



ATTORNEY INFORMATION

Field	Details
Attorney Name	Advocate Michael
Firm	NJ llc
Phone	03126600971
Email	testUnnon2701@gmail.com
Case Number	P-027
Address	13979 Darchance Rd, Windermere, NJ 34786

PATIENT INFORMATION

Field	Details
Name	Test 12
Date of Birth	2/1/2000
Date of Accident	2025-08-04
Type of Accident	Motor

INITIAL VISIT

- Visit Date: 8/4/2025
- Provider: Dr. Dr Ishaque Mughal



CHIEF COMPLAINT & ASSESSMENT

- Chief Complaint: C/S (Left): NOTES
- Diagnosis: Cervical strain/sprain, Cervical facet syndrome, Cervical degenerative disc disease, Thoracic radiculopathy, Costovertebral dysfunction, Lumbar radiculopathy, Piriformis syndrome, Knee sprain

VITAL SIGNS

- Vital Signs: Height: 5'10", Weight: 11 lbs, Temperature: 12°F, BP: 13/14, Pulse: 15
- Grip Strength: Right 1: 10, Right 2: 11, Right 3: 12, Left 1: 13, Left 2: 14, Left 3: 15

APPEARANCE & ORIENTATION

- Appearance: Well-nourished, Obese
- Orientation: true
- Oriented: Yes
- Coordination: Yes

POSTURE & GAIT

- Posture: Hyperkyphotic
- Gait: Shuffling
- Gait Device: Gait



DTR & NEUROLOGICAL

- Deep Tendon Reflexes: +2 Bilateral and Symmetrical
- DTR Other: DTR
- Neurological Tests: Hoffman, Finger to Finger
- Walk Tests: Heel Walk/Toe Walk
- Romberg: Positive
- Romberg Notes: NEUROLOGICAL notes
- Pronator Drift: NEUROLOGICAL Pronator

DERMATOMES

• Dermatomes: C2 Left: Hypo, C2 Right: Hypo, C3 Left: Hypo, C3 Right: Hypo, C4 Left: Hypo, C4 Right: Hypo, C5 Left: Hypo, C5 Right: Hypo, C6 Left: Hypo, C6 Right: Hypo, C7 Left: Hypo, C7 Right: Hypo, C8 Left: Hypo, C8 Right: Hypo, T1 Left: Hypo, T1 Right: Hypo, T4 Left: Hyper, T4 Right: Hypo, T10 Left: Hyper, T10 Right: Hypo, T12 Left: Hypo, T12 Right: Hypo, L1 Left: Hypo, L1 Right: Hyper, L2 Left: Hyper, L2 Right: Hyper, L3 Left: Hyper, L3 Right: Hyper, L4 Left: Hypo, L5 Left: Hyper, L5 Right: Hypo, S1 Left: Hyper, S1 Right: Hypo, S2 Left: Hyper, S2 Right: Hypo, S3-S5 Left: Hypo, S3-S5 Right: Hyper

MUSCLE STRENGTH

- Muscle Strength: +5/5 Upper and Lower Extremities, Weakness
- Strength Testing: C5 Right: 2/5, C5 Left: 5/5, C5-C6 Right: 5/5, C5-C6 Left: 5/5, C7 Right: 5/5, C7 Left: 5/5, C6 Right: 5/5, C6 Left: 3/5, C8-T1 Right: 5/5, C8-T1 Left: 5/5, L2-L3 Right: 5/5, L2-L3 Left: 5/5, L3-L4 Right: 5/5, L3-L4 Left: 5/5, L4-L5 Right: 5/5, L4-L5 Left: 5/5, S1 Right: 5/5, S1 Left: 5/5



PAIN & JOINT ASSESSMENT

- Pain Location: T/S
- Radiating To: Radiating
- Joint Dysfunction: Thoracic, Ankle, Sacroiliac (SIJ)

AROM TESTING

ORTHOPEDIC TESTS

- Orthopedic Tests: Cervical Compression: Left, Distraction: Right, Shoulder Depression: Bilateral, Soto Hall: Left, Valsalva: Left, Kemps: Bilateral, Sitting SLR: Right, SLR: Left, Gaenslen's: Bilateral, Speeds: Left, Impingement: Bilateral, Dugas: Right, Supraspinatus Press: Bilateral, Shoulder Apprehension: Right, Cozens: Left, Varus/Valgus: Right, Mill's: Bilateral

