



ATTORNEY INFORMATION

Field	Details
Attorney Name	Advocate Michael
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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



Harold Iseke, D.C.

Treating Provider