

# WHELAN CHIROPRACTIC

Dr. Christopher Whelan

602 Abercorn Street  
Savannah, Ga. 31401  
(912) 232-1900  
Fax (912) 232-2281



October 1, 2025

Re: Chantale Agesulas

Date of Injury/ Onset: August 26, 2025

On September 12, 2025, Ms. Agesulas presented herself to our office for an examination and evaluation of symptoms arising from a motor vehicle collision, which occurred on August 26, 2025.

## **DESCRIPTION OF INJURY/ ONSET**

Ms. Agesulas reported that on August 26, 2025, she was involved in an automobile collision. The patient stated that she was a passenger and was wearing a seatbelt at the time of the incident. Upon impact, the patient was jarred forcefully in her seat and was restrained by her seatbelt. Due to the force of the collision, the patient's vehicle was totaled. The patient stated that she felt pain and discomfort at the scene of the accident, and that her pain increased and intensified several hours later. The patient stated that she experienced pain in her right knee and lower back.

## **HISTORY**

After reviewing the patient's history I find there is a definite relationship between the reported accident and the patient's symptomatology.

## **CHIEF COMPLAINTS**

1. Low back pain and discomfort.
2. Mid back pain.
3. Neck pain and stiffness.
4. Muscle spasms.
5. Right knee pain.
6. Severe headaches.

## **DIAGNOSIS**

- Lumbar Sprain/Strain (S33.5XXA)  
Thoracic Sprain/Strain (S23.3XXA)  
Cervical Sprain/Strain (S13.4XXA)  
Myofacitis (M79.12)  
Knee Sprain/Strain (S83.429A)  
Post-Traumatic Headaches (R51.9)

## **ORTHOPEDIC EVALUATION**

The following orthopedic tests were performed upon Ms. Chantale Agesulas. Only the orthopedic test's that elicited pain or discomfort indicating a Positive test are listed.

Shoulder Depressor +	Bowstring +	Hibb's +
Cervical Compression +	Fabere Patrick +	Kemp's +
Lasegues Straight Leg Raiser +	Ely's +	Soto Hall +
Braggard's +	Yeoman's +	

### **RANGE OF MOTION STUDIES**

Cervical flexion ranges were decreased and associated with pain bilaterally in the trapezius. Cervical rotation was painful, resulting in radiating pain to the posterior and lateral cervical musculature.

Lumbar flexion was diminished and brought about severe pain across the lower back.

Lumbar rotation was limited and guarded involving pain in the thoracolumbar musculature.

Right knee ranges were limited and very painful.

### **NEUROLOGICAL EXAM**

Neurological deep tendon reflexes were +2 and symmetrical.

Normal sensation of the C4-T2 and L1-S1 dermatomes.

Pathological reflexes were negative. Tests for malingering were negative.

Ms. Agesulas presented with swelling in the right knee. Palpatory examination of the patient's cervical, dorsal, and lumbar region revealed severe to moderate spasm of the paravertebral musculature. Myospasm of the lower lumbar muscle groups was evident and aggravated with pressure. Tenderness was noted in the areas surrounding the posterior cervical spine, in addition to minor swelling and discomfort associated with pressure. Myospasm and myalgia were present in the thoracic and sub-scapular musculature, with pain radiating out to both shoulders when pressure was applied to the trapezius. Palpation in the upper cervical region produced a minor headache during the exam. The spasm and discomfort in the cervical region was affecting the patient's range of motion. The pain and discomfort appeared to be greater in the right knee. The patient has reduced ranges of motion of the right knee, with weakness and tenderness noted with the quadracep and vastus lateralis musculature. Pain and discomfort also radiates from the patients anterior tibial musculature, anterior and inferior to the knee joint. The patient has experienced numbness and tingling in the leg since the time of the incident. The patient was also experiencing pain in the right hip joint, involving the tensor fascia musculature. The pain in the hip and knee was affecting the patient's ambulation, posture, and gait.

