**Tina Taguhi Lusikyan**

100 W. Broadway, Suite 1040

Glendale, CA 91210

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | Patient Information |
|  | Patient | Rodriguez, Maria |  |
| Date of Birth | 10/01/1956 |  |
| Patient Gender | Female |  |
| Marital Status | Single |  |
| Injury | 12/12/2020 |  |

Monday, April 2, 2021

# Narrative Encounter - Exam – Initial Rodriguez, Maria

Monday, December 28, 2020

# Subjective

## Chief Complaint

* The patient complained of pain in the lumbar spine.
* The patient complained of pain in the knee.
* The patient complained of pain in the wrist.
* The patient complained of experiencing headaches.
* The patient complained of experiencing difficulty sleeping.

## History of Present Illness

* Pain. Location - the lumbar spine. Quality – Pain: sharp with radiation to left leg, and estimated intensity level 7/10. Reports soreness and stiffness. Severity – with activity. Associated symptoms - Patient's statement of functional capacity indicates pain when: bending, lifting, standing and walking.
* Pain. Location – bilateral knees.. Quality - Pain: sharp, and estimated intensity level 5/10 for the right knee and 7/10 for the left knee. Reports soreness and stiffness. Severity – constant. Associated symptoms - Patient's statement of functional capacity indicates pain when: bending, lifting, standing, and walking.
* Pain. Location - the left wrist. Quality - Pain: sharp, and estimated intensity level 6/10. Reports soreness and stiffness. Severity – with activity. Associated symptoms - Patient's statement of functional capacity indicates pain when: gripping and grasping.

### Past, Family, and Social History

#### Social History

* Family status: Mrs. Rodriguez is a 65-year-old, Female.
* Substance usage: None reported

### Family History

• None Reported

#### Past History

* ***Injuries.*** Prior Motor vehicle accident 9 years ago, No injuries, non-contributory.
* ***Illnesses.*** None reported.
* ***Surgeries.*** None reported.
* ***Medicines.*** None reported.
* ***Allergies.*** None reported.

**Smoking Status**

* Smoking status: None reported.

**Accident**

* Patient was injured during a fall at a retail store.

# Objective

## Examination Neurological

• Testing, palpation, and inspection of the neurological system, unless otherwise noted, revealed the following: Sensation is normal in all areas tested. Deep tendon reflexes are brisk and symmetrical. Oriented to time, place and person. Coordination and fine motor skills are within normal range.

## Constitutional

* ***Height.*** Height 60 inches.
* ***Weight.*** Weight 210 pounds.
* ***First Reading.*** BP 154/107 mmHg was taken sitting and using the left arm.
* ***Temperature.*** Temperature 97.6 degrees.
* ***Regular Pulse.*** Pulse (regular) 80 beats per minute.
* ***General Appearance.*** The patient's general appearance is well developed and is well nourished.

## Musculoskeletal

* ***Gait / Station.*** Lumbar spine postural position hypolordotic in appearance. The gait was assessed as follows: Antalgic gait. Patient came in wearing a knee brace on left knee.
* ***Muscle Strength Test.*** Estimate of general muscular strength - (+5/5 - 100% - normal) Left L4 and L5 +4/5, All other lower extremities +5/5.
* ***Orthopedic Tests.*** Kemp's test for L5 to S1 root compression – positive bilaterally with localized pain in the thoracic spine and the lumbar spine. Phalen’s test – positive for pain in the left wrist. Tinel’s test – positive for pain in the left wrist. Valgus/Varus stress test – positive bilateral with instability noted on left knee. McMurray test – positive bilateral.
* ***Palpations.*** Moderate to severe spasm of the the lumbar paravertebral muscles and lower leg muscles. Moderate to severe stiffness of the lumbare spine, and the knee. Moderate stiffness in the wrist. Subluxation of the wrist, the knee, and the lumbar spine.
* ***Range of Motions.*** Lumbar spine ROM. Active flexion (normal 60 degrees): measured at 55 degrees with pain. Active extension (normal 25 degrees): measured at 15 degrees with pain. Active left lateral bending (normal 25 degrees): measured at 20 degrees with pain. Active right lateral bending (normal 25 degrees): measured at 20 degrees with pain. Left knee ROM. Active flexion (normal 110 deg) measured at 90 deg with pain. Active extension (normal 0 deg) measured at 0 deg with pain. Right knee ROM. Active flexion (normal 110 deg) measured at 100 deg with pain. Active extension (normal 0 deg) measured at 0 deg with pain. Left wrist ROM. Active plantar flexion (normal 40 deg) measured at 35 deg with pain. Active flexion (normal 60 deg) measured at 55 deg with pain. Active extension (normal 60 deg) measured at 50 deg with pain. Active ulnar deviation (normal 30 deg) measured at 25 deg with pain. Active radial deviation (normal 20 deg)

measured at 20 deg with pain.

