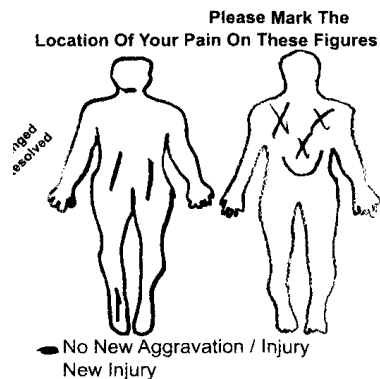


**May 1, 2006 - Attending Physician: Dr. Fred A. Tester**

### **SUBJECTIVE**

Bryan Joyner says on his visit this day that in his head on the right side he principally has a frequent moderate grade of burning pain with numbness and tingling. On a visual analog scale of 0 to 10 with 0 being no pain and 10 being the worst pain possible, the patient reports his overall pain is a 6. He states that his symptoms are worse in the morning. The patient indicates that he has not had any new provocative incident. He seems to experience relief through rest. Mr. Joyner asserts that coughing aggravates or worsens his condition.



### **OBJECTIVE**

An assessment of the inequality in the length of the legs reveals the left leg to be 1/4 of an inch discrepant due to functional pelvic deficiency and postural compromise. The conclusions from my palpatory examination of the cervical and lumbar spine are as follows: Malalignment is noted together with spasm and pain to palpation specific to the left upper cervical range. Apparent malalignment is present together with spastic, inflamed, and tender deep paraspinal musculatures at the left middle cervical range. The presence of joint dysfunction is detected coupled with spasm and tenderness in the left upper and middle lumbar spine. The range-of-motion in the cervical spine is reduced with mild pain, consistent with clinical presentation. The following results are shown upon a visual assessment of the spine and pelvis: When seen from Mr. Joyner's anterior view, his head has laterally flexed to the right side; the patient's thoracic/rib cage is in lateral flexion towards the right; the pelvis is determined to be laterally flexed in the direction of the right side.

PATIENT SIGNATURE:  DATE:

### **ASSESSMENT**

It is my conclusion that the patient's symptomatology has not changed.

### **PLAN**

The treatment approach is to stay as previously stated. A cervical A-P lateral x-ray was taken today.

### **TODAY'S TREATMENT**

As warranted by the objective findings, the treatment today comprises the following manipulations and modalities. To reduce misalignments and restore intersegmental/global range-of-motion a manual adjustment and a spinal distractive adjustment are used. A manual adjustment is delivered to C1. A spinal distractive adjustment is performed on C3. To lessen localized circulation and alleviate pain, cryotherapy is applied to the cervical area and head for ten attended minutes. Mechanical extension traction is utilized on the cervical area to reduce the hyperreactivity of the musculature. Five minutes of unattended cervical and ten minutes of attended thoracic