### **TREATMENT**

Ms. Agesulas has undergone a clinical course of Chiropractic care that included the following:

- Chiropractic Manipulations- Specific Osseous Adjustments
- Spinal Traction
- Ice (cryo) therapy/ Heat (hydroculator) therapy
- Physical Therapy exercises and stretching programs
- Massage

### **PROGNOSIS**

Due to the nature of her injury, it is probable that Ms. Agesulas may have the need for additional care in her future.

If there are any questions concerning this patient, please do not hesitate to call (912) 232-1900.

Dr. Christopher Whelan, D.C.  
*Whelan Chiropractic*

CW/jw

# Whelan Chiropractic, Inc

602 Abercorn St  
Savannah, GA 31401  
(912)232-1900

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11/12/2025

Patient: Chantale Agesulas  
5110 Garrard Avenue  
Savannah, GA 31405

Chart #: AGECH000  
Case #: 16734

**Instructions:**

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
9/12/2025	OV New Patient Exam,	99204	25	S13.4	S23.3	S33.5	M79.1	1	300.00
9/12/2025	Spinal Manipulation, 3-4 regions	98941		S13.4	S23.3	S33.5	M79.1	1	100.00
9/12/2025	Intersegmental Traction	97012		S13.4	S23.3	S33.5	M79.1	1	50.00
9/12/2025	Cryotherapy/ Heatpacks	97010		S13.4	S23.3	S33.5	M79.1	1	30.00
9/12/2025	Manual Therapy	97140	59	S13.4	S23.3	S33.5	M79.1	1	30.00
9/30/2025	Report of Findings	99401		S13.4	S23.3	S33.5	M79.1	1	50.00
9/30/2025	Spinal Manipulation, 3-4 regions	98941		S13.4	S23.3	S33.5	M79.1	1	100.00
9/30/2025	Intersegmental Traction	97012		S13.4	S23.3	S33.5	M79.1	1	50.00
9/30/2025	Cryotherapy/ Heatpacks	97010		S13.4	S23.3	S33.5	M79.1	1	30.00
9/30/2025	Manual Therapy	97140	59	S13.4	S23.3	S33.5	M79.1	1	30.00
10/1/2025	Spinal Manipulation, 3-4 regions	98941		S13.4	S23.3	S33.5	M79.1	1	100.00
10/1/2025	Intersegmental Traction	97012		S13.4	S23.3	S33.5	M79.1	1	50.00
10/1/2025	Cryotherapy/ Heatpacks	97010		S13.4	S23.3	S33.5	M79.1	1	30.00
10/1/2025	Manual Therapy	97140	59	S13.4	S23.3	S33.5	M79.1	1	30.00

**Provider Information**

Provider Name: Christopher M. Whelan DC  
License: CHIR005952  
Insurance PIN:  
SSN or EIN: 582528018

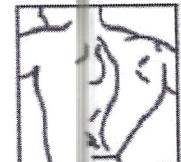
Total Charges:	\$ 980.00
Total Payments:	\$ 0.00
Total Adjustments:	\$ 0.00
<b>Total Due This Visit:</b>	<b>\$ 980.00</b>
Total Account Balance:	\$ 980.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# WHELAN CHIROPRACTIC



Name Chantale Agesulas Patient # A6 23, 701  
 Phone # Home: 321-347-2259 Cell: (312) 347-2254  
 M  F DOB 5/6/1992 Age 33

Date 9/12/25 OCC-1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 S RI / LI Tech: FS / TRTH / TH / A / Ext SL-L R

Complaint: Headache 1 2 3 4 5 6 7 Neck Pain - 1 2 3 4 5 6 7 Mid Back Pain - 1 2 3 4 5 6 7 Low Back Pain - 1 2 3 4 5 6 7

Electrical Muscle Stimulation: UT LT L  Spinal Traction  Cryotherapy  Heat  Massage

Patient Notes and Assessment of Progress:

Exam findings - Patient is very  
Brace - muscle spasm w/ palpation NB

Date 9/30/25 OCC-1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 S RI / LI Tech: FS / TRTH / TH / A / Ext SL-L R

Complaint: Headache 1 2 3 4 5 6 7 Neck Pain - 1 2 3 4 5 6 7 Mid Back Pain - 1 2 3 4 5 6 7 Low Back Pain - 1 2 3 4 5 6 7

