**TO: FLORIDA DIVISION OF DISABILITY DETERMINATION.**

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**CLAIMANT'S NAME: \***

**DOB: \***

**DATE/TIME: \***

**CASE NUMBER**: **\***

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This examination was performed for the sole purpose of providing information to the State of Florida Department of Health, Division of Disability Determinations, for their exclusive use in making a determination of disability, and was not done for any diagnostic, treatment or follow up purposes.

No doctor/patient relationship established. No treatment was rendered.

This Clamant was identified by photo I. D. (Driver’s License).

Documentation furnished by Fl Department of Health, Division of Disability Determinations at time of consultation was reviewed in its entirety and used for evaluating and confirming claimant's allegations.

**CHIEF COMPLAINT:**

Claimants current complains include\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF PRESENT ILLNESS:**

The Claimant is a \*\* year old \*\*\* with PMH of reports

**FUNCTIONAL STATUS**:

Dominant hand: Right.

Sitting: reports able to for \*\* minutes on their worst day, \*\* minutes on their best day.

Standing: reports able to for \*\* minutes on their worst day, over \*\* minutes on their best day.

Walking: reports able to for \*\* minutes on their worst day, over \*\* minutes on their best day.

Cooking/Meal Prep: reports able to.

Grocery shopping: reports able to for \*\* minutes on their worst day, \*\* minutes on their best day.

Driving: reports able to for \*\* on their worst day, \*\* minutes on their best day.

Bathing/Showering: reports able to.

Dressing: reports able to.

Personal finances: reports able to.

**CURRENT MEDICATIONS:**

**ALLERGIES:**

**SURGICAL HISTORY:**

None.

**FAMILY IIISTORY:**

Noncontributory.

**SOCIAL HISTORY:**

Denies current use tobacco/EtOH abuse/illicit substance abuse/prescription drug abuse/marijuana use.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:**

BP: 117/72 mmHg.

Weight (lbs) 142.8

HR: 82

O2: 98 % in room air.

Height (without shoes): 65 In.

Temp: 98.2 F

Visual Acuity: Uncorrected R: 20/25 L: 20/20

Corrected R: L:

Dynamometer hand grip strength: (Lb) Right: Left:

General:

Claimant appears well groomed, is alert, oriented x 3. Cooperative, well-developed, well-nourished. Responds adequately to questions and commands.

Eyes:

Pupils equally, round and reactive; to light and accommodation. Extraocular movements intact, No jaundice, conjunctival injection. Visual field is intact.

Ears/Nose/Throat:

Nares normal and without hyperemia or secretions. Able to hear and understand normal speech Moist oral mucosa. Tongue protrudes in the midline. No uvula deviation, pharynx without erythema or exudates.

Head/Neck:

Normocephalic and atraumatic. Trachea is midline. Supple. No thyromegaly, JVD or adenopathy No carotid bruit.

Respiratory:

Normal vesicular breathing sounds heard. No wheezing or rhonchi.

Cardiovascular:

Normal S1, normal S2, No murmur. No peripheral edema present. Pulses intact in lower extremity.

Abdomen:

Soft, non-distended, Bowel sounds present.

Back:

No paraspinal tenderness, No Scoliosis or kyphosis, No deformity.

Skin:

No petechiae, hematoma or ecchymosis. No eruption or rash present.

Musculoskeletal:

No deformity, swelling or effusions in hands, wrist, elbow, knee, ankle.

Neurological:

CNs Il-XII: intact.

Sensory pin prick/light touch/vibration: *Intact over all extremities.*

Rhomberg: Negative.

Psychiatry:

Stable mood and affect.

**Neuromuscular Strength.**

0 = No visible or palpable contraction

1 = Visible or palpable contraction with no motion

2 = Active ROM with gravity eliminated

3 = Active ROM against gravity only, without resistance

4 = Active ROM against gravity, moderate resistance

5=Active ROM against gravity, maximum resistance

Right upper extremity: 5/5

Left upper extremity: 5/5

Right lower extremity: 5/5.

Left Lower extremity: 5/5.

Right grip: 5/5

Left grip: 5/5

Dexterity: Right-Handed, normal.

**FINE & GROSS MANIPULATIVE SKILLS**:

Claimant is able to pinch, grasp and manipulate small and large objects. Showed no signs of any deformity or contractures in the hands. Able to make a full fist and is able to oppose fingers and a grip strength of 5/5 bilaterally with the very good effort.