* ***Lumbar Motion.*** Causes pain with acceleration, deceleration, gower sign present, deviating lumbopelvic rhythm (not smooth), and flexion lateral movements.

## Dx Codes

* M24.28 Ligament laxity lumbar spine
* M53.2X6 Ligament instability lumbar region
* S60.212A Left wrist contusion
* M25.532 Pain in the left wrist
* S80.01XA Right knee contusion
* S80.02XA Left knee contusion
* M25.561 Right knee pain
* M25.562 Left knee pain
* G89.21 Acute pain due to trauma
* W01.10XA Fall from same level slipping, tripping, and stumbling with subsequent striking against unspecified object
* M46.06 Lumbar enthesopathy
* M99.06 Segmental & somatic dysfunction of lower extremity
* M99.07 Segmental & somatic dysfunction of upper extremity
* M99.03 Segmental & somatic dysfunction of lumbar region
* M79.1 Myalgia
* G47.9 Loss of sleep
* G89.21 Chronic pain due to trauma

# Assessment and Plan

## Treatment Plans/Rationale

* See diagnosis for assessment.
* The patient's overall condition: remains status post injury.
* Rationale for exam: Rule out contraindications for manipulation to the lumbar spine, the wrist and the knee. Rule out contraindications for physical modalities and procedures to the the lumbar spine, the wrist, and the knee.
* Rationale for treatment and treatment objectives: The short-term goals are to decrease level of acute pain, decrease the inflammation, decrease the swelling, and improve the patient P.R.O.M. The long-term goals are to decrease the likelihood of further joint damage, decrease the level of chronic pain, and educate the patient in techniques to prevent further re-injury, improve overall function of the affected areas, and improve the joint mobilization of the affected areas.
* Schedule of care: The patient will be treated with chiropractic specific manipulative and acupuncture procedures to the lumbar spine, the wrist, the knee. The patient will receive physical modalities to the lumbar spine, the wrist, and the knee. The patient will be treated with rehabilitative measures to the lumbar spine: Stretching exercises.

Schedule of physical modality: Electrical muscle stimulation, Mechanical traction and Therapeutic exercise were applied to: muscles of the posterior neck and the Lumbar spine, the wrist, the knee.

* Reevaluation: A re-evaluation will be performed and consist of the following: a reexamination of the positive objective findings and reevaluation will be in approximately 4 weeks.
* Return 3 times per week.
* Referral. For flexion extension x-ray of lumbar spine, and MRI of left knee.
* Restrictions: The patient is restricted from heavy physical activity for two weeks; heavy lifting with a limit of 5 pounds.

**Narrative Encounter – Exam – Progress** Rodriguez, Maria

Wednesday, January 27, 2021

## Chief Complaint

* The patient complained of pain in the lumbar spine. (Improving)
* The patient complained of pain in the knee. (worse for left knee, right knee improving)
* The patient complained of pain in the wrist. (Improving)
* The patient complained of experiencing headaches. (Improving)
* The patient complained of experiencing difficulty sleeping. (Same)

**Examination**

## Musculoskeletal

* ***Orthopedic Tests.*** Kemps test – positive in lumbar spine. Straight leg raise – positive on left side. P to A spring test – positive for pain in the lumbar spine. McMurray’s – positive bilateral.
* ***Palpations.*** Moderate to severe spasm of the paralumbar muscles.
* ***Range of Motions.*** thoracolumbar spine ROM. Increased ROM noted. Left knee ROM. Same ROM noted. Right knee ROM. Increased ROM noted

***Assessment and Plan***

**Treatment**

**Chiropractic and Acupuncture**

* Specific adjustive procedures and acupuncture administered to: the lumbar spine, the knee, and wrist.

## Physical Modalities

The following modalities were utilized in the treatment of this patient and applied to:

muscles of the posterior neck and the lumbar spine, wrist, and knees.

