ChiroFusion
100 West Avenue
Ocean City, NJ 08226
P: (609) 555-5555 **F:** (609) 555-5512

EXAMINATION

Patient: Robert Gardner
DOB: 01/25/1988 **Age:** 29 years **Sex:** M
Date of Service: 05/03/2017
Date of Onset: 08/03/2015
MR#: 40780

HISTORY OF PRESENT ILLNESS

Robert Sample is a 27-year old male who comes to me today for evaluation and treatment of injuries sustained in a motor vehicle accident on 5/3/2017. The time was 7:00pm. Mr. Sample stated that he was the driver in a SUV which was stopped at a traffic light. According to the patient, the other vehicle involved was travelling at approximately 25-30 m.p.h. He stated that the other vehicle struck his vehicle in the rear end. Mr. Sample also reported that, at the time of the accident, the road conditions were clean and dry. In addition, he stated the damage to his SUV was mild due to the fact that the other car hit his trailer hitch. Damage to the other vehicle was moderate. He also stated that he did not see the accident coming, and therefore was not braced for the impact. Also, he was wearing his seat belt and had his shoulder harness on.

On impact, neither the driver's or the front passenger's air bag deployed. His SUV was equipped with headrests. He also noted that he had his head facing straight forward at the moment of impact. On impact the patient's body did not strike the inside of his vehicle. He stated that he did not lose consciousness during the accident. Mr. Sample reports that he and his wife went to Seton Medical Center the following day. They were given a prescription for Ibuprofen, an analgesic, and Soma, a muscle relaxer and released. On release he was given instructions to rest and ice his injuries. The patient did not have x-rays taken following his injury. His past medical history is non-contributory. Mr. Gardner is employed as a full-time landscaper for Scenery Lawns. He has been unable to return to work since 5/3/2017 as a result of his injuries and has been placed on total work disability until 6/3/2017.

VITALS

Height: 72" Weight: 200lbs BMI: 27.1 Pulse: 72 Respiration: 14 Temp: 97.6 F BP: 120/80

MEDICAL HISTORY

SURGERIES: Appendectomy 2003
FAMILY HISTORY: Hypertension (Father); CVD (Father)
PRIOR CHIROPRACTIC CARE: 1999 until Present.

REVIEW OF SYSTEMS

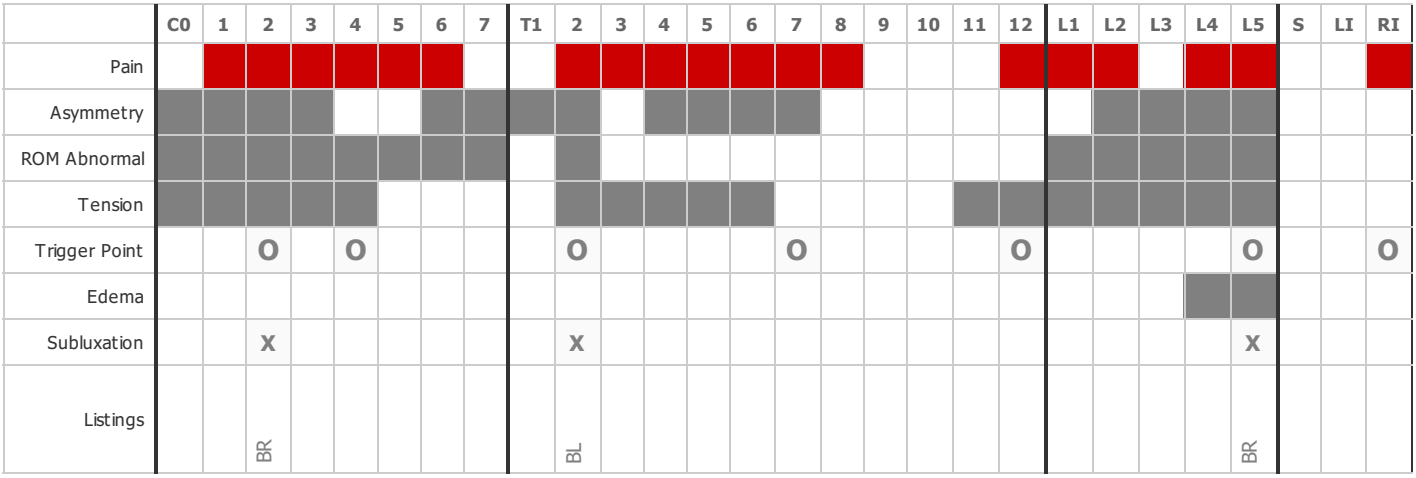
GENERAL: Recurring Fever; Fever.
HEENT: Nose bleeds.
SKIN/HAIR: Lesions.
CARDIOVASCULAR: Palpitations.
RESPIRATORY: No shortness of breath, cough, wheezing or sputum.

