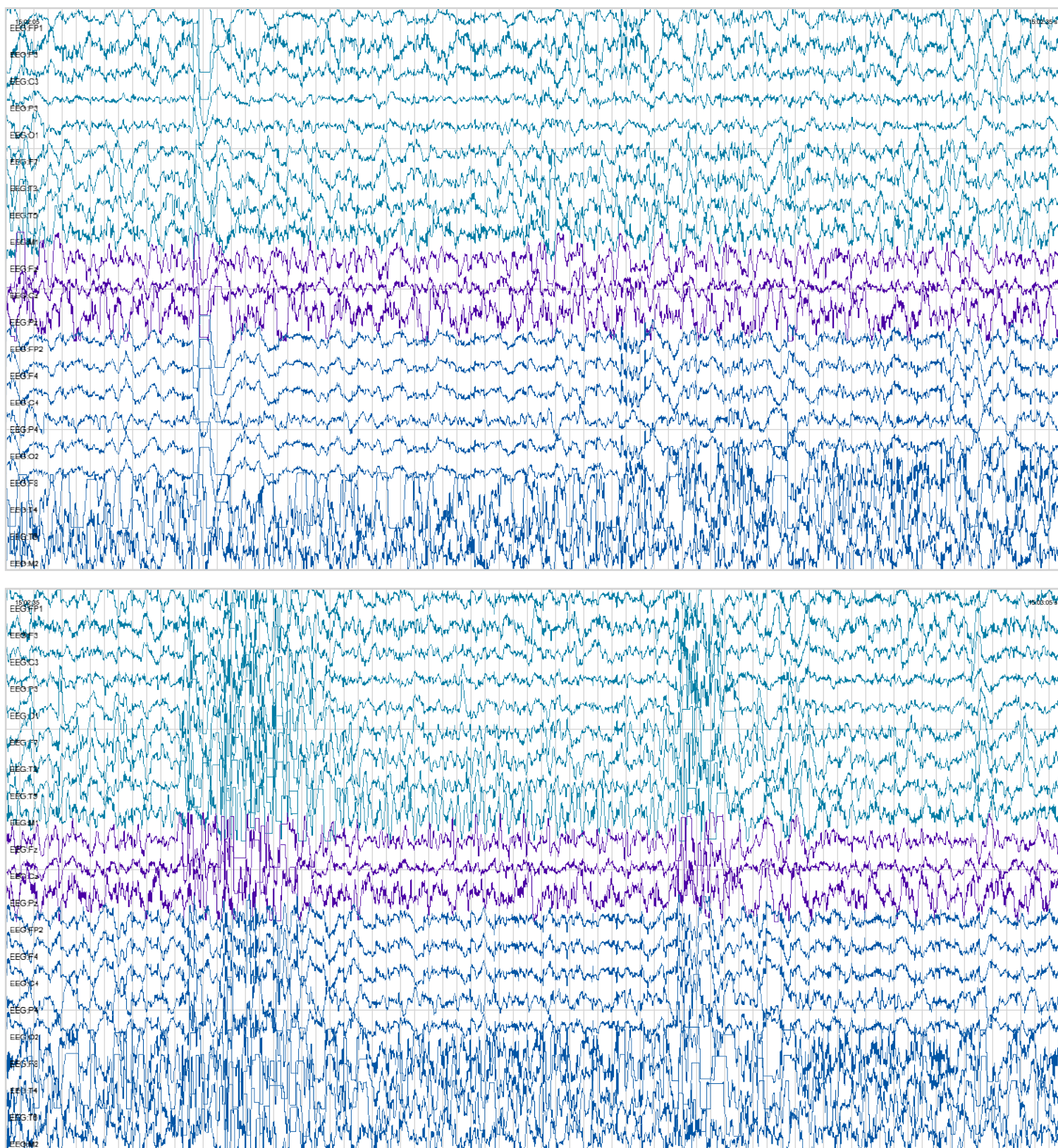
**Physician's Notes:**

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



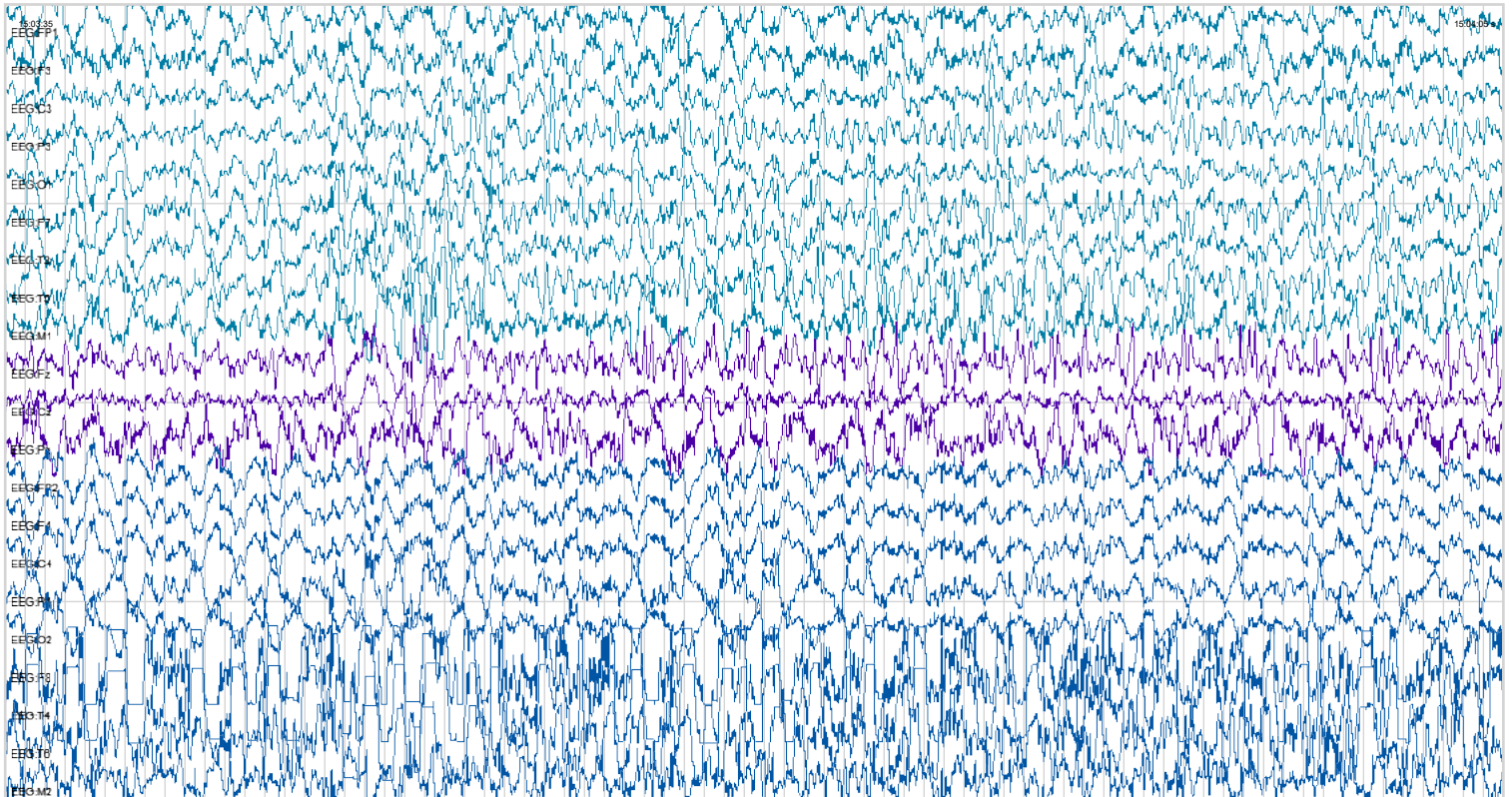
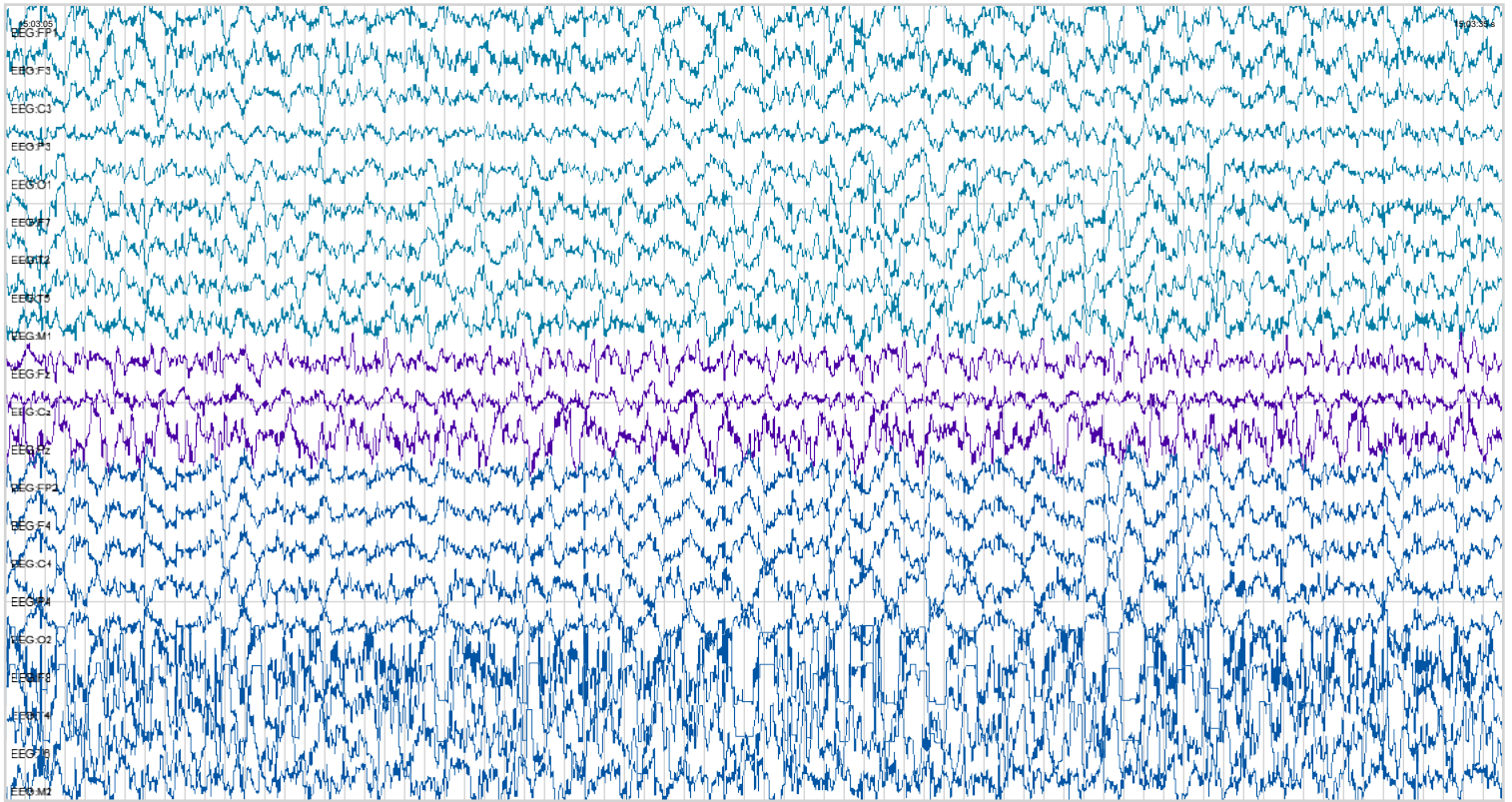
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01

