

**SYNERGY CHIROPRACTIC CLINICS**

**8515 Pearl St.**

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**INITIAL EVALUATION**

**PATIENT: Angel, Theodore (Jimmy)**

**DOB: 09-15-1975**

**EXAMINATION DATE: 03-17-2023**

**DATE OF INJURY: 02-23-2023**

**Examining Doctor: Richard A. Lewellen, DC**

**HISTORY OF ACCIDENT:**

The patient was a restrained rear-passenger of a Lyft vehicle that was t-boned by a truck on the front on passenger. The patient reports being thrown side to side, hitting his head on the headrest, and having his body shove to the side. He reports being shaken, disoriented and dazed for about two minutes afterwards but denies having a loss of consciousness. He also reports having bruising on his lips on the headrest of the seat in front of him.

**TESTING/TREATMENT TO DATE:**

The patient reports being taken by ambulance to North Suburban Medical. The patient reports having CT scans (head) and x-rays (left shoulder) taken and states that he was told that there were no fractures. Reports will be requested for review.

He also reports going to his PC (St. Anthony Family Medicine) on 3-2-23 where he was evaluated.

He saw Dr. Wallace, DO on 3-10-23 who referred him for cervical and lumbar MRI's as well as physical therapy, acupuncture, psychology, massage therapy and chiropractic treatment.

**CHIEF COMPLAINT(s):**

1. Headaches, come and go, comes from R neck/upper back pain
2. Neck pain, R>L
3. Upper back pain, R>L
4. Mid back pain, R>L
5. Low back pain, R>L
6. SI/gluteus pain, R>L
7. Shooting pain down right leg to calf and on occasion to foot
8. Left shoulder pain, had initially but better lately

9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He reports missing about 20 hours but has since returned to working normal hours and duties.

**PAST MEDICAL HX:**

Jaw surgery (10+ years ago)

**FAMILY MEDICAL HX:**

Unremarkable as far as patient can recall.

**ALLERGIES:**

NKDA

**CURRENT MEDICATIONS:**

Muscle relaxer, Ibuprofen

**SOCIAL HISTORY:**

Patient reported being a non-smoker and drinks alcohol monthly

**POSTURE:**

Mild anterior head carriage

**ROM: (Restrictions are rated: mild +1, mild-moderate +2, moderate +3, severe +4)**

**C-SPINE:**

Flexion: +1 with R neck/upper trapezius tightness > pain

Extension: +2 with R neck/upper trapezius pain

Right rotation: +1

Left rotation: +1 with mild R neck/upper trapezius pulling > pain

Right lateral flexion: WNL with neck popping but no pain.

Left lateral flexion: WNL with R upper trapezius region pain

**T/L-SPINE:**

Flexion: +3 with upper to lower back pain

Extension: +3 with mid to low back pain

Right rotation: +2 with L mid back pain

Left rotation: +1 with R mid back pain

Right lateral flexion: +1

Left lateral flexion: +1 with R mid back pain

**Left SHOULDER:**

Lateral flexion (abduction): WNL

Internal rotation: WNL  
External rotation: WNL

### **MUSCLE STRENGTH:**

Upper extremities:

Deltoid 5/5

Biceps 5/5

Triceps 5/5

Lower extremities:

Hip flexors 5/5

Quadriceps 5/5

Hamstring 5/5

### **OTHER FINDINGS:**

**Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)**

Suboccipitals +3

cervical paraspinals +3

upper trapezius +3

levator scapulae +3

medial scapular +2

thoracic paraspinals +3

lumbar paraspinals +3-4

QL's +3-4

Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

### **ORTHOPEDIC TESTING:**

#### **Cervical/Thoracic:**

Cervical Compression (-)

Cervical Distraction (+) for R neck pain with no paresthesia

Right Shoulder Depression (+) for R neck/upper trapezius pain with no paresthesia

Left Shoulder Depression (-)

#### **Thoracic/lumbar/SI:**

R SLR (+) at about 20 degrees for low back pain with no paresthesia.

L SLR (+) at about 45 degrees for mild low back pain with no paresthesia.

FABERE (+) with the right leg for R SI pain, (-) with the left leg

Yeoman's (+) with the right leg for R SI pain, (-) with the left leg

SI compression (+) on right, (+) on left

### **DIAGNOSTIC IMPRESSIONS: (Trauma Related)**

Car Passenger Injured in Crash w/Car V43.62XA  
Headache: acute, not intractable G44.319  
Cervical sprain S13.4XXA  
Cervical strain S16.1XXA  
Thoracic sprain S23.3XXA  
Thoracic strain S29.012A  
Lumbar sprain S33.5XXA  
Lumbar strain S39.012A  
SI joint sprain S33.6XXA  
SI joint strain S39.013A  
Myalgia M79.1  
Muscle spasm of back M62.830  
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA  
Dizziness R42  
Segmental Dysfunction – Cervical M99.01  
Segmental Dysfunction – Thoracic M99.02  
Segmental Dysfunction – Lumbar M99.03  
Segmental Dysfunction – Sacrum M99.04  
Segmental Dysfunction – Pelvis M99.05

### **TREATMENT PLAN:**

12-24 visits (2x/week for 4-8 weeks then 1x/week for 4-8 weeks) then re-evaluate.  
Modes of care: manual and mechanical manipulation; ultrasound; interferential current; intersegmental traction; hydrotherapy; deep tissue work; and hot/cold packs.

Patient would benefit from Physical Therapy as well.

### **MEDICAL EXAM/RX REQUIREMENTS:**

Follow up with MD.

### **IMAGING REQUIREMENTS:**

None additionally at this time, reports will be requested for review

### **PHYSICAL LIMITATIONS AND RESTRICTIONS:**

At this time there are no specific restrictions set forth. Further restrictions may be addressed by the medical doctor.

### **PROGNOSIS:**

Deferred as premature.

### **DISCUSSION; COMMENTARY; SUMMARY:**

Upon conclusion of the above examination and in consideration of the patient's accident history, it is my professional opinion that this patient's presenting complaints and current

physical findings are consistent with involvement in the accident on record.

**TREATMENT PROVIDED TODAY:**

Initial patient evaluation 99203

Interferential current 1 unit: upper thoracic and lumbar paraspinals

Hot packs 1unit: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

**Richard A. Lewellen, DC**

***Compiled, but not reviewed.***