GASTROINTESTINAL: No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood.
GENITOURINARY: No dysuria, frequency or urgency.
NEUROLOGICAL: Memory loss.
MUSCULOSKELETAL: No muscle pain, back pain, joint pain or stiffness.
BLOOD\LYMPH: No anemia, bleeding or bruising. No enlarged nodes. No history of splenectomy.
PSYCHIATRIC: No disorder of thought or mood.
ENDOCRINOLOGIC: No reports of sweating, cold or heat intolerance. No polyuria or polydipsia.
ALLERGIES: Seasonal
MALE: Denies reproductive or sexual abnormalities.

CHIEF COMPLAINTS

1. Constant bilateral lower lumbar sharp and stabbing pain that radiates into left leg.. Severity level 8/10. This complaint is aggravated by activity (moderate), bending and lifting. This complaint is relieved by cold and OTC medication.
Comments: Frequency of radicular pain in the left leg has gone from constant to occasional.
2. Constant bilateral cervical aching pain. This complaint has resolved.
COMMENT: test comment

SPINAL SEGMENTAL ANALYSIS



MUSCULOSKELETAL PALPATION

LUMBAR: Paraspinal Muscles tenderness and spasm bilaterally.
THORACIC: Latissimus Dorsi rigidity, spasm, tenderness and trigger point(s) bilaterally.
COMMENT: Additional comments can be added here.

RANGE OF MOTION EXAM

Method of Assessment: Dual inclinometry

LUMBAR
FLEXION: 35/60 with pain from 50% - 100% ROM
EXTENSION: 15/25 with pain from 50% - 100% ROM
LLF: 25/25 with pain from 75% - 100% ROM
RLF: 25/25 with pain from 75% - 100% ROM
RR: 25/30 with pain throughout entire ROM
LR: 35/30 with pain throughout entire ROM

Total loss in Lumbar ROM: 18%
Comments: Additional comments can be added here.

Method of Assessment: Dual inclinometry

CERVICAL
FLEXION: 40/50 with pain from 25% - 100% ROM
EXTENSION: 50/60 with pain from 25% - 100% ROM
RLF: 30/45 with pain from 75% - 100% ROM
LLF: 35/45 with pain from 50% - 100% ROM
RR: 40/80 with pain from 50% - 100% ROM
LR: 50/80 with pain from 75% - 100% ROM

Total loss in Cervical ROM: 32%
Comments: Additional comments can be added here.

ORTHOPEDIC EXAMINATION

CERVICAL TESTS

BAKODY'S SIGN: EQUIVOCAL:
The subject with cervical radicular pain actively places the palm of the affected extremity flat on the top of the head raising the elbow to a height approximately level with the head. The sign is present when the radiating pain is lessened or absent by this maneuver and is indicative of nerve root irritation due to cervical foraminal compression.

KNEE TESTS

PATELLA TAP TEST: NEG:
The subject lies supine with both knees fully extended. The examiner compresses the supra-patellar pouch with the proximal hand, then compresses the patella into the femur. A positive test is indicative of knee effusion.

BOUNCE HOME TEST: NEG:
With the subject lying supine, the examiner passively flexes the subject's test knee and then allows the knee to passively fall into extension. A rubbery endfeel or springy lock is indicative of a meniscal tear. This test should be performed with caution.

ANTERIOR DRAWER TEST: NEG:
The subject lies supine with the test hip flexed to 45 degrees, knee flexed to 90 degrees, and the foot in a neutral position. The examiner sits on the subject's foot with both hands behind the subject's proximal tibia and thumbs on the tibial plateau. An anterior force is then applied to the proximal tibia. Increased anterior tibial displacement as compared to the uninvolved side is indicative of a partial or complete tear of the ACL.
Comment: Comment here.

THORACIC TESTS

ADAM'S SIGN: NEG:
A patient with scoliosis when bending over will have no straightening of the curve and give a "positive" result. A straightening of the curve would indicate a "negative" result.

NEUROLOGICAL EXAMINATION

MENTAL STATUS: Based on the patient's completion of the intake sheets and their interaction with the doctor and staff during the history and the exam process, the patient's mental status appears to be within normal limits.

MOTOR EXAM

Nerve Root	Left	Right	Nerve Root	Left	Right
C5	5/5	5/5	L2-L4	5/5	5/5
C6	2/5	5/5	L4	5/5	5/5
C7	5/5	5/5	L5	5/5	3/5
C8	5/5	5/5	S1-S2	5/5	5/5
T1	5/5	5/5			

REFLEX EXAM

Nerve Root	Left	Right
C5	2+	2+
C6	1+	2+
C7	2+	2+
L4	2+	2+
S1	2+	2+

SENSORY EXAM

Nerve Root	Side	Finding	Sensation
L5	Right	Hypoesthesia	Light Touch; Pin Prick/Pain

CRANIAL NERVE EXAM

Smell (1): Normal
Vision (2): Abnormal left
Eye Movement (3, 4, 6): Normal
Wink (5): Normal
Facial Expression (7): Normal
Hearing (8): Normal
Gag Reflex (9): Normal
Swallow (10): Normal
Shrug (11): Normal
TongueCheek (12): Normal

COORDINATION

GAIT ABNORMALITIES

Posture is normal. Gait is steady with normal steps, base, arm swing and turning. Heel and toe walking are normal.

