

Re: Mr. KEVIN SAMPLE - **Visit Date:** Monday, August 20, 2007

BARRETT & DAVIS  
KEY BLDG, SUITE 510  
159 SOUTH MAIN ST  
AKRON, OHIO 44308-1399 Attn: Mr. THOMAS DAVIS

Date of Injury/Onset: August 20, 2007

Claim No: 07-860822

Dear Mr. DAVIS:

The patient named above came to our office on August 20, 2007 for treatment of his complaints stemming from a work related injury that he was involved in on August 20, 2007.

**ACCIDENT DESCRIPTION:**

Mr. Sample reported, "He was hooking up a dryer vent on the right side between the dryer and water heater. He was stretching and felt lower back pull and twisting sensation. Pain started shortly after."

**INITIAL COMPLAINTS:**

Immediately following the accident, the patient's main complaints included pain in the low back. Following the accident Mr. Sample drove himself to a private doctor. X-rays were taken of his lower back. The patient had no lab work done following the accident. Then Mr. Sample was treated with ice. On release he was given instructions to ice & follow up with physician.

**SUBJECTIVE COMPLAINTS:**

Mr. Sample's current signs and symptoms were assessed today. His first symptom is sharp, aching and spastic pain in the low back bilaterally. It also radiates into his buttocks. It occurs between three fourths and all of the time when he is awake, and *precludes carrying out* activities of daily living. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, coughing, sneezing, straining, standing, sitting and by lifting.

**ACTIVITIES OF DAILY LIVING ASSESSMENT:**

Based on an assessment of Mr. Sample's history, along with his subjective complaints, objective findings, and other test results, it is evident from a standpoint of medical certainty, that his current condition did result from the type of injury/onset described in this report. He reported suffering varying degrees of losses of functional capacity with the following activities:

With regard to *Physical Activity*, Mr. Sample stated: standing for long periods, sitting continuously, bending backward, bending to the left, bending to the right, walking for long periods, twisting to the left, twisting to the right, leaning forward, leaning backwards, leaning to the left, leaning to the right and kneeling for long periods can be virtually impossible, because of extreme pain; walking, squatting and kneeling can be done, despite significant pain, but only with help; standing, sitting, reclining, stooping, reaching and bending forward can be managed alone, despite marked pain.

Regarding *Functional Activities*, Mr. Sample stated: carrying large objects, lifting weights off the floor, lifting weights off of a table, climbing stairs and climbing up any type of incline can be virtually impossible to do at all, because of intense pain; carrying small objects, carrying a brief case and carrying large purses can be done without much difficulty, despite some pain.

With regard to *Social and Recreational Activities*, he stated: bowling, golfing, jogging, dancing, swimming, skiing, ice skating, roller skating, participating in competitive sports, participating in hobbies, dating and dining out can be virtually impossible, because of extreme pain.

Regarding *Travel*, Mr. Sample stated: driving for long periods of time can be virtually impossible to do at all, because of intense pain; driving a motor vehicle and riding as a passenger in a motor vehicle can be managed by himself, despite marked pain.

### **OBJECTIVE EVALUATION:**

**Range of Motion Studies:** The patient's range of motion capacity was examined to evaluate his present condition with regard to spinal joint motion: **Thoracic Spine:** Flexion: 15 degrees (norm = 50), with pain and spasm. **Lumbar Spine:** Flexion: 15 degrees (norm = 60+), with pain. Extension: 5 degrees (norm = 25), with pain. Left lateral flexion: 10 degrees (norm = 25), with pain and spasm. Right lateral flexion: 10 degrees (norm = 25), with pain and spasm.

**Orthopedic Tests:** **Standing Tests:** **Kemp's Test** was positive bilaterally. **Valsalva Maneuver** was positive. **Sitting Tests:** **Bechterew's Test (seated straight-leg raising)** was negative. **Supine Tests:** **The Double Leg Raise Test** was positive. **The Lasegue (Straight Leg Raise) Test** was positive on the left side. On this patient, pain at was elicited at 30 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion.

**Palpation Evaluation:** **Paraspinal Studies:** Palpation of the left thoracolumbar group disclosed severe pain. The right thoracolumbar group revealed severe pain. Palpating the left iliolumbar group of the low back disclosed severe pain. The right iliolumbar group of the low back revealed severe pain.

### **X-RAY STUDIES:**

**Date of Study:** August 20, 2007

The following films were available for review:

#### **Lumbar Spine:**

Anterior-Posterior Upright  
Lateral Upright

### **Radiographic Analysis:**

There is no evidence of fracture present. No evidence of gross osseous pathology is apparent.

There appears to be moderate intervertebral disc space narrowing at L4/5. Also, a moderate degree of disc space narrowing is evident at L5,S1.

### **ASSESSMENT/TREATMENT:**

**Today's Modalities & Procedures:** Following were the modalities used and/or recommended today: cryotherapy, EMS (electrical muscle stimulation) and spinal manipulation. Lumbosacral region treatment consisted of chiropractic manipulation, EMS (97014), and cold packs (97010). The above was for the purpose of decreasing pain, decreasing spasms and increasing the ability to perform normal activities of daily living.

**Today's Assessment:** Favorable results are expected for this patient.

**Prognosis:** Mr. Sample's prognosis is excellent at this time, with no permanent residuals anticipated. His case is uncomplicated and continuous improvement is expected.

### **FUTURE CARE PLAN:**

**Present Care Phase:** As of today's visit, Mr. Sample is in a relief phase of care.

**Future Treatment Plan:** My recommendation for future treatment consists of home exercises, physiotherapy, EMS (electrical muscle stimulation), diathermy, lumbar traction, long axis traction, intersegmental mobilization, intersegmental traction, interferential current, chiropractic adjustments, corrective spinal exercises and physical therapy exercises three times a week for four weeks.

**Goals of Treatment Plan:** The above treatment plan has the goal of decreasing pain, decreasing spasms and increasing the ability to perform normal activities of daily living.