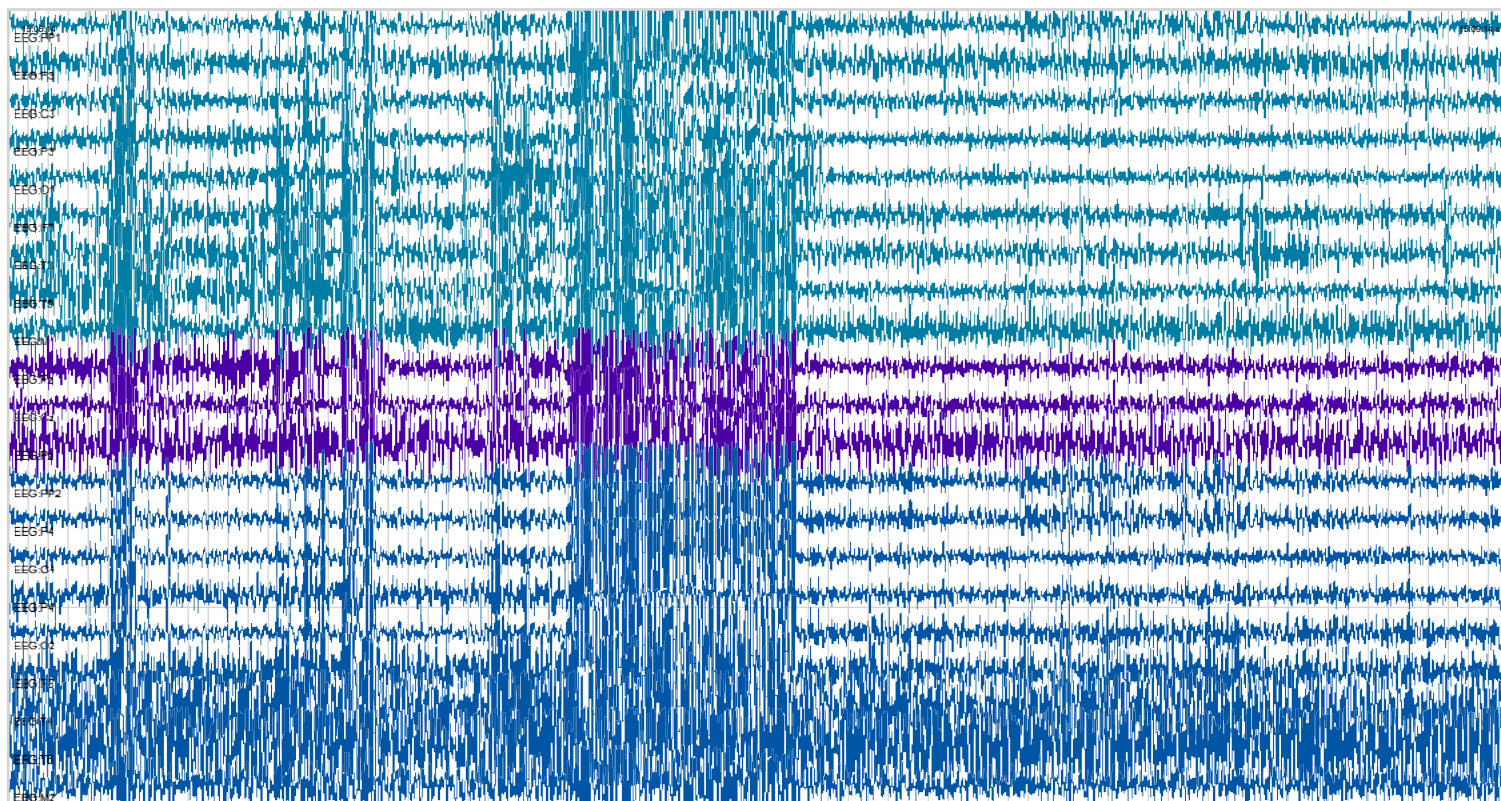
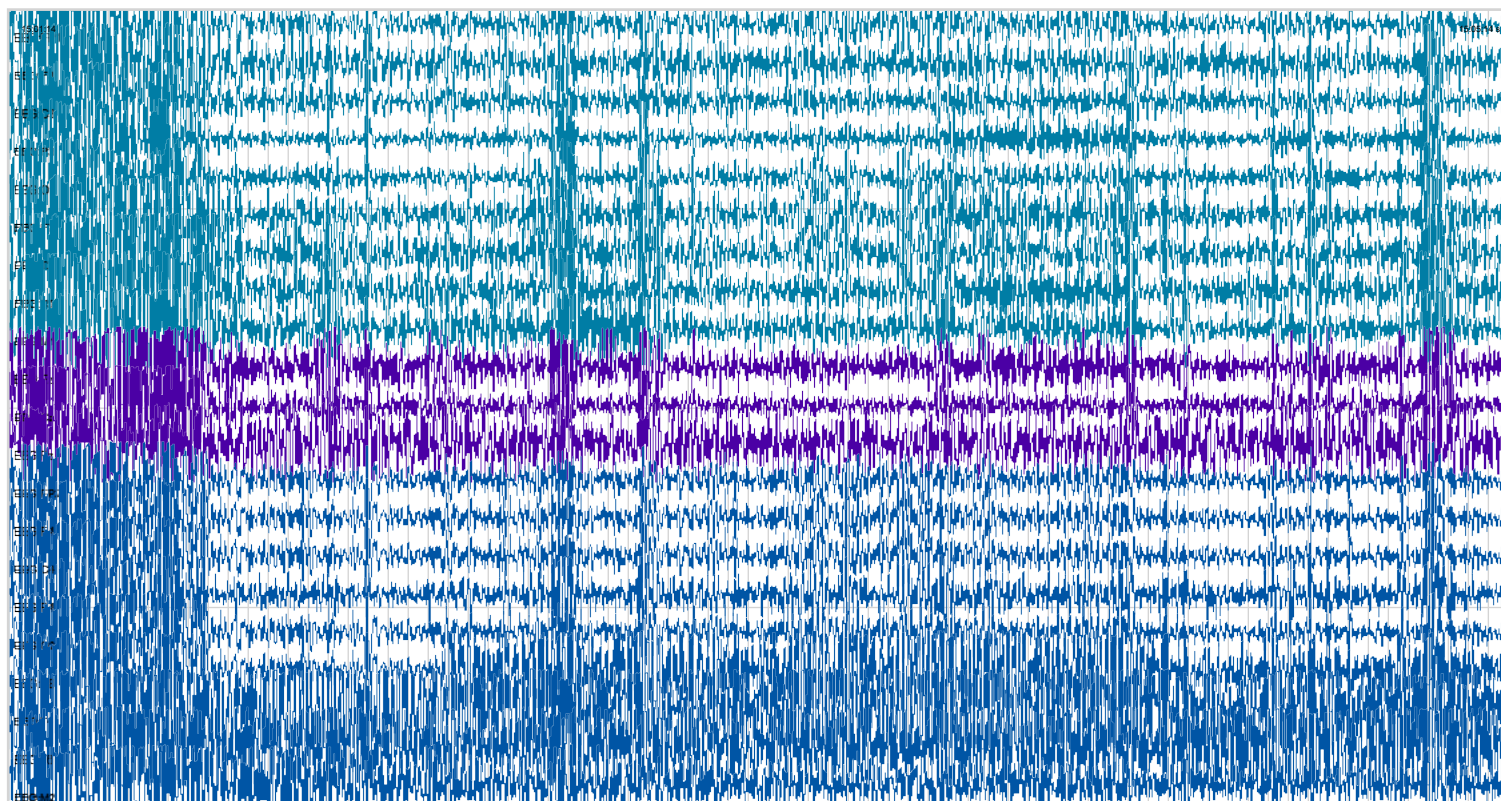


## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.  
Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



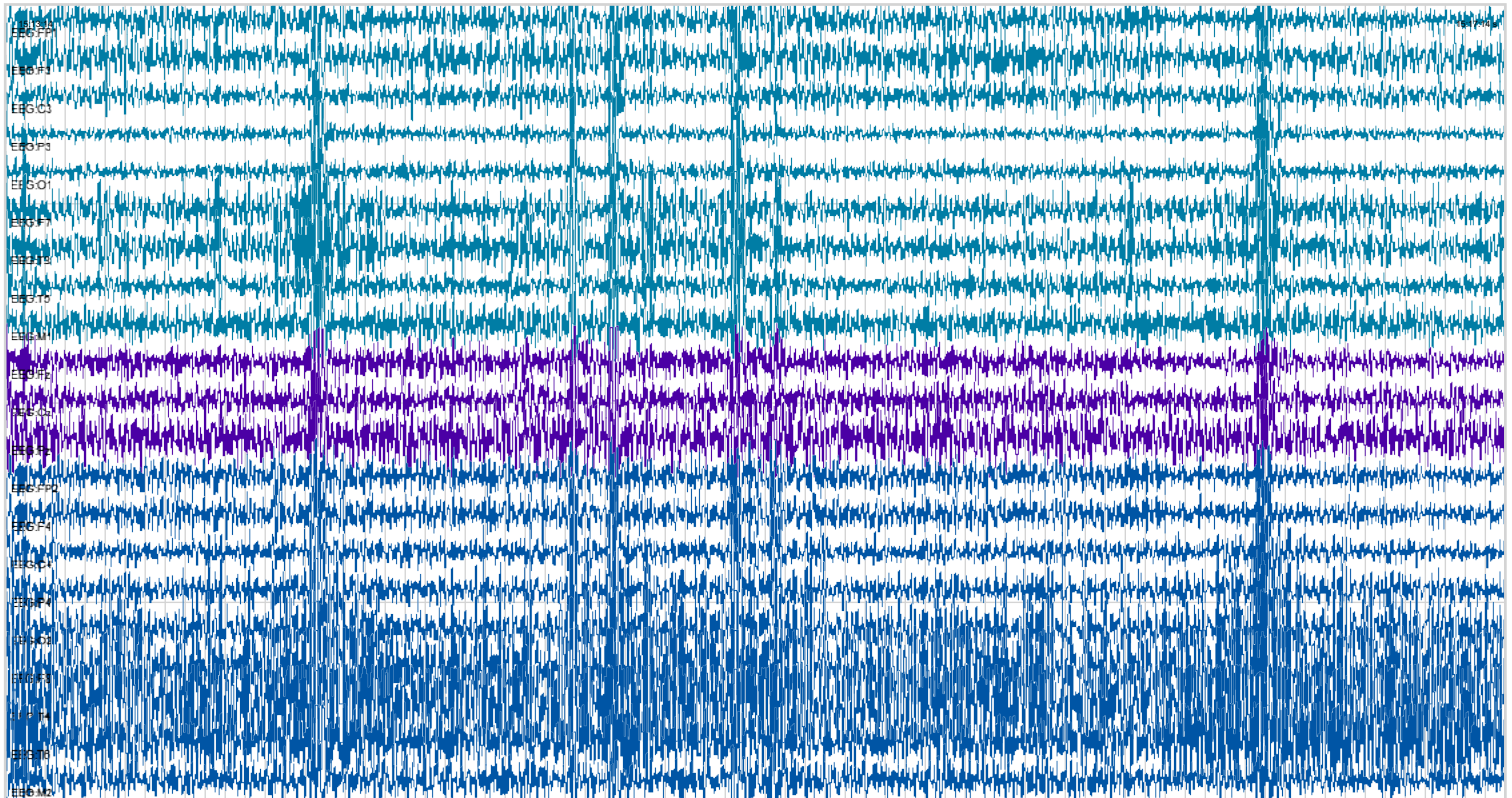
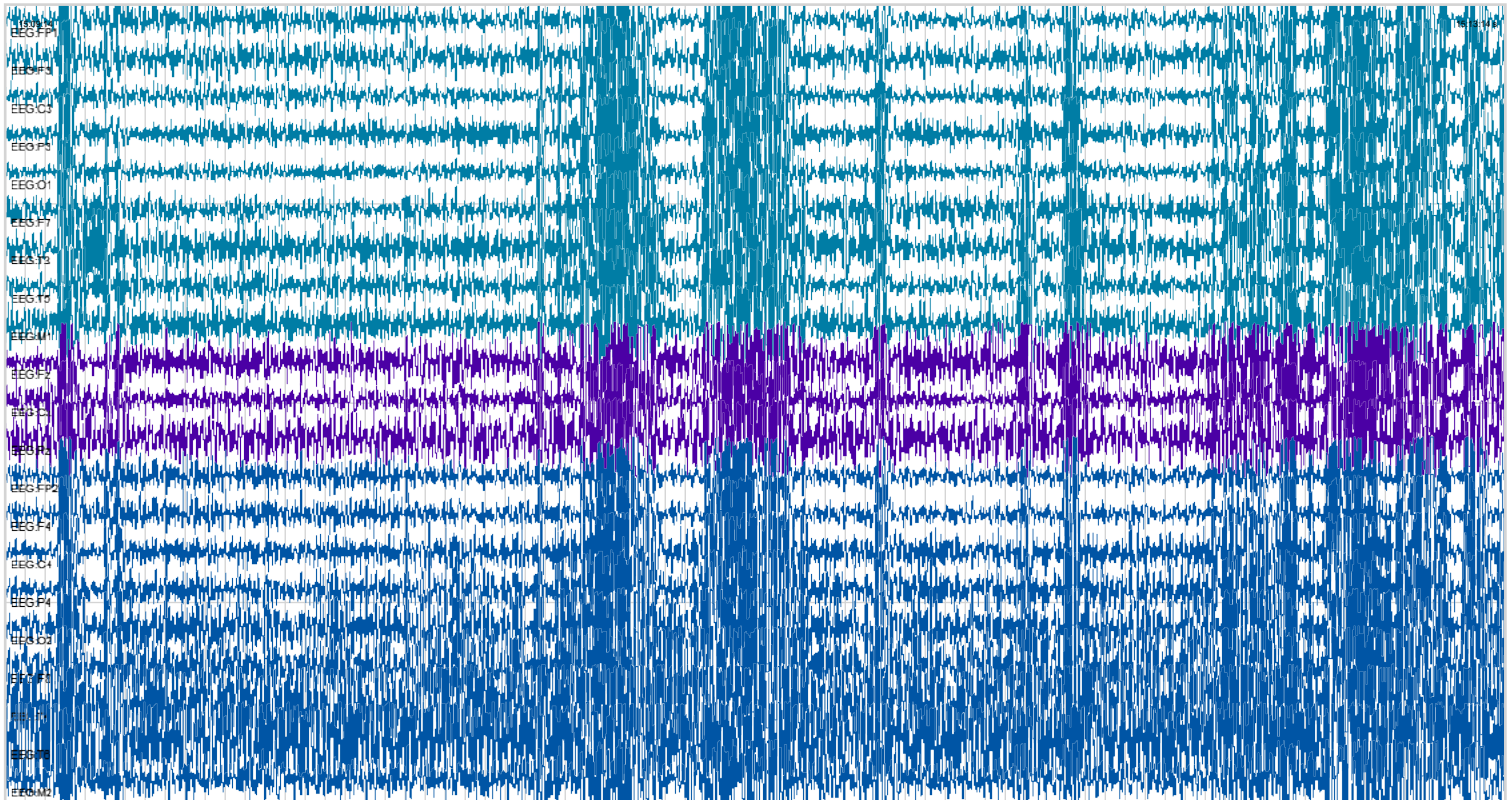
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

