

Patient Information

Name: Amaryllis Amy Desreux
Date of Birth: 19810512
Sex: Female
Case Number: 8934521
Date of Service: 20240528

Chief Complaint & History

Complaint:

Patient presents for a routine wellness adjustment. Reports no new complaints and states they are feeling good overall. Expresses a desire to maintain current level of function.

Date of Onset: 2023-02-15

Mechanism of Injury:

Patient slipped on wet moss while working, landing forcefully on her right side, resulting in an immediate onset of severe low back pain with radicular symptoms down the right leg.

Pain Scale (0–10): Now: 3/10, Worst: 7/10, Best: 1/10

Sleep Impact:

Sleep is moderately disturbed due to pain, causing difficulty finding a comfortable position and intermittent awakenings.

Functional Impact:

Difficulty with prolonged sitting (over 60 minutes), lifting items heavier than 20 lbs, and engaging in gardening tasks like deep bending.

Functional Rating Index

- **Pain Intensity:** 2
- **Sleeping:** 2
- **Personal Care:** 1
- **Traveling:** 2
- **Work:** 3
- **Recreation:** 3
- **Lifting:** 3
- **Walking:** 1
- **Standing:** 2
- **Sitting:** 3

Total Score: 18/40 (45%) / 100

Objective Findings

Posture / Observation:

Postural analysis reveals a mild anterior head carriage, a right high shoulder, and a slight right pelvic tilt.

Palpation Findings:

Hypertonicity and tenderness noted in the L4/L5 paraspinal muscles (R>L), right piriformis, right gluteus medius. Active trigger points in the right quadratus lumborum. Palpable segmental dysfunction at L5/S1 (PRS) and the right sacroiliac joint.

ROM:

Lumbar Range of Motion: Flexion limited to 50 degrees with end-range pain. Extension limited to 20 degrees with localized right-sided pain. Right Lateral Flexion limited to 15 degrees with pain. Left Lateral Flexion is 20 degrees.

Orthopedic Tests:

Positive findings include: Straight Leg Raise (SLR) on the right at 60 degrees, Braggard's test on the right, Kemp's test on the right, and Yeoman's test for right sacroiliac joint involvement.

Neurological Findings:

Deep Tendon Reflexes (Patellar and Achilles) are +2/4 bilaterally. Myotomes are 5/5 strength in all lower extremity muscle groups. Sensation to light touch is intact in L4, L5, and S1 dermatomes.

Imaging / X-ray:

Initial radiographs from February 2023 were unremarkable for acute fracture or dislocation. No recent imaging has been performed.

Diagnoses

- **M54.59** - Other low back pain
- **M51.17** - Lumbosacral disc disorder with radiculopathy
- **M99.03** - Segmental and somatic dysfunction of lumbar region
- **M99.05** - Segmental and somatic dysfunction of pelvic region

Treatment Plan

Plan Description:

A course of active chiropractic care including: 1) Chiropractic Manipulative Treatment (CMT) to lumbar and pelvic regions. 2) Myofascial Release to right piriformis and quadratus lumborum. 3) Therapeutic exercises focusing on core stabilization.

Frequency & Duration:

Once per week for the next 4 weeks, with a re-evaluation scheduled at the end of that period to assess progress towards goals.

Short-term Goals:

Within 4 weeks (by June 25, 2024): Decrease average pain to <2/10; Increase pain-free lumbar flexion to 55 degrees; Patient to tolerate sitting for 75 minutes without pain.

Long-term Goals:

Within 8 weeks (by July 23, 2024): Resolve positive orthopedic tests (SLR, Kemp's); Patient to return to full work duties including lifting 30 lbs; Achieve a Functional Rating Index (FRI) score of <10%.

Home Instructions:

Patient instructed to continue core strengthening exercises (bird-dog, dead bug) daily, use an ice pack on the low back for 15 minutes following aggravating activities, and utilize proper lifting mechanics as demonstrated.

Prognosis

The prognosis is good for a significant reduction in symptoms and improvement in function over the next 4-8 weeks with adherence to the prescribed treatment plan.

Daily Chart Note (SOAP)

S (Subjective):

Patient reports an exacerbation of chronic low back pain, currently 3/10, with radicular symptoms into the right leg that can spike to 7/10 with activity. Functional limitations in sitting, lifting, and bending persist. FRI score is 18/40 (45%).

O (Objective):

Objective findings include postural asymmetries, palpable hypertonicity in right-sided lumbar and pelvic musculature, restricted and painful lumbar ROM, and positive orthopedic tests (R SLR, Kemp's, Yeoman's). Neurological exam is within normal limits. Segmental dysfunction noted at L5/S1 and R SI joint.

A (Assessment):

Exacerbation of chronic lumbosacral disc disorder with radiculopathy and segmental dysfunction. The patient's condition warrants continued active care as she has not yet reached maximal medical improvement.

P (Plan):

Continue active care 1x/week for 4 weeks. Treatment to include CMT, myofascial release, and therapeutic exercises. Home care instructions provided. Re-evaluate in 4 weeks.

Consent to Treatment

I,
Amaryllis Devereaux, have read and fully understand the above report and consent to the release of this information to my insurance provider. I also consent to the plan of care outlined by Dr. Vance.

Patient Signature: *Amaryllis Devereaux*

Date: *2024 0528*

Provider Certification

I certify that I provided or supervised all listed treatments.

Provider Name: Dr. Coraline Vance, D.C.

NPI: 1234567890

License #: TN-DC-54321

Signature: *Coraline Vance, D.C.*

Date: *2024 0528*