

To: Roseanne Barr
Claims Adjuster
California State Automobile Association
P.O. Box 90210
Sun City, CA 90211

Re: Arnold, Tomasina T, Ms.
Claim # 00-A12345-6

Date of Injury/Onset: October 18, 2006

Dear Ms. Barr,

On August 20, 2007, Ms. Tomasina T. Arnold presented herself for an initial examination and evaluation of her complaints arising from a motor vehicle accident that she was involved in on October 18, 2006.

ACCIDENT DESCRIPTION:

Ms. Arnold stated that she was the driver in a car which was stopped in traffic. According to the patient, the other vehicle involved was traveling at approximately 45-50 m.p.h. She stated that the other vehicle struck her vehicle in the rear end.

Ms. Arnold also reported that, at the time of the accident, the road conditions were clean and dry. In addition, she stated the damage to her car was moderate. The estimated damage to the patient's vehicle was \$1,500.00. The other vehicle was totalled. She also stated that she did not see the accident coming, and therefore was not braced for the impact. Also, she was wearing her seat belt and had her shoulder harness on. On impact, the driver's air bag did not deploy.

Her car was equipped with headrests, her own headrest being even with the top of her head at the time of the accident. She also noted that she had her head facing straight forward at the moment of impact. She stated that she did not lose consciousness during the accident. According to the patient, the police showed up at the scene. An accident report was filled out at that time.

Patient's Statement: "As I was waiting to merge onto the freeway on ramp, there were pedestrians walking across the street. I was about the 5th or 6th stopped car in line waiting for the pedestrians to cross. My car was at a complete stop on Millbrae Ave. when I was rear-ended by a car traveling as fast as 45mph or 50mph. She hit me so hard that my car moved forward at least one

car length maybe more, luckily the other cars had moved on so I didn't hit any of them. My back bumper was shoved under the car so far that the rear hatch stuck out beyond the bumper, the front end of the other driver's car was accorded badly, and her car was totalled and towed from the scene. She never hit her brakes. I was whip-lashed pretty badly."

"When I was hit I believe I went into a state of shock because I could not feel any immediate pain. After the police officer took the information they needed (which took about an hour), and I started to drive away, I started to feel a lot of neck and back pain. My neck was very stiff and my head hurt as well as my wrists and shoulders. I was in a lot of pain throughout my body. It was very hard for me to sleep at night or move during the day, and this has continued ever since the accident."

INITIAL COMPLAINTS:

Immediately following the accident, the patient's main complaints included problems with sleeping, fatigue, tension, chest pains, anxiety, stiffness in the neck, confusion, nervousness, headaches, pain in the mid back, neck pain, dizziness and pain in the low back. Following the accident Ms. Arnold drove herself home. X-rays were taken of her neck, back and left arm and shoulder, what they revealed was not told to her, except that she was told she had no broken bones. On release she was given instructions to rest and given an appointment for physical therapy.

Following her two physical therapy appointments, Ms. Arnold did not receive any further treatment for her condition for the next 10 months. Her condition did not improve much and in some ways worsened. When she came into this office she complained of tingling and numbness down both arms especially the right and especially at night. She also experiences tingling and numbness down the left leg to just below the knee. This occurs usually when sitting or lying down. Ms. Arnold also complains of moderate headaches that occur 2-3 times a day for 1 to 12 hours.

CURRENT COMPLAINTS:

An assessment of Ms. Arnold's current signs and symptoms was performed today. Her first symptom is sharp, aching, shooting, throbbing and pounding bilateral occipital headaches. She reported that the pain radiates into both sides of the neck and both shoulders. It occurs between three fourths and all of the time when she is awake, and causes *serious* diminution in her capacity to carry out daily activities. She further indicated the symptom is brought on by arising in the morning and lasts all day. It is aggravated by bending forward, bending backward, standing and by sitting. Some relief is experienced by lying down.

Ms. Arnold's second stated symptom is sharp, aching, shooting, throbbing and pounding pain in the neck. She stated that this symptom radiates into the head bilaterally and both shoulders. It occurs between three fourths and all of the time

when she is awake, and *precludes carrying out* activities of daily living. She further indicated the symptom is brought on by arising in the morning and lasts all day. It is aggravated by bending forward, bending backward, twisting to the left and by twisting to the right.

She stated her third symptom is aching and spastic pain in the low back. She stated that this symptom radiates into the head bilaterally and the left hip. It occurs between three fourths and all of the time she is awake, and causes *serious* diminution in her capacity to carry out daily activities. She further indicated the symptom is brought on by arising in the morning and lasts all day. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, straining and by sitting.

