

Tel. :
Fax. :

Re DOE

Age DOA

Sex M F

MVA

W/C

Lien

Private

The above patient presented him/herself today for an examination and treatment to this office due to persistent pain. This information was obtained from the patient by his/her own description / interpreter / Legal guardian

MVA in which this patient stated that he/she was the Driver Pedestrian Bike Rider Front Passenger
Left / Right / Center Passenger Motorcycle

Patient states he/she was/ was not wearing the seat belt and there was/ was not air bag deployment.

Impact on the Vehicle: Front/ Rear, Left Side/ Right Side

Impact on the Body: Anterior/ posterior/ Medical/ Lateral/ Left/ Right

According to the patient, he/she was in good state of health before he/she was involved in the accident and did not experience any of current symptoms before the accident.

The patient reports he/she immediately experienced these symptoms after the accident:

Pain Other:

Ambulance was/ was not called.

The patient was brought to the Emergency Room of Hospital.

In the Hospital the patient was prescribed

Multiple X-rays were/ were not taken Positive/ Negative for fracture

Advanced Diagnostic Imaging

Patient declined the ambulance and went home to recuperate.

Patient went to Hospital by private transport on

Patient went to his/her private doctor

and was prescribed

PAST MEDICAL HISTORY

Trauma	Demes		
Surgeries	Demes		
Medication	Demes		
Allergies	Demes		
Systemic Diseases/Events	Demes		
Patient denies abuse of alcohol and drugs			
Patient is currently smoking for years cigarettes a day/ quit smoking months			
Patient is currently/ was/ was not performing exercise days a week for min at home/ gym.			
Patient is Left/ Right Hand Dominant.			
Headache	Front	Parietal	Temporal
Occipital	Diffuse	- Constant/	Intermittent

Quality of Headache:

Vertigo	Visual disturbances	TMJ Pain	Tinnitus
Photophobia	Post-Traumatic	Tension	Migraine
Cluster			
Cervical Pain rated	with/ without radiation to	Bilateral/ Lft/ Rt	
Thoracic Pain rated	with/ without radiation to	Bilateral/ Lft/ Rt	
Lumbar Pain rated	with/ without radiation to	Bilateral/ Lft/ Rt	
- R/ L Shoulder Pain	- R/ L Arm Pain	- R/ L Elbow Pain	- R/ L Forearm Pain
- R/ L Hand Pain	- R/ L Digit Pain	1 2 3 4 5	
Chest Pain with/ without breathing difficulty.			
- R/ L Hip Joint Pain	- R/ L Gluteal Pain	- R/ L Thigh Pain	- R/ L Knee Pain
- R/ L Leg Pain	- R/ L Ankle Pain	- R/ L Foot Pain	
- R/ L Toes 1 2 3 4 5			
- Numbness/ Tingling/ Paresthesia of:			

Contusion of:

Other:

PHYSICAL EXAMINATION

General Appearance:

Weight:	Ib	Height:	BP: R	mmHg	L	mmHg
Well Nourished and Maintained		Good	Fair	Poor		

Patient appears to be alert and oriented.

Gait:

No gait deviation	Visual Limp in	Right/	Left	Gait abnormality presents	Antalgic/	Ataxic
Uses Cane	Needs Cane			Needs Crutch	Unable to walk on	Toes/ heals
<u>Ambulation:</u>						
Normal	Pain			Guarded		Impaired
Needs Assistance	Wheelchair					

SPIRAL RANGE OF MOTIONCervical Spine:

ROM is	Normal/	Decreased	with/	without Pain				
Symptomatic Muscles :	Bilateral/	Lft/	Rt:	UpperTrap/	Lev Seap/	Paraspinals/	Sub Occ/	Sealenes
Tenderness	: +	1 2 3 4						
Muscular Spasm	:	None Minimal	Moderate	Severe				

Thoracic Spine:

ROM is	Normal/	Decreased	with/	without Pain				
Symptomatic Muscles :	Bilateral/	Lft/	Rt:	Mid/	Lower Trap/	Rhomb/	Erector Spinae/	Intercostals
Tenderness	: +	1 2 3 4						
Muscular Spasm	:	None Minimal	Moderate	Severe				

Lumbar Spine:

ROM is	Normal/	Decreased	with/	without Pain				
Symptomatic Muscles :	Bilateral/	Lft/	Rt:	Quad Lamb/	Erector Spinae/	Paraspinals		
Tenderness	: +	1 2 3 4						
Muscular Spasm	:	None Minimal	Moderate	Severe				

NEUROLOGICAL EXAMINATION

Manual Myotomal Muscle Testing: (Graded 0 to 5 being normal)

C5: L	R	C6: L	R	C7: L	R	C8: L	R	T1: L	R
L1: L	R	L2: L	R	L3: L	R	L4: L	R	L5: L	R
S1:	R								

Muscle Stretch Reflex: (Graded +0 to +4, +2 being normal)

C5: L	R	C6: L	R	C7: L	R
L4: L	R	L5: L	R	S1: L	R

Dermatomal evaluation of C4 to T1 and L1 to S1 was normal bilaterally with the exception of:

Pathological, Abnormal Cerebral and Dorsal Column Reflex were/ were not Present

Cranial Nerve:

Complete Neurological Examination is WNL

ORTHOPEDIC EXAMINATION

Shoulder Depression	Positive	L/	R	Negative
Cervical Compression	Positive			Negative
Maximal Foraminal Compression	Positive	L/	R	Negative
Cervical Distraction	Positive			Negative
Kemp's	Positive	L/	R	Negative
S.L.R	Positive	L/	R	Negative
Braggard's	Positive	L/	R	Negative
Linder's Sign/Soto Hall	Positive			Negative
Bilateral Leg Raise	Positive			Negative
Nachla's	Positive	L/	R	Negative
Yeoman's	Positive	L/	R	Negative
Miner's Sign	Positive			Negative
Valsalva	Positive			Negative

INITIAL DIAGNOSIS

339.0	- Cluster HA	847.30	- Sacroiliac Sprain/Strain
339.1	- Tension HA	839.42	- Subluxation of Sacroiliac joint
339.2	- Post - Traumatic HA	847.40	- Coccyx Sprain/Strain
346.9	- Migraine HA	839.41	- Subluxation of Coccyx
310.2	- Post Concussion Syndrome Encephalophy	848.30	- Ribs/Chondrocostal Sprain/Strain
524.6	- TMI Syndrome R/L	848.40	- Sternum Sprain/Strain
847.0	- Cervical Sprain/Strain	719.41	- Arthralgia of Shoulder
723.4	- Cervical neuritis Radiculitis	719.42	- Arthralgia of Elbow
722.0	- Cervical Disc Disorder w/o Myelopathy	719.43	- Arthralgia of Forearm
839.0	- Subluxation of Cervical Vertebrae	719.44	- Arthralgia of Hand/Wrist/Fingers
847.1	- Thoracic Sprain/Strain	719.45	- Arthralgia of Sacroiliac joint/Hip
724.4	- Thoracic Neuritis Radiculitis	719.46	- Arthralgia of Knee/Leg
722.11	- Thoracic Disc Disorder w/o Myelopathy	719.47	- Arthralgia of Ankle/Foot/Toes
839.21	- Subluxation of Thoracic Vertebrae	719.48	- Arthralgia of Cervical/Thoracic/Lumbar Spine
847.2	- Lumbar Sprain/Strain	354.00	- Carpal Tunnel Syndrome
846.0	- Lumbosacral Sprain/Strain	354.20	- CubitalTunnel Syndrome
724.4	- Lumbosacral Radiculitis	726.10	- Rotator Cuff/Supraspinatus Syndrome
724.3	- Sciatica		
722.1	- Lumbar Disc Disorder w/o Myelopathy		
839.2	- Subluxation of Lumbar Vertebrae		

OTHER

TREATMENT PLAN

Chiropractic Manipulative (CMT) is a form of manual treatment that influences joints and neurological function. This treatment may be accomplished using a variety of techniques. Treatment will be consisted of gentle chiropractic manipulation to the appropriate parts of the spine. Various soft tissue techniques such as ischemic compression to myofascial trigger point, stretching, and manual release therapy will be utilized. The frequency of treatment will be modified as appropriate Chiropractic manipulative therapy places emphasis on correction of the joint segmental dysfunction of vertebra, which are resistant to normal segmental joint motion. This treatment protocol has been proven to be effective in eventual correction of intercaseus disrelationships to remove nerve interference and restore function. No other discipline renders this treatment. The patient will be educated and instructed in specific everyday home exercise. The short-term goal of this plan is to decrease pain and increase range of motion. The long term goal is to restore and maximize patients prior function.

MANAGEMENT PLAN

The patient will be scheduled to undergo the following diagnostic test, which are clinically necessary to form an effective treatment plan and confirm the initial diagnosis.

X-Ray to rule out fracture,dislocation,or bone pathology.

Cervical Spine

Thoracic Spine

Lumbar Spine

Other:

Magnetic Resonance Imaging to rule out suspected disc macro trauma. MRI would be able to determine the size, location, and severity of disc involvement and confirm if there is neuroforaminal encroachment causing nerve compression or spinal stenosis with herniated nucleus pulposis that may be compressing the spinal cord.

Cervical Spine

Thoracic Spine

Lumbar Spine

Other:

DISABILITY AND PROGNOSIS

The patient reported that he/she is currently employed, a student, full time, part time employee and occupation is

The patient states he/she has not been back to work since the accident due to the injury.

The patient also declared that he/she was not working at the time of the accident

The patient states that this accident is related to the date and time when he/she was on duty and was working as (Occupation)

(Employer)

The patient may perform his/her duties with the following restrictions:

Limited lifting

Limited bending

Twisting

Pulling

Carrying

Sitting

Standing for no more than

minutes at a time.

I am prescribing a conservative chiropractic spinal manipulative treatment plan times per week for weeks until re-evaluation. Treatment plan will be modified as clinically necessary.

Prognosis is deferred further observation and management

The patient's prognosis is guarded at this time

Based on the physical examination and the presented history, it is my professional opinion that the patient's condition is causally related to the incident described in this initial examination.

Thank you,

Cordially,