COORDINATION TESTS

Rapid alternating movements and fine finger movements are intact. There is no dysmetria on finger-to-nose and heel-knee-shin. There are no abnormal or extraneous movements. Romberg is absent.

DYNAMOMETER EXAM

Dominant Hand: Left

Left Hand Readings: 50 , 55 , 30 Average: 45.00
Right Hand Readings: 35 , 38 , 38 Average: 37.00

Loss of strength: Right hand has 8% loss of strength.

Comments: Additional comments can be added here.

DIAGNOSTIC STUDIES

DATE	STUDY	REGION	IMPRESSION	COMMENTS
3/2/2017	MRI	LUMBAR SPINE	DEGENERATIVE JOINT DISEASE at the level of L2-L5 . FORAMINAL NARROWING at the level of L4-L5 .	

ASSESSMENT

STATUS

CURRENT STATUS OF PATIENT'S CONDITION: No Change
CURRENT PROGRESS: As expected
PROGNOSIS: Guarded
TREATMENT EFFECTIVE: Yes
COMMENT: Additional comments can be added here.

DIAGNOSIS

A. S43.203A Unspecified subluxation of unspecified sternoclavicular joint, initial encounter
B. S43.201A Unspecified subluxation of right sternoclavicular joint, initial encounter
C. M99.00 Segmental and somatic dysfunction of head region
D. M99.03 Segmental and somatic dysfunction of lumbar region

OUTCOMES ASSESSMENTS

DATE	ASSESSMENT TYPE	SCORE
2/28/2016	Activities of Daily Living Assessment	7

PLAN

TYPE OF CARE: Relief/Acute Care
PROPOSED TREATMENTS: Chiropractic Adjustments; EMS; Hot/Cold Pack; Manual Traction
FREQUENCY: four times weekly DURATION: one month
PROPOSED ADJUSTIVE TECHNIQUES: Activator; Diversified
GOALS OF CURRENT PLAN: Decrease swelling and inflammation to the affected regions; Improve the patient's tolerance for the activities of daily living
LONG-TERM GOALS: Attain pre-condition/pre-injury status
HOME/SELF CARE RECOMMENDATIONS: Avoid activities and postures that aggravate condition; Ice
CONCURRENT CONDITIONS: DJD
ADDITIONAL RECOMMENDATIONS: Lumbar pillow
ESTIMATED # OF VISITS FOR CURRENT CARE PLAN: 17 VISITS REMAINING: 17
ANTICIPATED DATE OF RELEASE: 01/25/2016

This preliminary recommendation is subject to change based on the patient's response to treatment. A follow-up exam is tentatively scheduled on 06/16/2017.

COMMENTS: The patient has been referred to Dr. Nerve for a complete medical evaluation and adjunctive therapies.

TREATMENT

SPINAL ADJUSTMENTS

SEGMENT	LISTING	TECHNIQUE
C2	BR	Activator Method
T2	BL	Activator Method
L5	BR	Diversified

COMMENTS: Therapeutic Activity: Treadmill 15 minutes. 2.5 MPH at 1.0 incline. Patient tolerated activity well.

1. Cervical flexion & extension
2. Cervical lateral flexion
3. Cervical rotation
4. Shoulder rolls (forward and backwards)
5. Corner stretch

PROCEDURES

CPT	DESCRIPTION	M1	M2	UNITS	TIME	DIAG PT	RATIONALE
98941	CMT 3-4 REGIONS	50	55	1		ABCD	1
97530	THERAPEUTIC ACTIVITIES	55	57	1		ABCD	2
97012	MECHANICAL TRACTION	50	80	1		ABCD	3
97035	ULTRASOUND	GP	80	1		ABCD	4
97014	EMS	AT	GY	1		ABCD	5
97010	HOT/COLD PACK	59	80	1		ABCD	6

1. Promote proper alignment & function; Correct subluxation
2. Improve coordination, flexibility & ROM; Promote soft tissue healing
3. Reduce pain, nerve pressure and/or herniated disc material
4. Reduce pain & scar tissue; Accelerate soft tissue healing
5. Reduce pain, inflammation and muscle spasm
6. Reduce pain, muscle spasm and inflammation; Improve circulation

If you have questions or concerns pertaining to the care of this patient, I encourage you to contact my office at your earliest convenience.

Sincerely,

Steven James, D.C.