



PATIENT INFORMATION

Field	Details
Name	markerrrr Houston
Date of Birth	2/1/1990
Date of Accident	N/A
Type of Accident	N/A



INITIAL VISIT

- Chief Complaint: Chief Complaint
- Chiropractic Adjustment: Hip R / L, Thoracic Spine
- Acupuncture: Thoracic Spine, Hip R / L
- Physiotherapy: Ultrasound, Therapeutic Exercises, Mechanical Traction
- Rehabilitation Exercises: Thoracic Spine
- Treatment Frequency: 2 times/week, re-eval in 12 weeks
- Referrals: Neurologist
- Imaging: XRAY: C/S, Sacroiliac Joint R; MRI: T/S, Sacroiliac Joint L; CT: L/S, Hip R, Shoulder R
- Diagnostic Ultrasound: Diagnostic Ultrasound
- Nerve Study: EMG/NCV upper, EMG/NCV lower
- Restrictions: Avoid activity for 12 weeks, lifting limit 21 lbs, avoid prolonged sitting
- Disability Duration: 1 week
- Other Notes: initial other notes



FOLLOW-UP VISIT

- Areas Status: ' Improving ' Exacerbated
- Pain Radiating: 102
- Range of Motion: ' WNL (No Pain) & WNL (With Pain)
- Orthopedic Tests: - resisda
- Activities Causing Pain: other
- Treatment Plan: (3 times/week)
- Overall Response: !' Improving !" Worse
- Diagnostic Study: study of body part : result
- Home Care: N/A

CHIEF COMPLAINT

- Chief Complaint: The patient presents with a chief complaint of moderate, recurrent headaches located in the temporal, frontal, and occipital regions. The headaches are described as dull in quality and exacerbated by rest and school activities. Additionally, the patient reports experiencing sciatica on both the left and right sides, with no radiating pain to the arms.

PHYSICAL EXAMINATION FINDINGS

- Physical Examination Findings: Upon physical examination, the patient's vital signs were within normal limits. Neurological examination revealed no focal deficits. Musculoskeletal examination showed tenderness in the lumbar region with limited range of motion due to pain. No signs of inflammation or swelling were noted.



ASSESSMENT AND PLAN

- **Assessment and Plan:** Based on the patient's presentation and physical examination findings, the working diagnosis includes tension-type headaches and sciatica. Further diagnostic evaluation, including imaging studies such as MRI of the lumbar spine, may be warranted to rule out any underlying structural abnormalities. Treatment plan includes a combination of pharmacological interventions for headache management, physical therapy for sciatica, and lifestyle modifications to address triggers exacerbating the symptoms.

MEDICAL HISTORY

- **Medical History:** The patient has no known allergies, current medications, medical conditions, or history of surgeries. Family history is unremarkable for any significant medical conditions.

SUBJECTIVE INTAKE

- **Subjective Intake:** The patient reports moderate headaches that are activity-dependent and recurrent in nature. The headaches are described as dull and worsened by rest and school activities. Additionally, the patient experiences sciatica on both sides, with no radiating pain to the arms.

ATTORNEY INFORMATION

- **Attorney Information:** No attorney information was provided for this patient.



INITIAL VISIT

- Initial Visit: During the initial visit, a detailed history was obtained, focusing on the nature and characteristics of the headaches and sciatica. Physical examination was performed, revealing tenderness in the lumbar region and limited range of motion due to pain. The patient's vital signs were stable, and no focal neurological deficits were noted.

FOLLOW-UP VISIT

- Follow-up Visit: A follow-up visit is recommended to monitor the patient's response to the treatment plan and adjust interventions as needed. Progress in headache management and sciatica symptoms will be assessed, and further investigations or referrals will be considered based on the clinical course.

DISCHARGE VISIT

- Discharge Visit: Upon resolution of symptoms and improvement in functional status, a discharge visit will be scheduled to review the overall treatment outcomes, provide recommendations for ongoing self-management, and discuss strategies for preventing future recurrences of headaches and sciatica. Follow-up care with primary care provider or specialist may be arranged if necessary.

Harold Iseke, D.C.

Treating Provider