

SYNERGY CHIROPRACTIC CLINICS
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DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 8

DATE: 2023-05-19

SUBJECTIVE: Thoracic MRI impression in objective.

1. Headaches (0/10) none lately
2. Neck pain (0/10)
3. Upper back pain (0/10)
4. Mid back pain (3-4/10) stiffness
5. Low back pain (5/10) on R
6. SI/gluteus pain (5/10) on R ; up to 7/10 with driving/sitting long times
7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 3-5x/night due to pain

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

Work – Plummer. He is working normal hours and duties but with more pain.

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

cervical paraspinals +1

upper trapezius +1-2

levator scapulae +1-2

medial scapular +1-2

thoracic paraspinals +1-2 upper/mid; +2-3 lower

lumbar paraspinals +2-3

QL's +2-3, R>L

Gluteus +1 on R

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neural foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

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

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Kevin B. Duncan, D.C.

Compiled, but not reviewed.