

RES PHYSICAL MEDICINE & REHAB SERVICES
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Date: 08/29/19

Name: Patient4 Test

DOB: 08/14/1984 **Sex:** F **Age:** 35 yrs **Acct#:** 3744

Date of Loss: 07/09/19

Claim Number: 0101010101010101

Referred by:

Employment at Time of Injury:

Job Title:

Exertional Level:

Current Work Status:

WORK INJURY Declared Body Parts:

Chief Complaint: THIS IS A TEST

History of Present Illness:

Incident Summary:

Current Complaints and Limitations:

Pain Assessment Diagram and Loss of Enjoyment and Duties under Duress Summary completed and signed by patient; SCANNED.

Diagnostic Studies to Date:

Consultations and Treatments -- Rehabilitative/Medical/Surgical to Date:

Pain Management Regimen:

Characterizes pain as _ and rates pain level at /10 on our Visual Analog Scale.

Past and Current Pharmacological Support:

Current medication regimen does not satisfactorily decrease pain; Limited daily functioning ability.

Current medication regimen satisfactorily decreases the pain by at least 30 % thereby allowing improved daily functioning. No adverse medication side effects reported and feels the benefits of the medications outweigh the potential risks.

MEDICAL HISTORY

Prior/Subsequent Injuries: Current injury complaints are a sole result of the work accident occurring on 07/09/19

Past Medical History:

Past Surgical History:

Meds Prior to Visit:

Allergies:

Social History:

Smoking:

ETOH use:

Addiction/Illicit Drug Use History:

REVIEW OF SYSTEMS:

- ☐ General - insomnia, fatigue
- ☐ Eyes - visual disturbances, glasses
- ☐ Ears, nose, throat - balance, nosebleeds, hearing
- ☐ Cardiovascular - heart, circulation, chest pain, palpitations, HTN
- ☐ Respiratory - breathing, shortness of breath, tachypnea, cough
- ☐ Gastrointestinal - GERD, ulcers, stomach upset, constipation, diarrhea, bloating
- ☐ GU - burning on urination, frequency and nocturia
- ☐ Musculoskeletal - bone or joint problems, muscle pain, muscle spasms
- ☐ Integumentary - rash, itching
- ☐ Neurologic - stroke, TIA, numbness, tingling, headache, seizures
- ☐ Psychiatric - depression, anxiety
- ☐ Endocrine - blood sugar, thyroid problems, temperature intolerance, sweating
- ☐ Heme/Lymph - anemia, bleeding, fatigue, tenderness, clotting problems

PHYSICAL EXAM:

Observation: The patient is a pleasant, cooperative, straightforward mannered appearing in no acute distress.

HEENT: No facial asymmetry. Pupils are equal, about 5 mm, reactive to light and accommodation. Oral mucosal membranes are pink, moist, no oral sores.

Respiratory: Clear to auscultation, no wheezing, and no rales.

Cardiovascular: Heart sounds were regular, S1-S2, no murmur. No rub. No gallop.

Skin: Within normal limits.

Extremities: Pulses intact. ROM

Psychiatric: Mood is positive and affect appropriate.

Musculoskeletal System:

Examination demonstrated poor body mechanics with hyperkyphotic posture, rounded shoulders and straightening of the lumbosacral lordosis.

CERVICAL SPINE:

Patient with rounded, hyperextended neck, and forward position of the head.

	MEASURED		NORMAL
Flexion:	°	/	60°
Extension:	°	/	75°
Right Rotation	°	/	80°
Left Rotation	°	/	80°

Right Lateral Flexion:	°	/	45°
Left Lateral Flexion:	°	/	45°

Palpation reveals myospasms, positive trigger points with positive twitch sign noted on palpation, blanching on deep palpation with radiating pain, paraspinal muscle tenderness. Percussion over the spinous processes causes sharp pain. Edema of the side of neck noted.

Occipital area was tender and sensitive on palpation. Pain elicited on palpation of the Sternocleidomastoid bilaterally, Anterior, Middle and Posterior Scalenes, cervicis capitus, and upper trapezius.

Cervical Compression test is

THORACIC SPINE:

Palpation reveals myospasms and paraspinal muscle tenderness bilaterally

LUMBAR SPINE:

	MEASURED		NORMAL
Flexion:	°	/	90°
Extension:	°	/	30°
Right Lateral Flexion	°	/	30°
Left lateral Flexion	°	/	30°
Right Rotation:	°	/	30°
Left Rotation:	°	/	30°

There were no bony misalignments or acute fractures. Percussion over the spinous processes causes sharp pain over the lumbar spine area.

Palpation reveals myospasms and trigger points of the paraspinal area with positive twitch sign noted on palpation, blanching on deep palpation with radiating pain. Pain on palpation of the bilateral sacroiliac joints, bilateral gluteus maximus, medius and tensor fascia lata. Pain elicited over the lateral border of the sacrum bilaterally.

Slump Test is

NEUROLOGIC SYSTEM:

Cranial Nerves:

II-XII grossly intact.

Motor Strength:

Decreased upper and lower extremity motor strength on resistance testing.

Sensory:

Sensation to light touch, pinprick and proprioception was preserved in bilateral upper and lower extremities, except diminished in distribution of C5-C7 dermatomes and L5-S1 dermatomes.

Reflexes:

Deep tendon reflexes were normal throughout the body, except slightly diminished brachioradialis, triceps, patellar and Achilles reflexes

TESTING:

Tandem Walk:

Able to perform

Heel/Toe Walk:

Able to perform

Romberg:

Negative.

Mental Status:

Patient is oriented times three.

Care Plan:

DIAGNOSTICS:

Requested prior imaging reports.

Additional diagnostic studies may be utilized as indicated for persistent complaints. These objective studies are essential to establishing and confirming clinical diagnoses, thereby allowing development of a more definitive treatment plan aimed at optimal recovery.

CONTINUATION OF CURRENT THERAPY:

REFERRALS and FOLLOW-UP:

WORK RESTRICTIONS:

Patient is unable to perform at-injury job duties at this time.

Patient is able to work with the following level of exertional ability/limitations: *These exertional ability categories are defined in accordance with New York State Workman's Labor Guidelines.*

Exertional abilities will be reevaluated in one month to determine work capabilities.

CAUSATION / IMPAIRMENT:

This patient has been and remains impaired as a direct result of work injuries sustained on 07/09/19 due to the above-stated impressions.



Karen Pellicore, FNP-C

Seen By: Electronically signed by agent of provider: Holly Paar on 08/30/2019



Cheryle R. Hart, MD

Electronically signed by agent of provider: Holly Paar on 08/30/2019

We apologize for any typographical errors in our documentation. We use voice recognition software to assist us and errors may be missed in the editing process.