(0=worse/unable to, 5=best/normal)

Buttoning: LEFT 5/5 RIGHT 5/5

Zipping: LEFT 5/5 RIGHT 5/5

Picking up a coin: LEFT 5/5 RIGHT 5/5

Tying shoelaces: LEFT 5/5 RIGHT 5/5

**Reflexes**:

0 = Absent, 1+ = Decreased, 2+ = Normal, 3+ = Hyperreflexia, 4+ = Repeating Reflex

Right Left

Biceps 2+ 2+

Trie eps 2+ 2+

Knee 2+ 2+

Achilles 2+ 2+

**RANGE OF MOTION:**

CERVICAL SPINE

Forward Flexion (0-60): 60

Extension (0-60): 60

Lateral Flexion (0-45): R=45 L=45

Rotation (0-80): R=80 L=80

LUMBAR SPINE

Forward Flexion (0-90): 90

Extension (0-25): 20

*Lateral Flexion (0-25):* R=20 L=20

SHOULDER

Flexion (0-150): R=150 L=150

Extension (0-50): R=50 L=50

Abduction (0-150): R=150 L=150

Adduction (0-30): R=30 L= 30

External Rotation (0-90):R=90 L=90

Internal Rotation (0-90): R=90 L=90

ELBOW

Flexion (0-150): R=150 L=150

Pronation (0-80): R=80 L=80

Supination (0-80): R=80 L=80

WRIST

Dorsiflexion (0-60): R=60 L=60

Palmar flexion (0-70): R=70 L=70

Ulnar deviation (0-30): R=30 L=30

Radial deviation (0-20): R=20 L=20

HAND

Thumb

Adduction CMC joint (less than or equal to 2 cm): R=2 cm L=2cm

Abduction CMC joint (0-50): R=50 L=50

Flexion MCP joint (0-60): R=60 L=60

Flexion IP joint (0-80): R=80 L=80

Index

flexion MCP joint (0-90): R=90 L=90

flexion PIP joint (0-100): R=100 L=100

flexion DIP joint (0-70): R=70 L=70

Middle

flexion MCP joint (0-90): R=90 L=90

flexion PIP joint (0-100): R=100 L=100

flexion DIP joint (0-70): R=70 L=70

Ring

flexion MCP joint (0-90): R=90 L=90

flexion PIP joint (0-100): R=100 L=100

flexion DIP joint (0-70): R=70 L=70

Little

flexion MCP joint (0-90): R=90 L=90

flexion PIP joint (0-100): R=100 L=100

flexion DIP joint (0-70): R=70 L=70

HIP

Flexion (0-100): R=100 L=100

Extension (0-30): R=30 L=30

Abduction (0-40): R=40 L=40

Adduction (0-20): R=20 L=20

Internal Rotation (0-40): R=20 L=20

External Rotation (0-50): R=20 L=20

KNEE

Flexion (0-150): R=120 L=120

Extension (0-10): R=10 L=10

ANKLE

Dorsiflexion (0-20): R=20 L=20

Plantarflexion (0-40): R=40 L= 40

Inversion (0-30): R=20 L= 20

Eversion (0-20): R=20 L= 20

HALLUX

Dorsiflexion MTP Joint (0-30): R=30 L: 30

Plantar Flexion MTP Joint (0-30):R=30 L: 30

Flexion IP Joint (0-20): R=20 L: 20

EFFORT ON EXAM: GOOD \_\_X \_\_\_\_\_\_ FAIR \_\_\_\_\_\_\_ POOR \_\_\_\_\_\_\_\_

**Degrees or Difficulty in Performance are as Follows:**

Getting on and off the examination table- able to perform with no difficulty.

Walking on Heels: able to perform.

Walking on Toes: able to perform.

Squatting and rising; able to perform.

Finger to Nose: intact.

Straight leg raise test: Negative.

**ASSISTIVE DEVICE**:

Gait and Station: Normal gait and normal station.

What type of assistive device is used for ambulation? She does not use any assistive device.

Medical conditions that it was used for?

Patient uses active assistive device for walking standing or Both?

Is the assistive device medically necessary?

Under what circumstance assistive device used?

Was the patient fully cooperative during gait testing? Yes.

**DIAGNOSIS/ASSESSMENT:**

**MEDICAL SOURCE STATEMENT** (functional abilities and specific restrictions):

Based on the physical examination conducted today, the clinical findings are as follows:

**Abilities**: Claimant is able to walk into the examination room, able to sit for the duration of the visit & walk unassisted with no difficulty. Claimant has adequate balance and strength.

*Understanding, memory, sustained concentration: Normal.*

**Limitations**:

Claimant’s activities of daily living is mildly affected by .

**RECOMMENDATIONS:**

For --- claimant would benefit from multimodal pain management, physical therapy if not improved then spinal surgeon referral.

Claimant would benefit from establishing a PCP for

For anxiety and depression, claimant would benefit from psychiatric evaluation and counselling along with medication management.

**Imaging reviewed:**

STATEMENT RE REVIEW OF MEDICAL RECORDS:

I have reviewed the patient’s medical history and radiological studies, if any, given to me to the best of my ability. I have performed a thorough history and physical examination of the patient to the best of my ability. The information in this document is based on the information given to me by the patient.

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Description automatically generated

Examiner: Dr. Arabinda Behura.

We Care Health & Wellness Center.

Date: