**Initial Comprehensive Medical Evaluation**

Date: 03/18/2019

RE: Whitney Huneycutt(Case2)

DOB: 12/30/1983

1st Evaluation

**CHIEF COMPLAINTS:**

On 03/18/2019, Ms. Whitney Huneycutt(Case2), a right-handed 35-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 03/15/2019. The patient was seen at the Edison, NJ Office located at . The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to neck, mid-back, low-back, bilateral shoulder and right hip.

**HISTORY OF PRESENT ILLNES:**

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 mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending.

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.

a

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of right hip pain.

The patient denies previous history of the above symptoms and states these complaints resulted from the traumatic event.

**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:**  Severe asthma, arthritis, hepatitis, urinary tract infeciton, extremity weakness, shortness of breath, drug addiction, psychiatric illness, hypoxia, fibromyalgia with neck and back injuries, anxiety, history of MRSA in left lung.

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

**MEDICATIONS:**  Pro-Air 2 puffs qid prn, Symbicort 2 puffs bid, Spiriva 18 mg qid, Daliresp 500 mcg qd, Singuilar 10 mg qd, Duoneb qid prn, prednisone 20 mg taper prn, Nucala vaccine q4 weeks, Dilaudid 4 mg q4-6h., Morphine 30 mg bid, Valium 5 mg q4-6h., Fioricet prn for migraine, Soma 350 mg bid, Neurontin 800 mg tid, Celebrex 200 mg 1-2 a day, Trazadone 300 mg at night, Ambien 10 mg at night.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  Patient works as unknown.

**PHYSICAL EXAM:**

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

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Sensory Examination:**

**Cervical Spine exam:** 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.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels with muscle spasm present.

**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.

b

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins test is positive.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins test is positive.

**Right Hip Examination:** ROM is as follows: flexion is 30 degrees, normal is 120 degrees; internal rotation is 10 degrees, normal is 35 degrees and external rotation is 10 degrees, normal is 45 degrees.

**GAIT:** Normal

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Cervical Muscle sprain/strain.

Possible Cervical disc herniation.

Possible Cervical Radiculopathy vs. Plexopathy vs. Entrapment Syndrome.

Thoracic muscle sprain/strain.

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

c.

Bilateral shoulder sprain/strain.

Right hip sprain/strain.

**Plan:**

of the cervical spine to rule out herniated nucleus pulposus/soft tissue injury.

**Request MRI of the cervical spine:** To rule out herniated nucleus pulposus/soft tissue injury.

of thoracic spine to rule out herniated nucleus pulposus/soft tissue injury.

**Request MRI of the Thoracic spine:** To rule out herniated nucleus pulposus/soft tissue injury.

of the lumbar spine to rule out herniated nucleus pulposus/soft tissue injury.

**Request MRI of the lumbar spine:** To rule out herniated nucleus pulposus/soft tissue injury.

**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. Patient education provided via physician, printed material and online website references.

**Follow-up:** 1 week.

It is my opinion that the injuries that Ms. Whitney Huneycutt(Case2) sustained to neck, mid-back, low back, left shoulder, right shoulder and right hip are causally related to the incident that occurred on 03/15/2019 as described by the patient.