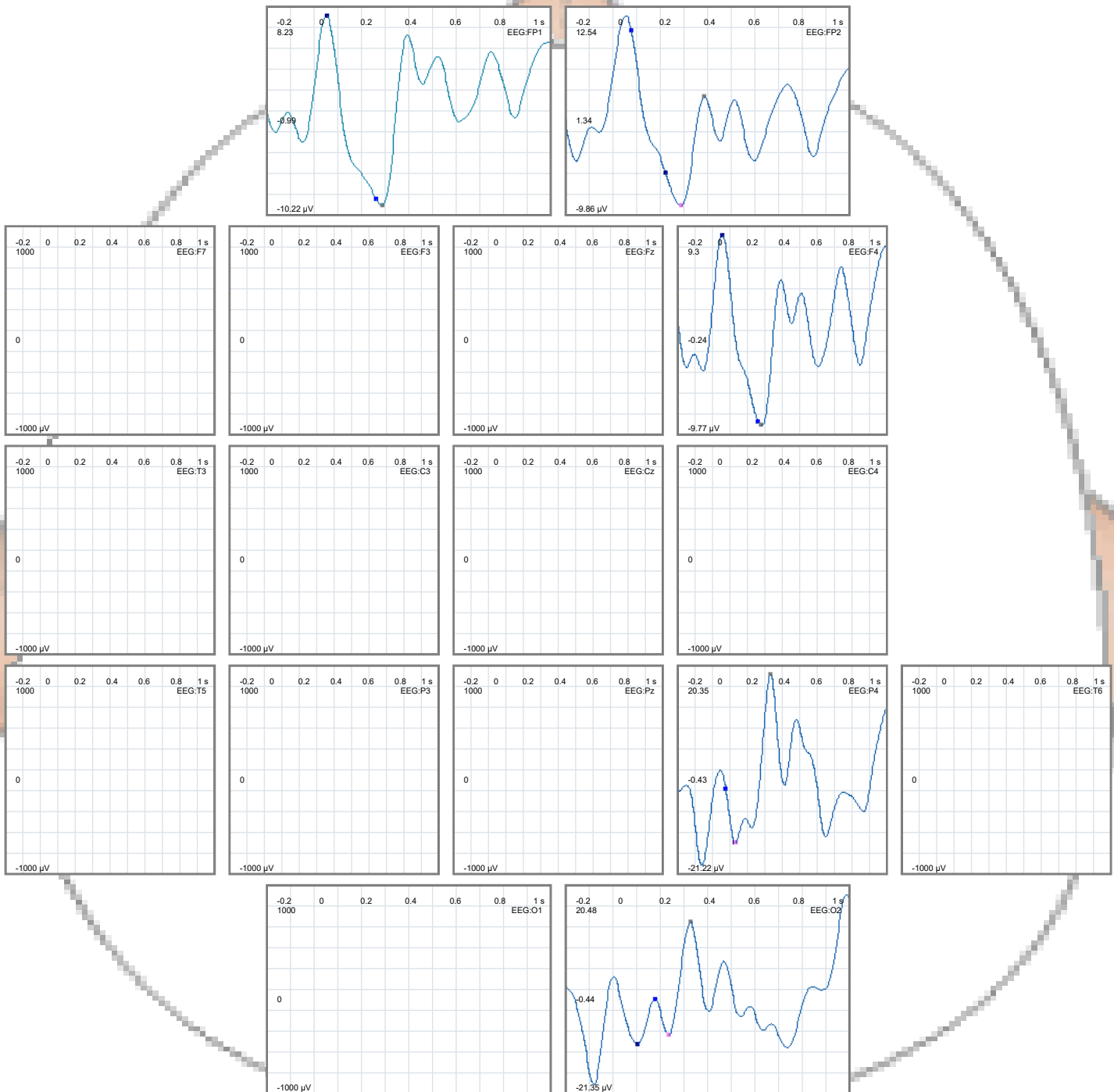
**Demo**

Gender: Male  
Age: 1 (1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

Physician Only Report  
Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare



**Physician's Notes:**

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

## Demo

Gender: Male  
Age: 1 (1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

## EVENTS

|                            | Events | Duration     | Longest | Mean Duration |
|----------------------------|--------|--------------|---------|---------------|
| EEG:F4: Spike Wave Complex | 3      | 19 sec       | 7 sec   | 6 sec         |
| Generalized Irregular      | 4      | 30 sec       | 15 sec  | 7 sec         |
| EEG:T5: Irregular          | 27     | 4 min 58 sec | 26 sec  | 11 sec        |
| EEG:O1: Sharp Wave         | 4      | 16 sec       | 4 sec   | 4 sec         |
| EEG:P3: Irregular          | 20     | 3 min 15 sec | 19 sec  | 9 sec         |
| EEG:FP2: Irregular         | 19     | 2 min 54 sec | 26 sec  | 9 sec         |
| EEG:C3: Irregular          | 21     | 3 min 33 sec | 26 sec  | 10 sec        |
| EEG:F3: Irregular          | 23     | 3 min 3 sec  | 15 sec  | 7 sec         |
| EEG:Cz: Irregular          | 21     | 3 min 55 sec | 26 sec  | 11 sec        |
| EEG:FP1: Irregular         | 18     | 2 min 56 sec | 26 sec  | 9 sec         |
| EEG:O1: Irregular          | 22     | 4 min 16 sec | 27 sec  | 11 sec        |
| EEG:F4: Irregular          | 20     | 2 min 58 sec | 26 sec  | 8 sec         |

Spike detection software was utilized; however, this study was not performed for the diagnosis of epilepsy; spike detection software often identifies EEG related artifacts.

## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

## Demo

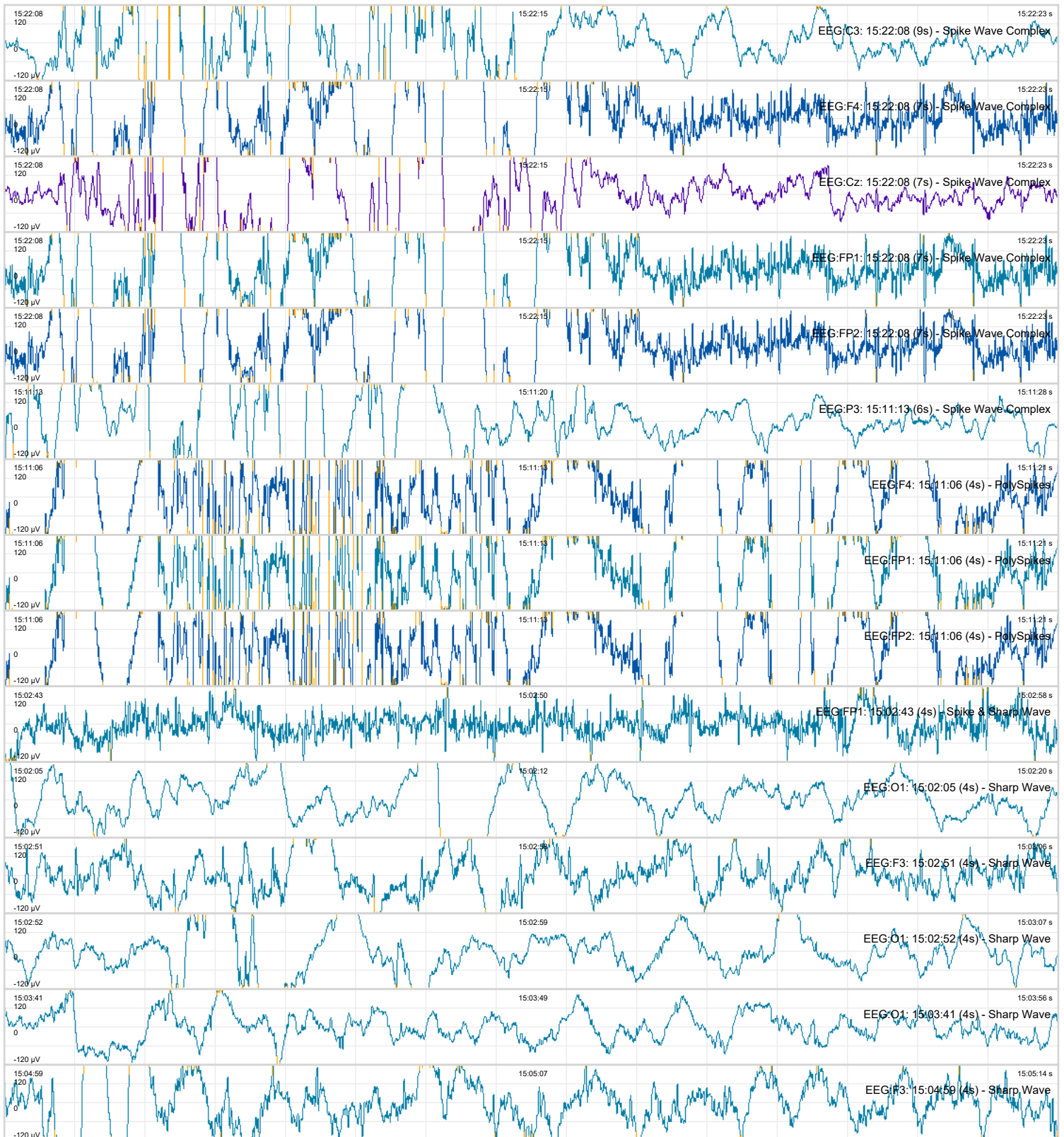
Gender: Male  
Age: 1 (1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare



Spike detection software was utilized; however, this study was not performed for the diagnosis of epilepsy; spike detection software often identifies EEG related artifacts.

