Mr. Bond was looking straight ahead with both hands on the steering wheel and his right foot on the brake. On impact, his body was pushed back into his seat, and his head whipped back and forth striking the headrest. Neither the police nor EMS responded. Mr. Bond was ambulant at the scene and subsequently able to drive his vehicle home (which was about 15 minutes away) after leaving the crash scene. He was not aware of any immediate pain or injury but over the next few hours developed discomfort in his neck and back, with increasing pain.

On August 11, 2021, 3 weeks after the crash, Mr. Bond presented to Dr. Grant Johnson (chiropractic) with complaints of pain in his lower back, bilateral hips, neck, and middle back. Dr. Johnson diagnosed cervicalgia, thoracic and lumbar spine pain/sprain, muscle spasms/strain, bilateral hip contracture/pain, and generalized muscle aches. He ordered a lumbar MRI, initiated treatment modalities and recommended undergoing therapy 3 times a week for 2 weeks with re-evaluation after 12 weeks. Mr. Bond underwent treatment modalities through December 15, 2022.

On August 16, 2021, Mr. Bond underwent a physical therapy evaluation secondary to persistent pain in his neck, upper/mid back, lower back (worse on the right), right shoulder, and bilateral hips. In particular, he was waking with sharp pain in his lower back and reported headaches 1-2 times per week. Mr. Bond started therapeutic treatment and continued, adjunct with chiropractic care, through November 4, 2022.

On August 25, 2021, Mr. Bond presented to Christine Giuliani PA-C to discuss pain management. He reported neck pain radiating into his right shoulder, thoracic pain radiating into his lower back, lumbar pain radiating into his right hip/glute and lower extremity and intermittent occipital headaches with intermittent bilateral tinnitus. Ms. Giuliani diagnosed acute pain due to trauma, lumbar radiculopathy, thoracic back pain, cervicalgia, acute post-traumatic headache, occipital neuralgia, acute stress reaction, adjustment disorder with anxiety, cervical/thoracic and lumbar spine sprain, muscle spasms of the neck and back and myalgia. She recommended regular chiropractic care, physical therapy, massage therapy, prescribed Methocarbamol/discussed over-the-counter Advil as needed for increased pain management and sleep, trigger point injections for persistent myofascial pain, and occipital nerve block injections with persistent headaches.

On September 15, 2021, Mr. Bond underwent an MRI of the lumbar spine which revealed: a central 8 mm disk herniation at L5-S1.

On October 12, 2021, Christine Giuliani PA-C refilled the Methocarbamol 500 mg prescription.

On October 20, 2021. Mr. Bond presented to Nicole Bailey PA-C with cervical, thoracic, lumbar pain and headaches, but with lumbar pain being his primary concern due to pain radiating into his proximal thighs. Ms. Bailey noted an S1 nerve impingement/hypertrophic facet joints at L4-5 and L5-S1 (on the MRI) but diagnosed facet-mediated lumbar pain as the most likely contributor to his symptomatology. She recommended bilateral L3-5 medial branch block injections with subsequent radiofrequency ablations as appropriate, as well as continuing a multi-modal treatment approach (home exercises, physical and chiropractic therapy).

On October 28, and 29, and November 11, and 17, 2021, Mr. Bond underwent bilateral L3-4 medial branch nerve and L5 Dorsal Ramus nerve block injections, performed by Drs. Shaun Gabriel (physical medicine and rehabilitation), Katherine Tinkey (anesthesiology) and Dr. Matthew Gray (anesthesiology). Mr. Bond’s diagnoses included lumbar spondylosis, lumbar facet arthropathy, and lumbago.

On January 5, 2022, Mr. Bond returned to Nicole Bailey PA-C with persistent lower back pain. She recommended proceeding with bilateral L3-5 radiofrequency ablations.

On March 7, and 23, 2022, Dr. Gabriel performed bilateral L3-4 medial branch and L5 Dorsal Ramus radiofrequency ablations, providing 75% improvement on the left side and 95% improvement on the right through May 2022.

On May 26, 2022, Mr. Bond presented to Michelle Paturzo PA-C with increasing pain in his thoracic and lumbar spine. Ms. Paturzo ordered an MRI of the thoracic spine and encouraged the continuation of therapeutic modalities.

On September 6, 2022, Mr. Bond underwent the thoracic MRI which was negative for osseous abnormality.

On November 10, 2022, Mr. Bond presented to Jonathan Edelman FNP-C who discussed proceeding with trigger point injections and recommended bilateral lumbar epidural injections with worsening lumbar pain.

On November 17, and December 19, 2022, Jonathan Edelman FNP-C performed right thoracic and bilateral lumbar paraspinal trigger point injections.

Mr. Bond initially progressed well then, following a flare of pain in February 2023, Jonathan Edelman FNP-C ordered a further set of trigger point injections. Height: 5 ft 11 inches, weight: 170 lbs.

*Pre-crash medical history*

Mr. Bond was in a prior [parking lot] traffic crash during High School, there were no injuries. He was involved in another traffic crash, around a year prior to the subject crash, without injury.

Mr. Bond considered himself in good health on the day of the subject crash (pre-crash history non-contributory to post-crash diagnoses).

*Medical and other records reviewed for history*

Riley Bond, deposition January 17, 2024

Dr. Barry Ogin, Medical Evaluation Report (defense)

Resilience Imaging

Proscan Imaging

ME Physical Therapy

Mountain View Pain Center:

*(chiropractic, Dr. Johnson)*

*(pain management, Jonathan Edelman FNP-C/ Michelle Paturzo PA-C/Nicole Bailey PA-C)*

*(interventional pain, Drs. Gabriel/Tinkey/Gray)*

Plaintiff’s Complaint