Her next symptom is sharp, aching and spastic pain in the upper back bilaterally. It occurs between one half and three fourths of the time when she is awake, and causes *serious* diminution in her capacity to carry out daily activities. She further indicated the symptom is brought on by arising in the morning and lasts all day. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left and by twisting to the right.

She stated her next symptom is cramping pain in the chest bilaterally. It is also Sometimes I can not breath because it hurts a lot.. This radiates into the head bilaterally. It occurs less than one fourth of the time when she is awake, is tolerated, but does cause *some* diminution in her capacity to carry out daily activities. She further indicated the symptom is brought on by sitting.

Another symptom is numbing pain This symptom radiates into the head bilaterally. It occurs between one half and three fourths of the time she is awake, and is tolerated but it does cause *some* diminution in her capacity to carry out daily activities. It is aggravated by standing and by sitting.

She also complained of numbing and tingling pain This radiates into both arms. It occurs less than one fourth of the time when she is awake, is tolerated, but does cause *some* diminution in her capacity to carry out daily activities.

Her next symptom is aching pain in both shoulders. This symptom radiates into the head bilaterally and both sides of the neck. It occurs between three fourths and all of the time when she is awake, and causes *serious* diminution in her capacity to carry out daily activities. She further indicated the symptom is brought on by arising in the morning and lasts all day.

She also complained of aching pain in the mid back. It occurs between one fourth and one half of the time she is awake, and is tolerated but it does cause *some* diminution in her capacity to carry out daily activities. It is aggravated by sitting.

HISTORY:

Prior Treatment Information:

The patient reported that prior to her first visit to this office, she saw Dr. Grace Jay, MD. Her first visit there was on October 18, 2006, the same day as the accident. During her visits to that office, Ms. Arnold received examination and medications, which she reported had little, if any, benefit. The patient is no longer receiving treatments at that office.

Also prior to her appearance at our office Ms. Arnold was seen for physical therapy. Ms. Arnold reported that the physical therapy, had little, if any, benefit. The patient is no longer receiving treatments at that office.

ACTIVITIES OF DAILY LIVING ASSESSMENT:

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

With regard to *Self Care and Personal Hygiene*, Ms. Arnold stated: making her bed, taking out the trash and doing the laundry can be done without much difficulty, despite some pain; bathing, showering, washing her hair, drying her hair, combing her hair, washing her face, brushing her teeth, putting on her shirt, putting on her shoes, tying her shoes, putting on her pants, preparing meals, eating, cleaning dishes and going to the toilet can be done without difficulty.

With regard to *Physical Activity*, Ms. Arnold stated: standing for long periods, stooping, squatting, kneeling, reaching, bending forward, bending backward, bending to the left, bending to the right, 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 managed alone, despite marked pain; standing, sitting, reclining, walking, sitting continuously and walking for long periods can be done, but not without some difficulty because of the resulting pain.

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

With regard to *Social and Recreational Activities*, she stated: bowling, jogging, dancing, ice skating and participating in hobbies can be managed alone, despite marked pain.

Regarding *Travel*, Ms. Arnold stated: driving for long periods of time, riding on airplanes and riding as a passenger for long periods can be managed by herself, despite marked pain; driving a motor vehicle and riding as a passenger in a motor vehicle can be done without much difficulty, despite some pain.

With regard to *Communication*, Ms. Arnold reported the following: her ability to write and use a computer or typewriter are moderately restricted by her condition; her ability to listen and read are slightly affected by her condition; her ability to concentrate, hear and speak are not affected by her condition.

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

With regard to *Hand Functions*, Ms. Arnold reported the following: her ability to hold onto things and perform percussive hand movements are slightly affected by her condition; her ability to grasp things and pinch things with her fingers are not affected by her condition.

Regarding *Sleeping*, she stated: her ability to sleep a normal, restful nights sleep is extremely limited by her condition.

Ms. Arnold is a right-handed 22 year-old mentally alert and cooperative female.

Date of Birth: September 10, 1984.

Her superficial appearance suggested she was in some distress. She moved very slowly and deliberately.

Gait: Her gait was normal, though her arm swing was mildly decreased.

Stature: Patient is a slender mesomorph.

RANGE OF MOTION STUDIES:

The following joint range of motion calculations and analyses were performed to determine Ms. Arnold's present condition with regard to joint motion.