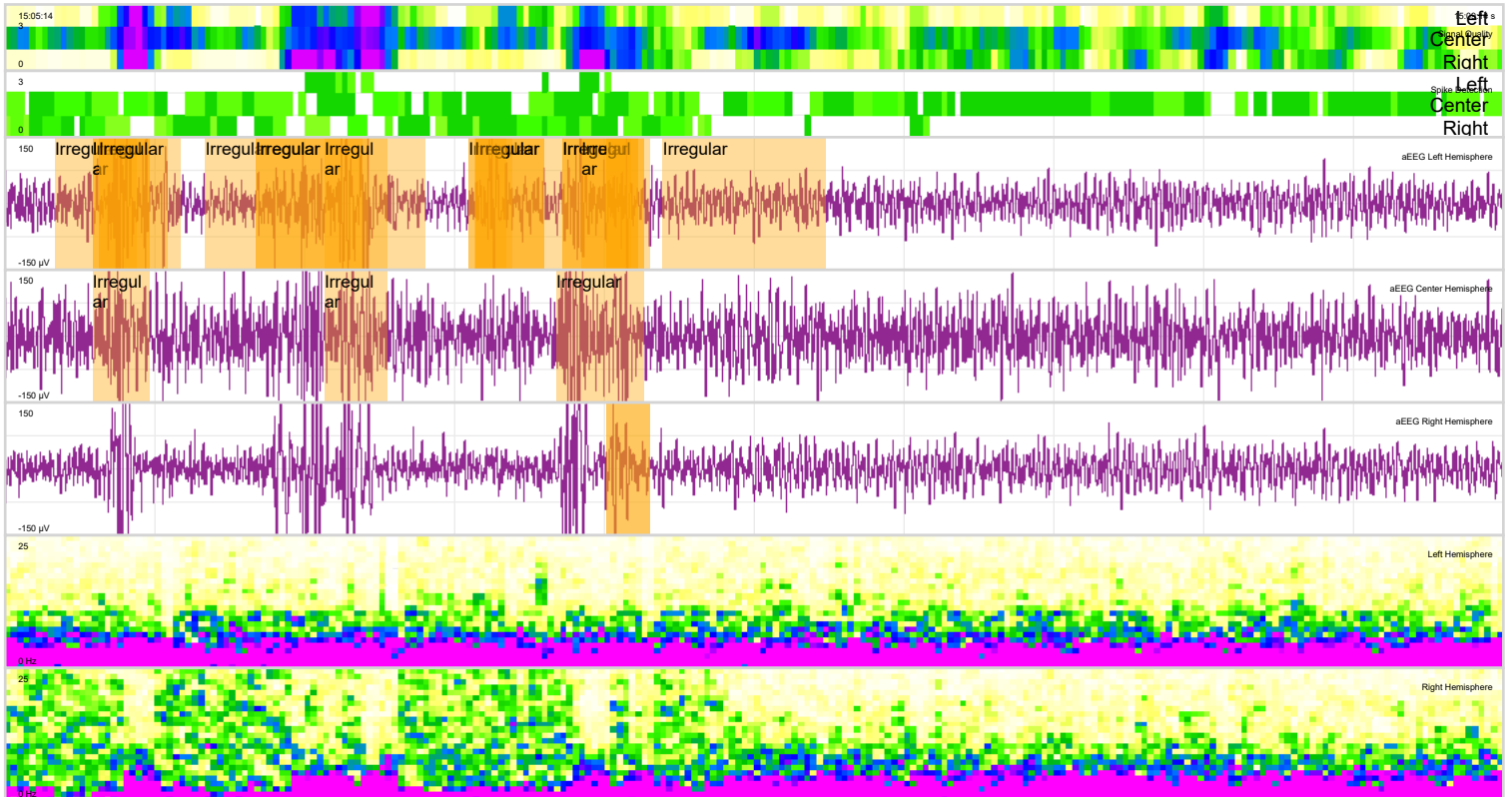
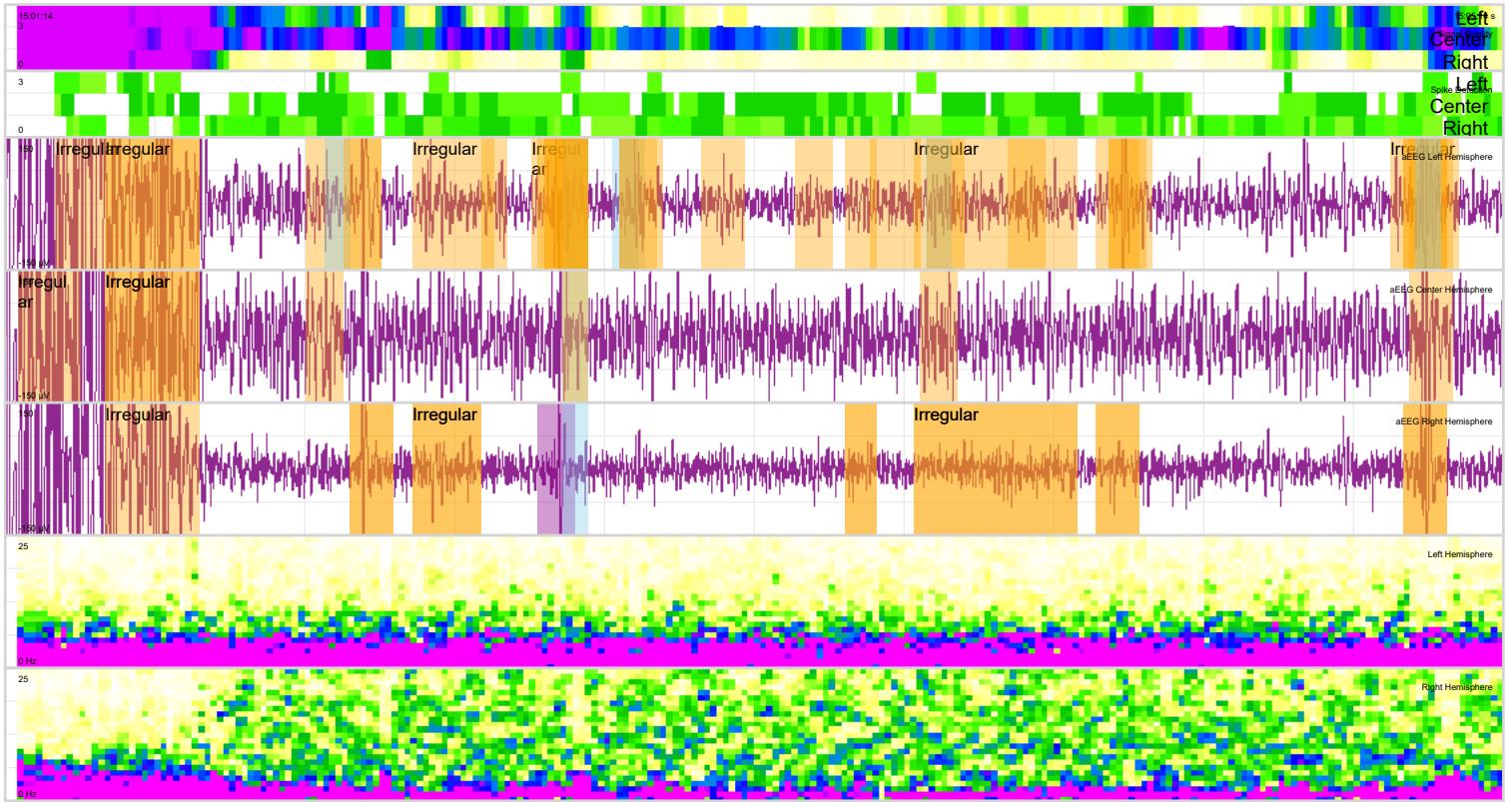
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.  
Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