* Hot and cold packs
* Mechanical traction
* Myofascial release
* Ultrasound
* Infrared
* Electrical muscle stimulation
* Therapeutic exercise

### Treatment Plans/Rationale

* See diagnosis for assessment.
* Schedule of care: The patient will be treated with acupuncture and chiropractic specific manipulative procedures to the lumbar spine, wrists, and knee.
* The patient will receive physical modalities to the muscles of the posterior neck and the muscles of the lumbar spine, wrists, and knee.
* Patient states that therapy is helping to decrease pain. However, she states that prolonged sitting, and bending exacerbates pain in the lumbar spine. Prolonged weight bearing activity and walking exacerbate pain in the knees.
* Reevaluation: A re-evaluation will be performed and consist of the following: a reexamination of the positive objective findings and reevaluation will be in approximately 4 weeks.
* Return 3 times per week for 4 weeks.
* Home care recommendation: Ice and Stretches.

**Narrative Encounter – Final Exam** Rodriguez, Maria

Monday, March 08, 2021

# Subjective

## Chief Complaint

* The patient complained of pain in the lumbar spine. (Improving)
* The patient complained of pain in the knee. (improving for left knee, right knee improving)
* The patient complained of pain in the wrist. (Resolved)
* The patient complained of experiencing headaches. (Resolved)
* The patient complained of experiencing difficulty sleeping. (Improving)

# Objective

## Examination

### Musculoskeletal

* ***Orthopedic Tests.*** Kemps test – positive lumbar spine. P to A spring test – positive in lumbar spine. McMurray’s – positive in the left knee.
* ***Palpations.*** Spasm of paralumbar muscles, and the quadratus lumborum.
* ***Range of Motions.*** Lumbar spine ROM. 80% pre-injury status. Left knee ROM. 85% pre-injury status.

# Assessment and Plan

## Treatment Plans/Rationale

* See diagnosis for assessment.
* Prognosis: Guarded.
* The patient has reached a plateau in her recovery. She remains symptomatic due to the extensive injuries sustained. Prolonged twisting, and bending exacerbate pain in the lumbar spine. Prolonged bending and walking exacerbates pain in the left knee
* Computerized Radiographic Mensuration Analysis (CRMA). I have gone over the results with my patient. The results show lumbar spine instability.
* Provided home ligament strengthening program.
* Patient will be discharged from our care.

### Frequency of Treatment Guideline Placement

For our patient who experienced an auto collision as their mechanism of injury, we will follow the croft treatment guidelines, as indicated in the Croft Treatment Guidelines, ICA Best Practices and the California Whiplash Guidelines IV. Motor Vehicle Accidents (MVAs) ICA decided to use the long-established Croft Cervical

Acceleration/Deceleration (CAD) Guidelines for its basic Frequency and Duration Programs of Care for MVA victims. When developing her guidelines, Croft incorporated the stages of tissue repair. The stages of injury repair are defined in Table 14, Chapter 11 of the original guideline document. In MVAs, Croft originated 5 grades of injury during CAD and these Grades have been universally accepted in the literature.

This patient most closely falls into a Grade 2: As they show: Limitation of range of motion and some ligamentous injury. **This allocates a treatment duration of up to 56 weeks and a treatment total number up to 76 sessions.**

## AMA Guidelines 5th Edition for Impairment

**Lumbar:**

Table 15-5 Criteria for Rating Impairment Due to Cervical Spine Injury: (Page 392)

With disc pathology and ligament instability findings this injury is rated at a Category II yielding an impairment estimate based on physical examination findings and film forensics at **8% whole person impairment**

## Miscellaneous Notes

### Future Medical Care

* In view of Mrs. Rodriguezs’ history of injury and mechanism of injury as well as present complaints and clinical findings, it is my opinion that the patient’s symptoms are the result of the motor vehicular accident that occurred on October 03, 2020. Following a thorough examination, she was placed on a conservative treatment program as mentioned above. In light of her level of initial subjective complaints, her complaints were consistent with her objective findings and this remained consistent with each office visit thereafter. Over the course of treatment, there was a gradual reduction of subjective complaints and improved objective factors. Mrs. Rodriguez states the treatments were helpful.

It is my opinion that the patient may need future medical care on a PRN basis for control of the pain syndrome. Such medical care may include, but is not limited to, the following: Chiropractic manipulative therapy, acupuncture, physiotherapy modalities and analgesics for relief of the pain syndrome. It is estimated that 12-36 visits per year may be necessary at a cost of $100-$120 per visit.

The following requested cost estimates are based upon those published in the 2003 Medical Fees in the United States, using the GAF for Anaheim/Santa Ana, published by PMIC, ISBN 1-57066-264-9.

* The above report is for assessment of the possible injuries the patient might have incurred and is not to be construed as a complete physical examination for general health purposes.



**Harold Iseke, D.C.**

*Treating Provider*