Electrical Muscle Stimulation: UT LT L  Spinal Traction  Cryotherapy  Heat  Massage

Patient Notes and Assessment of Progress:

This having mid back, low back &  
conicel myalgia w/ myositis & muscle tendin

Date 10/1/25 OCC-1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 S RI / LI Tech: FS / TRTH / TH / A / Ext SL-L R

Complaint: Headache 1 2 3 4 5 6 7 Neck Pain - 1 2 3 4 5 6 7 Mid Back Pain - 1 2 3 4 5 6 7 Low Back Pain - 1 2 3 4 5 6 7

Electrical Muscle Stimulation: UT LT L  Spinal Traction  Cryotherapy  Heat  Massage

Patient Notes and Assessment of Progress:

Paravertebral musculature was  
very hyper tonic and sore w/ palpation present

Date \_\_\_\_\_ OCC-1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 S RI / LI Tech: FS / TRTH / TH / A / Ext SL-L R

Complaint: Headache - 1 2 3 4 5 6 7 Neck Pain - 1 2 3 4 5 6 7 Mid Back Pain - 1 2 3 4 5 6 7 Low Back Pain - 1 2 3 4 5 6 7

Electrical Muscle Stimulation: UT LT L  Spinal Traction  Cryotherapy  Heat  Massage

Patient Notes and Assessment of Progress:

Date \_\_\_\_\_ OCC-1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 S RI / LI Tech: FS / TRTH / TH / A / Ext SL-L R  
 Complaint: Headache - 1 2 3 4 5 6 7 Neck Pain - 1 2 3 4 5 6 7 Mid Back Pain - 1 2 3 4 5 6 7 Low Back Pain - 1 2 3 4 5 6 7  
 Electrical Muscle Stimulation: UT LT L  Spinal Traction  Cryotherapy  Heat  Massage   
 Patient Notes and Assessment of Progress:

EXERCISE & EDUCATIONAL TRACKING	MUSCLE TESTING (circle weak-2)	STATUS
Neck <input checked="" type="checkbox"/> HA <input type="checkbox"/>	Deltoid/Bicep/Tricep/Trapezius/Pec	
Back <input checked="" type="checkbox"/> Acc./Inj. <input type="checkbox"/>	Tib Ant/Toe Dorsi/Hamstring/Quad/Hip Flexor	
Adj. <input checked="" type="checkbox"/> Sciatica <input type="checkbox"/>	Pain Scale: 1 = Minimal Pain	
Rehabilitation <input checked="" type="checkbox"/>	7 = Severe Pain	
	<i>Bartok's-Frech</i>	

MVA w/ trucker Saint Louis

PHYSICAL, NEUROLOGICAL, & ORTHOPEDIC EXAMINATION Mr / Mrs / Ms / Miss 20 25

B. FIRST NAME Chantelle  
 D. DOA Aug 26  
 F. X-Ray X

C. LAST NAME Agesulas  
 E. FV Sept 12  
 A. LV Oct 1

Driver/Passenger/Pedestrian

Candler/Memorial/St.Josephs

XRAYS Y N

CT SCAN Y N

FRONT D SIDE / P SIDE REAR

SEATBELT Y N

AIRBAG Y N

AMBULANCE Y N

MEDS PM MR OTC

DTV SL M SV T

CHIEF COMPLAINTS

2 Neck

Cervical Sprain/Strain (S13.4XXA)

Cervical S/D (M99.01)

2 Mid Back

Thoracic Sprain/Strain (S23.3XXA)

Thoracic S/D (M99.02)

1 Low Back

Lumbar Sprain/Strain (S33.5XXA)

Lumbar S/D (M99.03)

Hip L R

Lumbopelvic Sprain/Strain (S33.8XXA)

Lumbopelvic S/D (M99.04)

5 Knee L R

Knee Sprain/Strain (S83.429A)

Knee S/D (S83.429A)

Shoulder L R

Shoulder Sprain/Strain (S43.50XA)

Shoulder S/D (S43.50XA)

6 Headaches

Post-Traumatic Headache (R51.9)

Tension headache (G44.209)

4 Muscle Spasms

Myofacitis (M79.12)