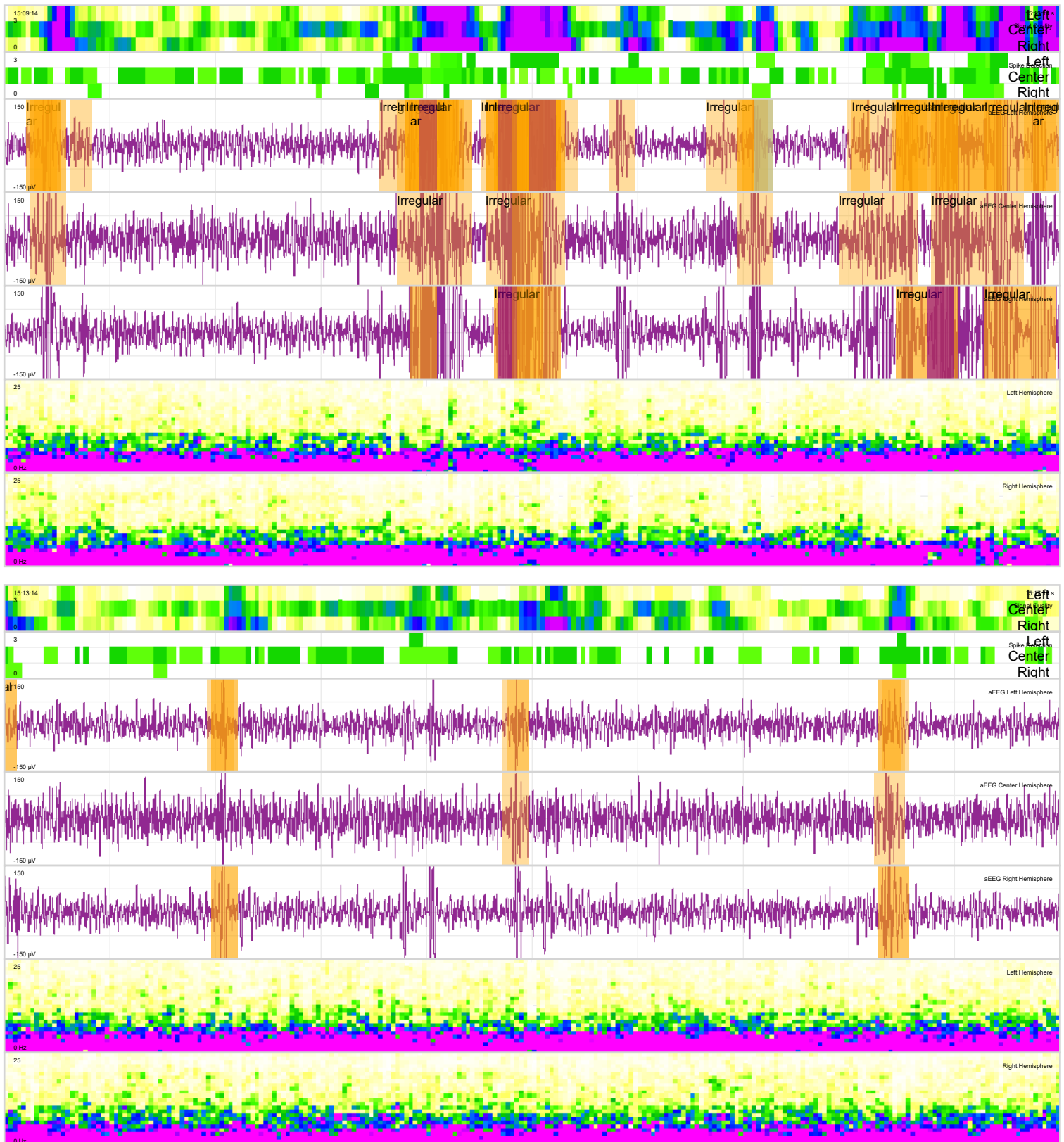
## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

## Demo

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

### Recorded time

|                   |                         |
|-------------------|-------------------------|
| Start Date        | 2021-07-12 15:01:14     |
| Duration          | 5 min 0 sec (443 beats) |
| High Pass Filters | 3.4 Hz                  |

### Heart Rate

|                    |        |
|--------------------|--------|
| Average Heart Rate | 88 bpm |
| Fastest rate       | 98 bpm |
| Slowest rate       | 82 bpm |

### Ventricular Details

|                          |              |
|--------------------------|--------------|
| PVC - Ventricular Ectopy | 0 beats (0%) |
| Ventricular Couplet      | 0 episodes   |

### Supraventricular Details

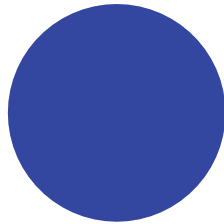
|                               |              |
|-------------------------------|--------------|
| PAC - Supraventricular Ectopy | 0 beats (0%) |
| Supraventricular Couplet      | 0 episodes   |

### HRV Analysis

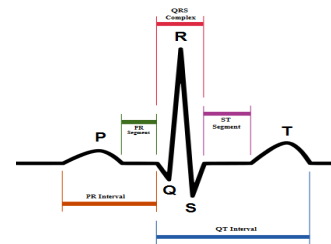
|      |       |
|------|-------|
| SDNN | 17 ms |
|------|-------|

### QRS Analysis

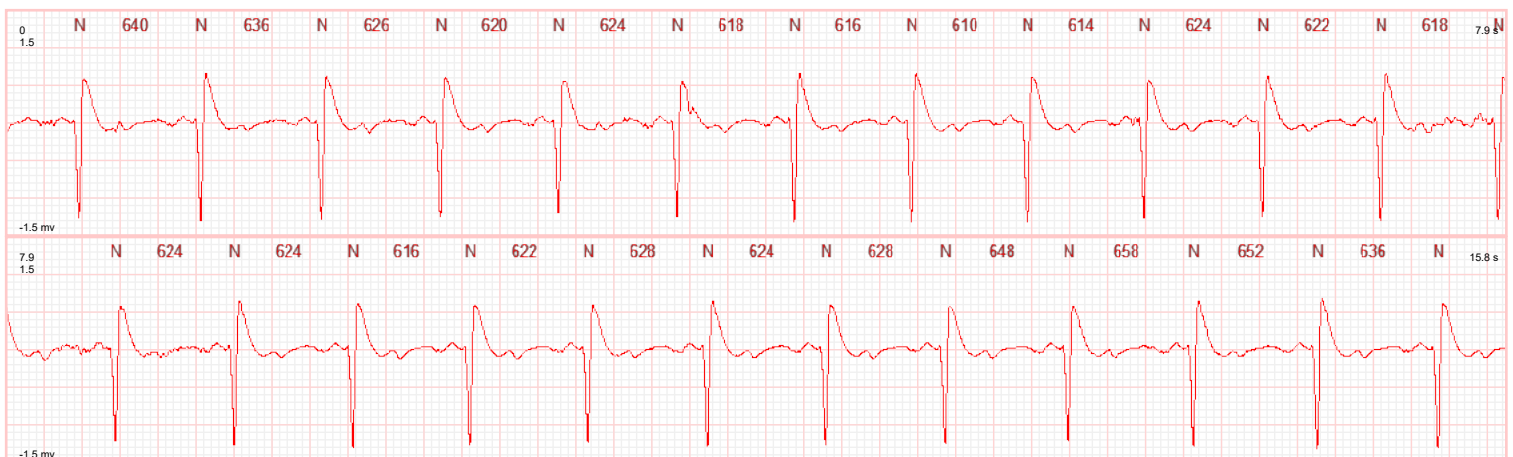
|              |                 |
|--------------|-----------------|
| QRS          | 66 ms           |
| QT / QTc     | 337 ms / 410 ms |
| PR int / seg | 114 ms / 89 ms  |
| ST int / seg | 261 ms / 149 ms |



PAC - Atrial Extrasystole: 0%  
PVC - Ventricular Extrasystole: 0%  
Normal: 100%



