

Re: Mr. Carl Sample - **Visit Date:** Tuesday, October 16, 2007

Attorney trial group

Date of Injury/Onset: August 8, 2007

Policy No: D261154-592

Claim No: 59z738267

To Whom it May Concern:

The patient named above came to our office on October 16, 2007 for a final permanent impairment examination and evaluation of his complaints arising from a motor vehicle accident that he was involved in on August 8, 2007.

SUBJECTIVE COMPLAINTS:

An assessment was performed on Mr. Sample to determine his current signs and symptoms.

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 *Self Care and Personal Hygiene*, Mr. Sample stated: bathing, showering, washing his hair, drying his hair, combing his hair, washing his face, brushing his teeth, making his bed, putting on his shirt, putting on his shoes, tying his shoes, putting on his pants, preparing meals, eating, cleaning dishes, taking out the trash, doing the laundry and going to the toilet can be done without difficulty.

With regard to *Physical Activity*, Mr. Sample stated: bending backward, bending to the left, bending to the right, leaning forward, leaning backwards and kneeling for long periods can be done, but not without some difficulty because of the resulting pain; standing, sitting, reclining, standing for long periods, walking, stooping, squatting, sitting continuously, kneeling, reaching, bending forward, twisting to the left, twisting to the right, leaning to the left and leaning to the right can be performed without any problem.

Regarding *Functional Activities*, Mr. Sample stated: carrying large objects and lifting weights off the floor can be done without much difficulty, despite some pain; carrying small objects, carrying a brief case, carrying large purses, lifting weights off of a table, climbing stairs, climbing up any type of incline, pushing things while seated, pushing things while standing, pulling things while seated, pulling things while standing, exercising his upper body, exercising his lower body, exercising his arms and exercising his legs can be done without difficulty.

With regard to *Social and Recreational Activities*, he stated: jogging can be done, but not without some difficulty because of the resulting pain; bowling, golfing, dancing, swimming, skiing, ice skating, roller skating, participating in competitive sports, participating in hobbies, dating and dining out can be performed without any problem.

Regarding *Travel*, Mr. Sample stated: driving for long periods of time can be done without much difficulty, despite some pain; driving a motor vehicle, riding as a passenger in a motor vehicle, riding on airplanes, riding on trains and riding as a passenger for long periods can be done without difficulty.

With regard to *Communication*, Mr. Sample reported the following: his ability to concentrate, hear, listen, speak, read, write and use a computer or typewriter are not affected by his condition.

With regard to *Sensory Functions*, he stated the following: his sight, hearing, sense of touch, sense of taste and sense of smell are not affected by his condition.

With regard to *Hand Functions*, Mr. Sample reported the following: his ability to grasp things, hold onto things, pinch things with his fingers, perform percussive hand movements and discriminate things by touch are not affected by his condition.

GENERAL PHYSICAL EXAMINATION:

Mr. Sample is a 64 year-old mentally alert and cooperative male.

Date of Birth: July 10, 1943.

His superficial appearance did not indicate any obvious distress. **Minor's Sign** was not present, tending to rule out sciatica. There was no apparent spine tilt with him standing upright.

Gait: His walk revealed no antalgic gait.

Weight: 173.00 pounds. **Stature:** Average build. **Height:** 5 feet 8 inches. **Body temperature:** 97.0 degrees Fahrenheit;(normal).

Pulse Rate (resting): 80 beats per minute (normal). **Heart:** No arrhythmia or murmurs were noted. **Lungs:** No rales, rhonchus or wheezing were noted in any of the lobes of the lungs. On examination, the eyes, ears and throat appeared normal.

OBJECTIVE EVALUATION:

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

Orthopedic Tests: Sitting Tests: Adson's Maneuver, which is used to confirm a subclavian artery compression, commonly caused by a cervical rib thoracic outlet syndrome and/or scalenus anticus syndrome, was negative. On this test, the patient is seated while the examiner palpates the radial pulse to determine its rate, force and amplitude. The examiner then has the patient rotate the head to the side being tested, followed by elevating the chin as high as painlessly possible, and finally taking a deep breath and holding it for about 10 seconds. The test is positive when this action stops or diminishes the radial pulse rate. If the above maneuver is negative the test should be repeated with the patient rotating the head opposite to the side being tested.

