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**Initial Comprehensive Medical Evaluation**

Date: 06/20/2022

RE: Franklin Youmans

DOB: 03/23/1952

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: NF

1<sup>st</sup> Evaluation

Discussed cortisone injection to shoulder but he wishes to defer until next visit; MRI reviewed with partial articular surface tear of supraspinatus; briefly discussed surgical option but he wishes to defer at this time. Continue PT. Follow-up in 1 month.

**HISTORY:**

On 06/20/2022, Mr. Franklin Youmans, a right-handed 70-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 07/24/2021. The patient states he was the restrained driver of a vehicle which was involved in a T-boned on the left side collision. The patient states that an EMS team arrived. The patient was the driver when T-boned on the driver side. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to neck, low back and left shoulder.

**CHIEF COMPLAINTS:**

The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Neck pain is associated with numbness and tingling. Neck pain is worsened with sitting, standing and lying down.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. Lower back pain is associated with numbness and tingling. Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs.

The patient complains of left shoulder pain that is 7-8/10, with 10 being the worst, which is dull and achy in nature. Left shoulder pain is worsened with movement, lifting objects and overhead activities. Left shoulder pain is improved with resting and therapy.

**REVIEW OF SYSTEMS:** The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:** High blood pressure, diabetes.

**PAST SURGICAL/HOSPITALIZATION HISTORY:** Noncontributory.

**MEDICATIONS:** None.

**ALLERGIES:** No known drug allergies.

**SOCIAL HISTORY:** Unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**Neurological Examination:** The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal with the exception of right shoulder abduction 5/5/5, left shoulder abduction 5/5/5, right shoulder flexion 5/5/5, left shoulder flexion 5/5/5, right elbow extension 5/5/5, left elbow extension 5/5/5, right elbow flexion 5/5/5, left elbow flexion 5/5/5, right elbow supination 5/5/5, left elbow supination 5/5/5, right elbow pronation 5/5/5, left elbow pronation 5/5/5, right wrist flexion 5/5/5, left wrist flexion 5/5/5, right wrist extension 5/5/5, left wrist extension 5/5/5, right hand grip strength 5/5/5, left hand grip strength 5/5/5, right hand finger abductors 5/5/5, left hand finger abductors 5/5/5, right hip flexion 5/5/5, left hip flexion 5/5/5, right hip abduction 5/5/5, left hip abduction 5/5/5, right knee extension 5/5/5, left knee extension 5/5/5, right knee flexion 5/5/5, left knee flexion 5/5/5, right ankle dorsiflexion 4/5/5, left ankle dorsiflexion 4/5/5, right ankle plantar 4/5/5, left ankle plantar 4/5/5, right ankle extensor 4/5/5 and left ankle extensor 4/5/5.

**Cervical Spine Examination:** Reveals tenderness upon palpation at C2-8 levels bilaterally with muscle spasm present. ROM is as follows: Extension is 10 degrees, normal is 50 degrees; forward flexion is 30 degrees, normal is 60 degrees; right rotation is 10 degrees, normal is 80 degrees; left rotation is 10 degrees, normal is 80 degrees; right lateral flexion is 10 degrees, normal is 50 degrees and left lateral flexion is 10 degrees, normal is 50 degrees.

**Lumbar Spine Examination:** Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. ROM is as follows: Extension is 10 degrees, normal is 30 degrees; forward flexion is 30 degrees, normal is 90 degrees; right rotation is 10 degrees, normal is 30 degrees; left rotation is 10 degrees, normal is 30 degrees; right lateral flexion is 10 degrees, normal is 30 degrees and left lateral flexion is 10 degrees, normal is 30 degrees.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint, supraspinatus and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive, Hawkins test is positive and reverse beer can test is positive. ROM is as follows: Abduction is 110 degrees, normal is 180 degrees; flexion is 100 degrees, normal is 180 degrees; external rotation is 50 degrees, normal is 90 degrees and internal rotation is 40 degrees, normal is 90 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

08/21/2021 - MRI of the left shoulder reveals os acromiale, hypertrophic changes AC joint, type 3 acromion, tendinopathy/tendinitis of supraspinatus tendon with partial articular surface tear.

The above diagnostic studies were reviewed.

**Diagnoses:**

Cervical muscle sprain/strain.

Possible cervical disc herniation.

Possible cervical radiculopathy versus plexopathy versus entrapment syndrome.

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy versus entrapment syndrome versus polyradiculopathy.

Sacroiliitis.

Left shoulder pain - (M25.512).

Left shoulder sprain/strain - (S43.402A).

Rotator cuff tear (atraumatic) of left shoulder (M75.122)

**Plan:**

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

**Procedures:** If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

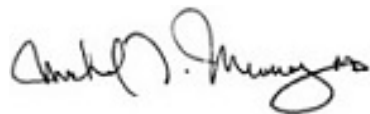
**Care:** Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

**Goals:** To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

**Precautions:** Universal.

**Follow-up:** 1 month.

It is my opinion that the injuries and symptoms Mr. Franklin Youmans sustained to neck, low back and left shoulder are causally related to the incident that occurred on 07/24/2021 as described by the patient.



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Michael Murray, MD  
Kevin Ball, PA

Dictated but not proofread