### Interpretations:

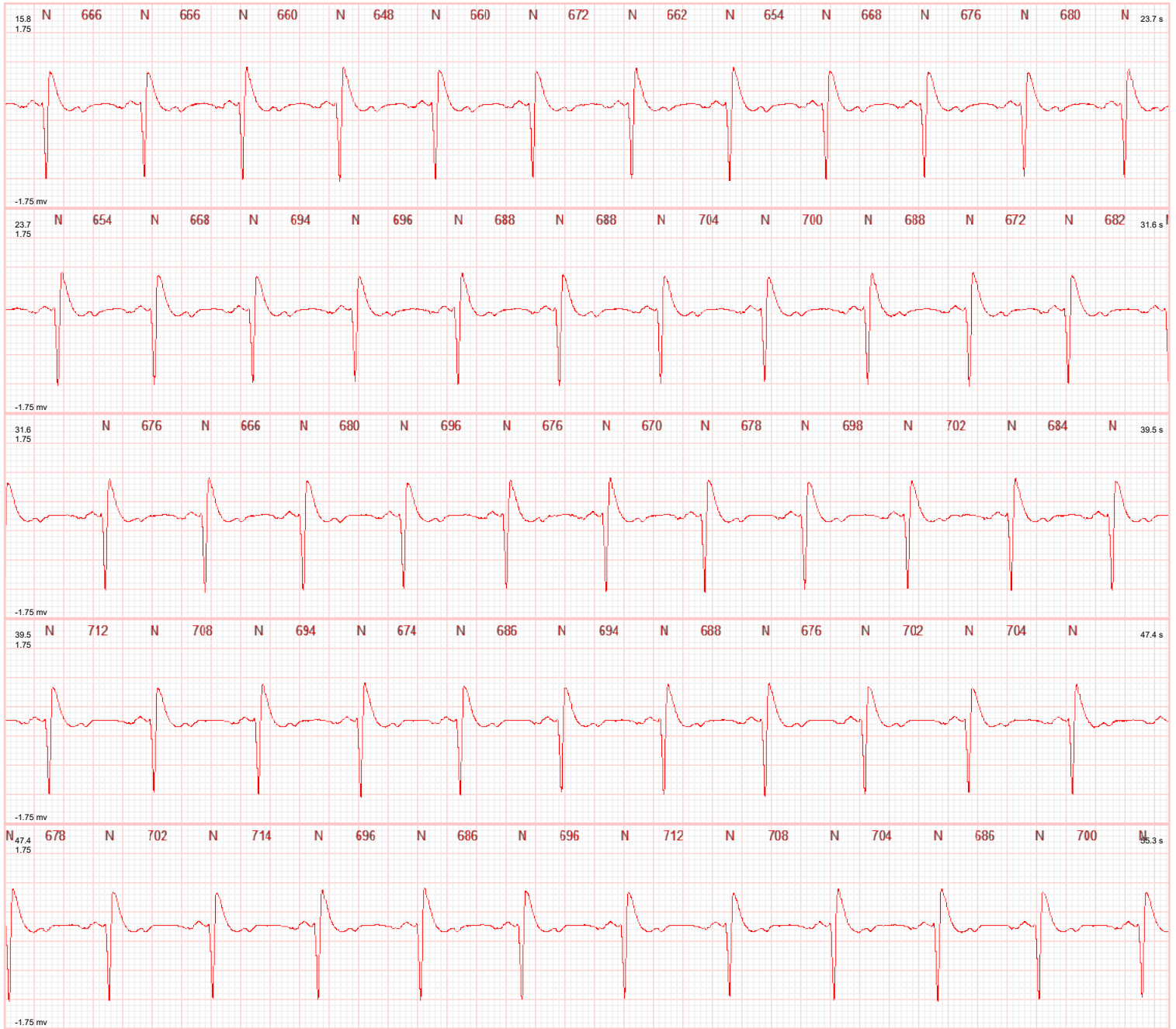


### Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.  
Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Demo Gender: Male Age: 1 (DOB: 1/1/1) Patient Code:

Exam Date: Jul 12 2021 15:01



HPF 3.4Hz 25 mm/s - 10 mm/mV

Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

## Demo

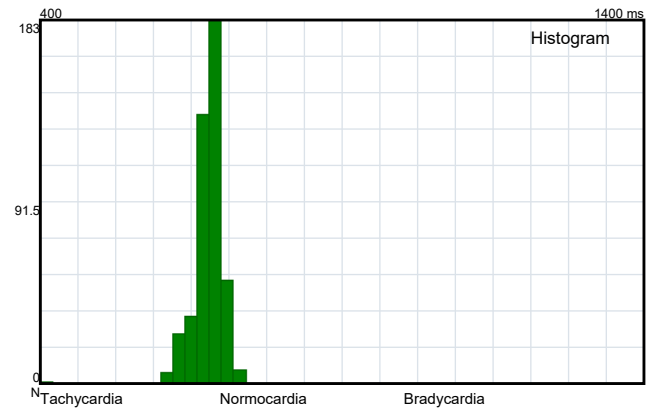
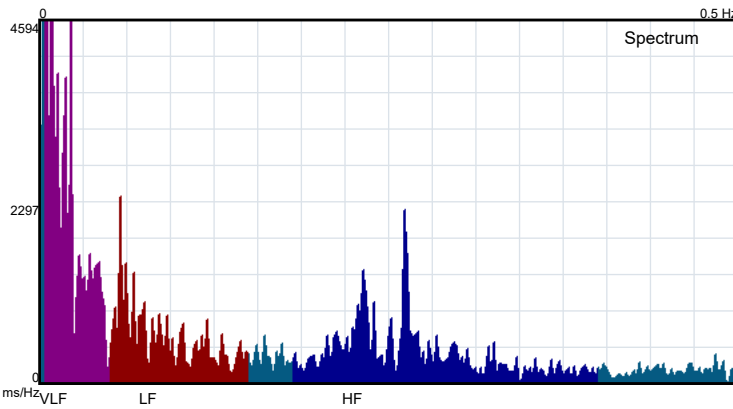
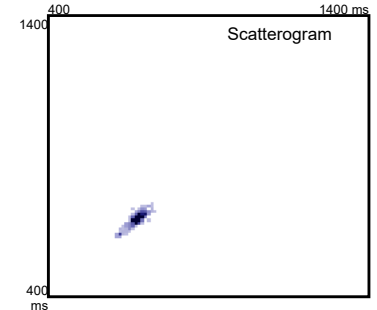
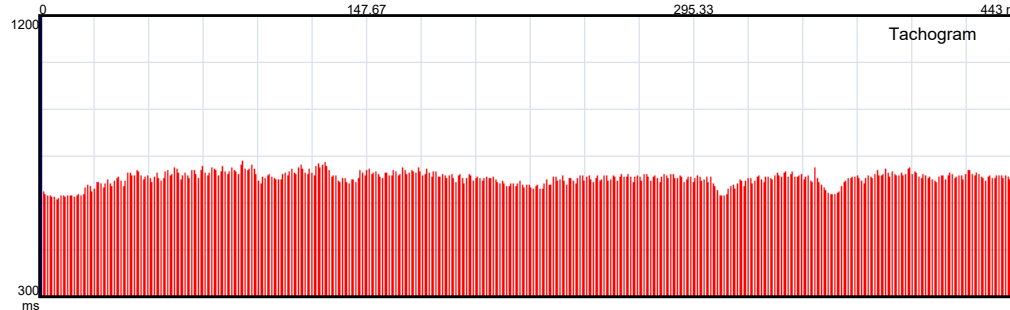
Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare



Total HeartBeats = 442 Artifacts = 1 (0.2%) Signal Quality = Good

HeartRate = 88.53 (bpm) TDI = 18.87 FDI = 584.27 SDNN = 21.48

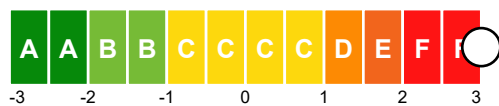
FUNCTIONAL AGE (in years) = 59

HEALTH RISK Factor Based on Stress Assessment = 64.38 %

Physical Stress Coefficient = 5.5 (Normal value: 2.1 Range from 0 to 4 Unfavorable values: higher than 2.6)

PHYSICAL STRESS INDEX = 3.4

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)

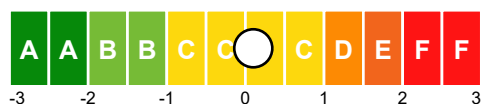


The score is clearly above average. It indicates high physical stress. Stress in the recent past has had a major impact on your physical balance. The negative effects of physical stress are clearly visible. This situation necessitates immediate attention.

Mental Stress Coefficient = 1.68 (Normal value: 1.7 Range from 0 to 4 Unfavorable values: higher than 2.2)

MENTAL STRESS INDEX = 0.1

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)



The score is average. It indicates low mental stress. Stress in the recent past has had little effect on your mental-health. The negative effects of mental stress are limited.