Myofacitis (M79.12)

EXAM DATE	9/12					
CERVICAL	L	R	L	R	L	R
ADSONS	-					
SH DEPRESS	+	+				
4 COMPRESS	+	+				
SOTO HALL	+	+				
C DISTRACT	-	-				
LUMBAR	L	R	L	R	L	R
LASEGUES	+	+				
BRAGGARDS	+	+				
BOWSTRING	++	++				
FABERE PAT	++	++				
GAENSELENS	-	-				
H COMPRESS	-	-				
ELYS	++	++				
YEOMANS	++	++				
HIBBS	++	++				
KEMPS	++	++				
BECHTEREW	--	--				
BALLOTMENT	--	--				
APPREHENSION	--	--				
MINORS	/					
CERVICAL ROM	L	R	L	R	L	R
FLEXION	+					
EXTENSION	-					
LAT FLEX	--					
ROTATION	++	++				
LUMBAR ROM	L	R	L	R	L	R
FLEXION	+					
EXTENSION	-					
LAT FLEX	++	++				
ROTATION	++	++				

SYMPTOMS

Onset: Sudden / Gradual Duration: Constant / Intermittent  
 Standing / Sitting / Laying / Twisting / Moving / Bending

Radiating:

CEREBROVASCULAR	L	R	L	R	L	R
GEORGES	=					
ROMBERGS	=					
M MAGNUSON	-	-				
M HOOVERS	-	-				
REFLEXES	L	R	L	R	L	R
BICEP	2	2				
TRICEP	2	2				
BRACIO	2	2				
PATELLAR	2	2				
ACHILLES	2	2				

XRAYS

CERVICAL

Lordosis \_\_\_\_\_ Scoliosis \_\_\_\_\_  
 DISC \_\_\_\_\_ Osseous Pathologies \_\_\_\_\_  
 OA \_\_\_\_\_ Vertebral Rotations \_\_\_\_\_

THORACIC

Lordosis \_\_\_\_\_ Scoliosis \_\_\_\_\_  
 DISC \_\_\_\_\_ Osseous Pathologies \_\_\_\_\_  
 OA \_\_\_\_\_ Vertebral Rotations \_\_\_\_\_

LUMBAR

Lordosis \_\_\_\_\_ Scoliosis \_\_\_\_\_  
 DISC \_\_\_\_\_ Osseous Pathologies \_\_\_\_\_  
 OA \_\_\_\_\_ Vertebral Rotations \_\_\_\_\_

OTHER FILMS/FINDINGS

Paravertebral

Musculature & Expectoric

# WHELAN CHIROPRACTIC

## Patient Information

Date: 9/12/2025

Name Darlene P. Wilson

Home Phone Number: (312) 347-2289

Address 5110 Belmont Ave

City Arlington State IL Zip Code 60105

Birth Date 05-06-1992 Age 33 Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

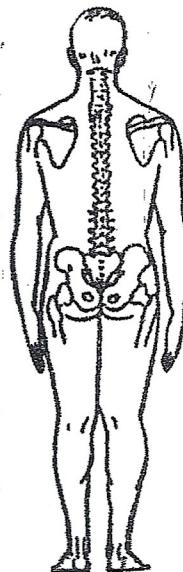
Social Security Number 868-6632 Driver's License Number \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ How long employed \_\_\_\_\_ Phone Number \_\_\_\_\_

Name, address, and phone number of closest relative not living with you \_\_\_\_\_

## Patient Condition



- Reason for visit I just hit in stomach
- When did symptoms first appear after the accident not day
- Is condition getting worse? Yes  No
- Type of Pain: ( circle all that apply )  
Sharp      Dull      Burning      Numb      Tingling  
Cramping      Swelling      Throbbing      Headache
- Does the pain interfere with your:  
Work      Sleep      Daily Routine      Recreation  
Activities or movements that are painful:  
Sitting      Standing      Walking      Bending      Lying down

If you are in pain, please mark the exact location of your pain on the diagram.

Have you ever had this problem before? If yes, please explain? No

Have you ever been to a Doctor for this problem? No

Have you ever been to a Chiropractor before? If yes, who? No