TENDERNESS & SPASM

- Tenderness: cervical: Trapezius, Facets, thoracic: Trapezius, 1st Rib, T₁₂ Sp Process, shoulder: GH, Bicipital, Levator Scap, Tricep, Post, elbow: Olecranon, Med Epicondyle, Cubital Fossa, Radial Head
- Spasm: cervical: Sub Occipital, SCM, thoracic: Cervicothoracic, Trapezius, Med Scap, lumbar: Thoracolumbar, Gluteus Maximus, shoulder: Lat, AC, Deltoid, Rhomboids, elbow: Post, Med, Triceps



LUMBAR MOVEMENT

- Pain: No
- Pain TS: No
- Pain LS: No
- Acceleration: No
- Deceleration: No
- Gowers Sign: No
- Deviating Lumbopelvic Rhythm: No

CERVICAL AROM

- Pain: No
- Poor Coordination: No
- Abnormal Joint Play: No
- Motion Not Smooth: No
- Hypomobility Thoracic: No
- Fatigue Holding Head: No

TREATMENT PLAN

- Treatment Frequency: null times/week, re-eval in null weeks
- Imaging: XRAY: ; MRI: ; CT:
- Restrictions: Avoid activity for null weeks, lifting limit null lbs



COMPREHENSIVE MEDICAL NARRATIVE

PATIENT MEDICAL NARRATIVE REPORT

I. PATIENT DEMOGRAPHICS:

Patient Name: Test 12
Date of Birth: February 1, 2000
Gender: Male
Age: 25
Contact Information: test12@gmail.com, 302-123-1988
Address: 13979 Darchance Rd, Windermere, NJ 34786
Date of Injury/Accident: August 4, 2025
Type of Accident: Motor

II. MEDICAL HISTORY:

Allergies: Not specified
Current Medications: Not specified
Medical Conditions: Not specified
Surgical History: Not specified
Family History: Not specified

III. ATTORNEY INFORMATION:

Attorney Name: Advocate Michael
Law Firm: NJ Ilc
Contact Information: 03126600971, testUnnon2701@gmail.com
Case Number: P-027
Address: 13979 Darchance Rd, Windermere, NJ 34786

IV. SUBJECTIVE INTAKE:

Chief Complaint: Not specified
Date of Onset: Not specified
Pain Severity: Not specified
Timing: Not specified
Context: Not specified
Pain Quality: Not specified
Exacerbating Factors: Not specified
Associated Symptoms: Not specified
Pain Radiation: Not specified
Radiating Pain: None
Sciatica: None
Affected Body Parts: C/S (Left)



V. INITIAL #1 - 8/4/2025:

Provider: Dr. Dr Ishaque Mughal

CHIEF COMPLAINT: C/S (Left): NOTES

ASSESSMENT: Not specified

DIAGNOSIS: Cervical strain/sprain, Cervical facet syndrome, Cervical degenerative disc disease, Thoracic radiculopathy, Costovertebral dysfunction, Lumbar radiculopathy, Piriformis syndrome, Knee sprain

VI. VITAL SIGNS:

Height: 5'10"

Weight: 11 lbs

Temperature: 12°F

Blood Pressure: 13/14 mmHg

Pulse: 15 bpm

VII. PHYSICAL EXAMINATION:

Appearance: Well-nourished, Obese

Orientation: true

Posture: Hyperkyphotic

Gait: Shuffling

Gait Device: Gait

VIII. NEUROLOGICAL EXAMINATION:

Deep Tendon Reflexes: +2 Bilateral and Symmetrical

DTR Notes: DTR

Neurological Tests: Hoffman, Finger to Finger

Walk Tests: Heel Walk/Toe Walk

Romberg Test: Positive

Romberg Notes: NEUROLOGICAL notes

Pronator Drift: NEUROLOGICAL Pronator

IX. DERMATOMES:

Detailed dermatome findings are listed in the initial report.

X. MUSCLE STRENGTH:

General: +5/5 Upper and Lower Extremities, Weakness

Detailed muscle strength findings are listed in the initial report.



XI. PAIN ASSESSMENT:

Pain Locations: T/S

Pain Radiation: Radiating

XII. ACTIVE RANGE OF MOTION:

Detailed active range of motion findings are listed in the initial report.

XIII. ORTHOPEDIC TESTS:

Detailed orthopedic test findings are listed in the initial report.

XIV. PALPATION FINDINGS:

Detailed palpation findings are listed in the initial report.

XV. TREATMENT PLAN:

Treatment Frequency: 0 times/week

Re-evaluation: 0 weeks

Activity Restrictions: Avoid activity for 0 weeks

Lifting Limit: 0 lbs

This report has been prepared with the utmost care and attention to detail, based on the information provided. It is intended for legal and insurance purposes. Please note that the treatment plan and other clinical findings may be subject to change based on the patient's progress and response to treatment.

Harold Iseke, D.C.

Treating Provider