## Physician's Notes:

## Demo

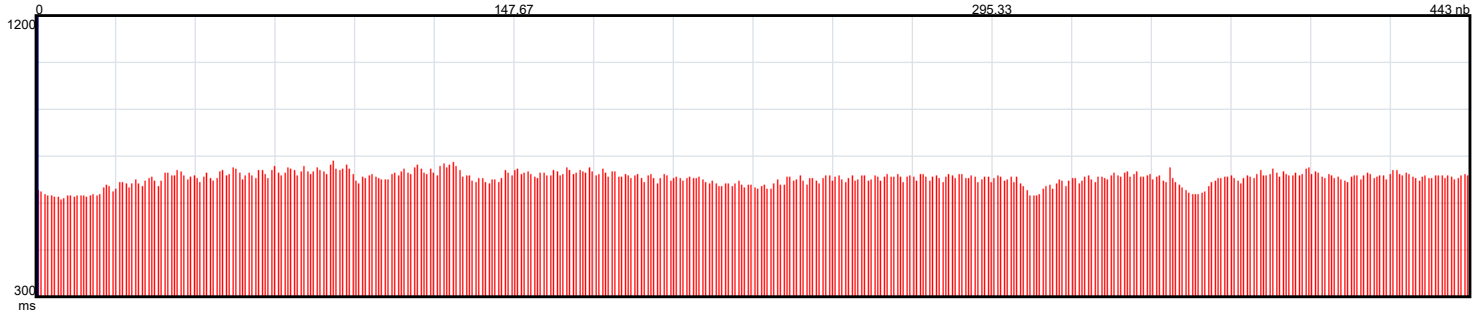
Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

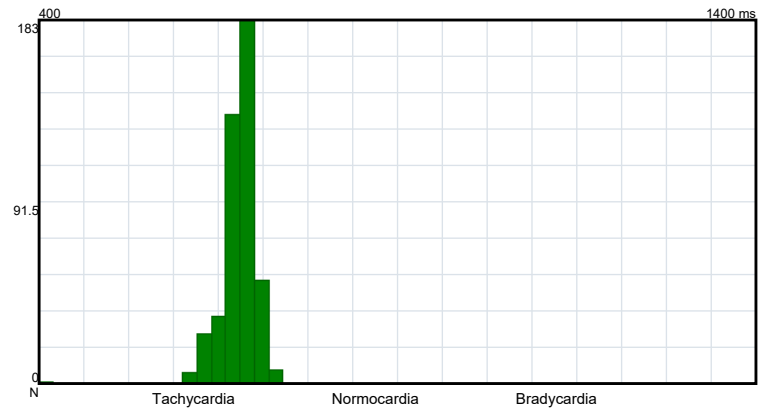
## Physician Only Report

Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

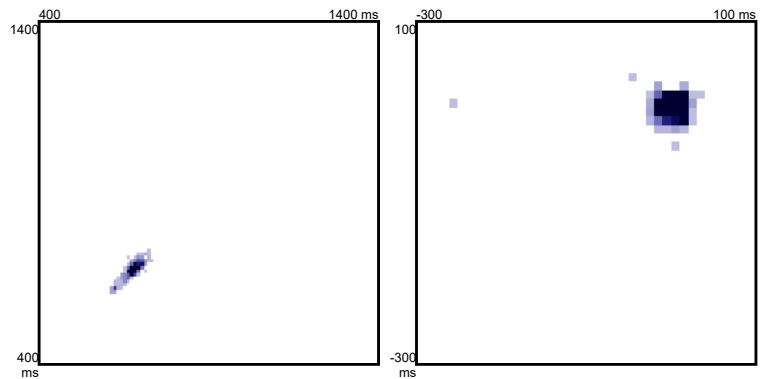


Total HeartBeats = 442 Artifacts = 1 (0.2%) Signal Quality = Good

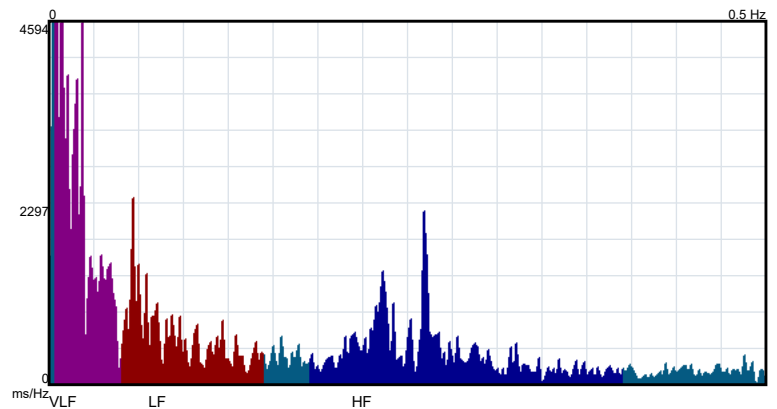
| Parameters | Value | Units  |
|------------|-------|--------|
| HeartRate  | 88.53 | bpm    |
| AMo        | 183   | number |
| Mo         | 680   | ms     |
| SDNN       | 21.48 | ms     |
| SDNN5      | 19.86 | ms     |
| pNN50      | 0     | %      |
| rmsSD      | 11.28 | ms     |
| SDSD       | 11.28 | ms     |



| Parameters | Value | Units |
|------------|-------|-------|
| SD1        | 7.98  | ms    |
| SD2        | 29.31 | ms    |
| SD1/SD2    | 0.27  |       |



| Parameters | Peak(Hz) | Power(ms <sup>2</sup> ) | Power(%) | Power(n.u.) |
|------------|----------|-------------------------|----------|-------------|
| VLF        | 0.03     | 327.8                   | 70.09    |             |
| LF         | 0.09     | 60.85                   | 13.01    | 43.49       |
| HF         | 0.39     | 45.01                   | 9.62     | 32.17       |
| TP         |          | 467.7                   |          |             |
| LF/HF      |          | 1.352                   |          |             |



## Physician's Notes:

All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Jul 29 2021 11:28

## Demo

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

Physician Only Report  
Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

Ideal Body Weight = 196 Lbs  
Real Body Weight = 245 Lbs  
Basal Metabolic Rate (BMR) = 2214 cal  
Total Daily Energy Expenditure = 2878 cal



Normal



Borderline Normal



Mild - Moderate



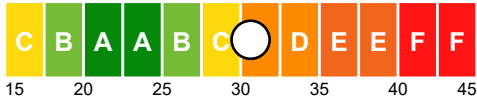
Borderline Abnormal



Abnormal - Severe

Body Mass Index (BMI) = 30.6

(Normal value range: 19 - 25 )



Body mass index, or BMI, is a new term to many people. However, it is the measurement of choice for many physicians and researchers and it is used to estimate a healthy body weight based on a person's height, assuming an average body composition.

It is the most widely used diagnostic tool to identify weight problems within a population. Body mass index is defined as the individual's body weight divided by the square of his or her height.

The body mass index can be used to identify if you are overweight. A drawback of the calculation is that if you are muscular it can suggest you are overweight due to muscle density.

An elevated BMI is associated with Metabolic Syndrome and is tied to an elevated risk of type 2 diabetes, hypertension, and cardiovascular disease.

### Risk of Associated Disease According to BMI and Waist Size

18.5 or less: Underweight - N/A  
19 - 25: Normal - very low risk of associated diseases  
26 - 29: Overweight - prone to health risks  
30 - 40: Overweight to Obese - high risk of associated diseases  
40 or greater: Extremely Obese - very high risk of associated diseases

The Basal Metabolic Rate (BMR) shows the calories (energy) your body uses per day while at rest. The Total Daily Energy Expenditure shows the calories needed to maintain your current weight.

For healthy weight management increase your caloric usage (exercise) and decrease your caloric intake below the Total Daily Energy Expenditure towards the Basal Metabolic Rate (BMR).

Eating a high quality, nutrient dense diet (fresh vegetables (cooked and raw), chicken, fish, eggs, and yogurt) and staying away from carbohydrates and poor quality fats helps to prevent cravings and aids in weight loss. If you go too far below the Basal Metabolic Rate (BMR) your metabolism may slow down making weight management more difficult.

### Physician's Notes:

## Demo

Gender: Male  
Age: 1 (DOB: 1/1/1)

Weight: 245 lbs  
Patient Code:

Height: 6 ft 3 in  
BMI: 30.6

Physician Only Report  
Exam Date: Jul 12 2021 15:01  
Organization: AbbyCare

Use incorrect words when speaking: 3 of 5

Forgetful / poor memory: 3 of 5

Concussion - Balance Problems: 3 of 5

Snoring / sleep apnea: 3 of 5

Don't recall what day of the week it is: 3 of 5

Anxiety - Anxiety: 3 of 5

Concussion event in the last 1 week: 1 of 5

Altered vision: 3 of 5

Get dizzy or easily lose my balance: 3 of 5

Attention - Re-Experiences Intrusive Memories: 3 of 5

Word Finding Problems: 1 of 5

Experience muscle weakness: 4 of 5

Get a metallic taste in my mouth: 3 of 5

Attention - Distracting Pain: 5 of 5

Chronic Pain: 5 of 5

Aggressive, or hostile impulsivity: 3 of 5

Altered hearing: 1 of 5

Low Threshold for Anger & Loss of Control: 2 of 5

History of PTSD: 3 of 5

Sleep - Early AM/Night Time Awakening (Unexplained): 3 of 5

Chronic Pain - Neuropathic: 5 of 5

Don't have enough energy to get moving in the morning and sustain: 3 of 5

Low Motivation: 3 of 5

Anger / Agitation: 3 of 5

Balance Problems: 3 of 5

Insensitive to Other's Feelings: 3 of 5

Chronic Pain - Musculoskeletal: 4 of 5

Chronic Pain: 5 of 5

Physician's Notes: