



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 W Rib, Iliac Crest, 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

AI-Generated Clinical Summary

CHIEF COMPLAINT

The patient presents with left C/S pain.

PHYSICAL EXAMINATION FINDINGS

Upon examination, the patient reports left C/S pain with no radiating pain or symptoms of sciatica. There are no exacerbating factors identified during the examination.

ASSESSMENT AND PLAN

The patient's left C/S pain will be further evaluated to determine the underlying cause. Diagnostic tests may be ordered to assist in the diagnosis. Pain management strategies will be discussed with the patient based on the findings.



MEDICAL HISTORY

The patient's medical history includes allergies, medications, conditions, surgeries, and family history, which will be taken into consideration during the treatment planning process.

SUBJECTIVE INTAKE

The patient's pain is localized to the left C/S region with no radiation or sciatica symptoms reported. The severity, timing, context, and quality of the pain are undefined. There are no identified exacerbating factors.

ATTORNEY INFORMATION

No attorney information provided.

INITIAL VISIT

During the initial visit, the patient presented with left C/S pain. A thorough examination was conducted to assess the nature and extent of the pain. Further diagnostic evaluation and treatment planning will be initiated based on the findings.



FOLLOW-UP VISIT

A follow-up visit will be scheduled to review the results of any diagnostic tests ordered and to discuss the proposed treatment plan with the patient. Any changes in symptoms or new developments will be addressed during the follow-up visit.

DISCHARGE VISIT

Upon resolution of the patient's left C/S pain and completion of the treatment plan, a discharge visit will be scheduled to assess the patient's overall condition and provide any necessary recommendations for ongoing care or follow-up.

This comprehensive medical narrative outlines the patient's presentation, examination findings, medical history, subjective intake, and plans for further evaluation and treatment of left C/S pain.



Harold Iseke, D.C.

Treating Provider

The Wellness Studio
3711 Long Beach Blvd., Suite 200
Long Beach, CA, 90807