Allen's Test was negative. If there is a delayed color return during digital compression, this test would be positive, as it would indicate either a partial blockage, or if there is no color return until the examiner releases the wrist, a complete blockage of the artery which was not being compressed. The test has the patient seated with the forearms resting on the thighs and the palms facing up. First the patient makes a fist on the side being examined, then the examiner digitally occludes either the radial or ulnar arteries right next to the wrist while the patient maintains the clenched fist. Next, with the examiner maintaining the occlusion, the patient opens the hand. Normally, the color returns to that hand in ten seconds or less.

George's Test was negative. Until vascular disorders are ruled out by further examination, a positive test would indicate that cervical manipulation involving rotation and/or extension is contra-indicated. Many doctors use this test before attempting any high velocity cervical manipulation. The supine patient extends the head and neck over the edge of the table. With eyes open the patient actively rotates the head and neck while maintaining the extended position. One or more of the following indicates a positive test: either blanching or cyanosis of the face, nystagmus, sweating, dizziness, nausea, headache or an increase of temperature.

Wright's Test, which is usually indicative of a neurovascular compression of the Axillary Artery, was negative. This test is usually performed after the Allen's Test in order to rule out other underlying pathology which would be indicated by the Allen's Test. The seated patient has both arms hanging at the sides, with the examiner behind the patient. The examiner palpates the radial pulse during 180 degrees of active and then passive abduction of both arms, while noting at how many degrees of abduction the radial pulse on the affected side diminishes or disappears

when compared to the opposite side. If this action diminishes or eliminates the radial pulse, the test is considered positive.

Supine Tests: **Buerger's Test**, which usually confirms a blood supply deficiency, was negative. This test measures arterial blood supply to the lower limbs. The examiner straight leg raises the supine patient's leg to about 45 degrees for no less than three minutes. The examiner then lowers the limb and has the patient sit up with both legs hanging over the examining table. The test is considered positive if the dorsum of the foot blanches and any prominent veins collapse when the leg is initially straight leg raised, or if after lowering the leg it takes one or two minutes for a ruddy cyanosis to spread over the affected part and for the veins to once again become prominent.

Homan's Sign, which usually confirms thrombosis of the deep veins of the leg (Thrombophlebitis), was not present. This test is done with the patient supine with the knee extended. When dorsiflexion of the ankle by the examiner causes a localized deep pain either in back of the calf or behind the knee, the sign is considered present.

Palpation Evaluation: Paraspinal Studies: With regard to tissue consistency and pain response, the suboccipital muscle groups were within normal limits. Tissue consistency and pain response were within normal limits on palpating the paracervical muscles. In the dorsum, the upper thoracic paraspinal groups elicited no abnormal distress response and normal tissue consistency was also disclosed. The mid thoracic muscle groups were found to be within normal limits with regard to pain response and tissue consistency. Palpating the thoracolumbar muscle groups revealed no abnormal distress response, with normal tissue consistency evident. Low back palpation revealed no abnormal distress response and normal tissue consistency was noted in the iliolumbar muscle groups. Palpation of the coccyx revealed that pain response and tissue consistency were within normal limits. Trigger Point Studies: No abnormal pain response was revealed at the trapezius muscle groups, and normal tissue consistency was evident. With regard to tissue consistency and distress response, the rhomboid muscle groups were found to be within normal limits. With regard to pain response and tissue consistency, the mid scapular muscles were found to be within normal limits. The gluteal muscle groups demonstrated no abnormal pain response and normal tissue consistency. Abdominal Regions: Using firm digital pressure, the peritoneum was deflected in order to perform a deep tissue examination of the abdominal region. The upper quadrants revealed both tissue consistency and pain response to be within normal limits. Palpating the lower quadrants revealed normal tissue consistency and there was no abnormal pain response.

ASSESSMENT/TREATMENT:

Today's Assessment:

723.1	Cervicalgia (Pain in neck)
846.0	Lumbosacral (joint) sprain/strain
847.0	Neck sprain/strain (whiplash injury)
847.1	Thoracic sprain/strain

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