Cervical Spine:

Flexion
This test brought on both pain and spasms.

Angle

65 degrees

Analysis

Moderate restriction: norm is 75 degrees.

Extension
The above caused pain and spasms.

35 degrees

Moderate restriction:
norm is 55 degrees.

Left Lateral Flexion The above caused pain and spasms.	30 degrees	Slight-moderate restriction: norm is 40 degrees,
Right Lateral Flexion The above caused pain and spasms.	30 degrees	Slight-moderate restriction: norm is 40 degrees,
Left Rotation The above caused pain and spasms.	70 degrees	Slight-moderate restriction: norm is 80 degrees,
Right Rotation The above caused pain and spasms.	70 degrees	Slight-moderate restriction: norm is 80 degrees,
<u>Thoracolumbar Spine:</u> Flexion This test brought on severe pain and spasms.	<u>Angle</u> 0 degrees	<u>Analysis</u> Severe restriction: norm is 90 degrees.
Extension brought on both pain and spasms.	20 degrees	Moderate restriction: This test norm is 30 degrees.
Left Lateral Flexion The above caused pain and spasms.	20 degrees	Moderate restriction: norm is 30 degrees,
Right Lateral Flexion The above caused pain and spasms.	20 degrees	Moderate restriction: norm is 30 degrees,
Left Rotation The above caused pain and spasms.	30 degrees	No restriction: norm is 30 degrees,
Right Rotation The above caused pain and spasms.	30 degrees	No restriction: norm is 30 degrees,

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The Cervical Compression Test was positive bilaterally for fairly severe localized pain. Localized pain indicates foraminal encroachment. Radicular pain indicates pressure on the nerve root.

The Shoulder Depression Test was positive bilaterally for localized neck pain, which indicates adhesions of the soft tissues. Production or aggravation of radicular pain indicates adhesions of the dural sleeves, spinal nerve roots, or adjacent structures of the joint capsule of the shoulder.

Adson's Test was positively bilaterally. This test assesses neurovascular compression of the subclavian artery and/or brachial plexus by the scalenus anticus neck muscles and/or cervical rib thoracic outlet syndrome.

Costoclavicular Maneuver was positive on the left. This test assesses for thoracic outlet syndrome and suggest compression of the subclavian artery and/or brachial plexus by the clavicle, by one of the 1st or 2nd ribs, the anterior scalenes, or the pectoralis minor muscles.

Wright's Test was positive on the right side. This test is significant for neurovascular compression of the axillary artery as seen in hyperabduction thoracic outlet syndrome.

Lumbar Lesion Tests:

Kemp's Test was positive for local pain which suggests facet irritation, or a strain/sprain.

The Belt Test was positive for a lumbar lesion.

The Straight Leg Raise Test was positive and suggests sciatica from lumbosacral or sacroiliac lesions, subluxation syndrome, disc lesions, spondylolisthesis, adhesions, or IVF occlusion.

Fajersztajn's or The Well Leg Raise Test is a Straight Leg Raise done on the unaffected side. If pain is elicited on the affected side the test is positive and a strong indicator of a possible herniated disc. This test was positive.

The Double Leg Raise Test was positive. This test is specific and highly accurate for lumbosacral joint lesions.

Braggard's Sign was positive and indicates possible disc herniation, sciatic neuritis, spinal cord tumors, or spinal nerve irritation.

Sacroiliac Lesion Tests:

Hibb's Test was positive on the left. This test is performed with the patient in a prone position. The examiner, while stabilizing the pelvis on the side nearest to him, flexes the opposite knee to a right angle. From this position, the examiner slowly laterally pushes the leg causing strong internal rotation of the femoral head. The test is done bilaterally. Pelvic pain reveals a positive test.

The Iliac Compression Test was positive on the left. This test is performed with the patient lying on the side on a padded table. The examiner with both hands over the superior innominate bone applies strong downward pressure. When this maneuver elicits pain from the pelvis, the test is considered positive, and indicates a sacroiliac lesion or a sprain of the posterior sacroiliac ligaments.

Yeoman's Test was positive on the left. With the patient prone, pressure is applied to the SI joint. The knee is flexed and the heel is brought to the same side buttocks. The hip is extended by lifting the knee off the table. This applies

pressure to the anterior sacroiliac joint. If pain is increased in the sacroiliac area this indicates a sacroiliac injury.

Ely's Sign was positive. With the patient prone, the heel of the affected leg is approximated to the opposite buttock. After flexion of the knee, the thigh can be hyperextended. With irritation of the iliopsoas or its sheath, it will be impossible to extend the thigh. Pain in the anterior thigh is a positive finding and indicates inflammation of the lumbar nerve roots, especially the upper lumbar.

Sciatic Nerve Lesion Tests:

Braggard's Sign was positive and indicates possible disc herniation, sciatic neuritis, spinal cord tumors, or spinal nerve irritation.

Intervertebral Disc Syndromes:

The Bowstring Sign was present bilaterally. This test is done with the patient supine. The examiner performs straight leg raising until the patient experiences some discomfort. At this level the examiner flexes the knee slightly and rests the foot on his or her shoulder until any pain subsides. The examiner then applies pressure to the hamstrings. If this doesn't produce pain, the examiner moves the thumbs over the popliteal fossa and applies pressure over the popliteal. If pain is reproduced in the leg or in the back, this sign is considered to be present and indicates nerve root compression.

Reflexes

Upper Extremity:

Biceps (C5), brachioradialis (C6), and triceps (C7), were all decreased bilaterally to a +1R.

Lower Extremity:

Left side quadriceps reflex (L2-L4) was also a +1R.

Postural Evaluation:

A mild anterior gravitation of the head was noted with a mild left rotation. A moderate elevation of the shoulder on the right side was noted by visual inspection. When comparing the left and right sides of the ilium, a slightly higher crest on the right side was noted. Additionally, the left buttocks was flattened when compared to the right, suggesting pelvic distortion.

Palpation Evaluation:

Multiple subluxations were noted throughout the spine and pelvis. Muscular palpation revealed fairly severe trigger points throughout the posterior paraspinal muscular with very slight pressure eliciting moderate to severe pain.

Muscle Strength Tests

Muscle strength was decreased (+4 of 5) bilaterally for biceps, deltoids, and wrist extensors (cervical levels C5, C6). Hip flexors strength (L2 & L3) was also decreased (+4 of 5) bilaterally. Knee extensors strength was decreased on the

left (+4 of 5). Hip extensors were decreased (+4 of 5) bilaterally. Dorsiflexors strength on the left were decreased (+4 of 5) also..

ASSESSMENT/DIAGNOSIS:

It is expected that Ms. Arnold will experience favorable results from her treatments. Her symptoms are consistent with a Type IV Acceleration/Deceleration Injury. "This injury produces radicular symptoms that may be bilateral or unilateral. Motor and reflex changes are common." **Instant Access to Orthopedic Assessment** – Ronald C. Evans

Chronic, moderate, frequent-constant, headaches. Chronic, moderate, constant, sprain/strain of the cervical spine with associated cervicalgia and radicular symptoms. Chronic, moderate, constant sprain/strain of the lumbar spine with associated low back pain. Chronic, slight, constant sprain/strain of the thoracic spine with associated thoracic pain. Late effects of sprain/strains, cervical, and lumbar. Subluxations of the cervical, thoracic, and lumbar spine and pelvis.

ICD-9 Coding: 784.0, 847.0, 847.2, 847.1, 905.7, 724.3, 723.1, 739.1, 739.3, 739.2, 724.1

PROGNOSIS:

At this time, given her young age, Ms. Arnold's prognosis is good. Her case is complicated, but continued improvement is expected, despite some permanent residuals being a possibility.

TREATMENT PLAN:

Chiropractic Manipulative Treatment: Chiropractic Diversified and Drop Table full-spine adjusting.

Physical Therapy: Ice or heat as needed to reduce pain and inflammation. Therapeutic stretching and strengthening exercises to restore functional biomechanics. Therapeutic massage to improve muscular function and circulation and to reduce trigger point activity

Nutritional support: Nutritional supplements consisting of Omega-3 Fatty Acids, Glucosamine and Chondroitin Sulfates, and MSM to reduce pain and inflammation and to facilitate the healing processes.

FUTURE CARE PLAN:

Present Care Phase: Currently, we have the patient in a relief phase of care. This includes: Chiropractic adjustments, ice packs, and nutritional support.

Future Treatment Plan: Ms. Arnold's future care plan includes home exercises, physical therapy, massage therapy, trigger point therapy, chiropractic adjustments, resistive strengthening exercises, and nutritional support.

Goals of Treatment Plan: The preceding treatment plan has the goal of decreasing pain, decreasing swelling and inflammation, decreasing muscle

spasms, decreasing or eliminating her headaches, increasing range of motion, increasing her ability to perform normal activities of daily living, increasing strength, returning the patient as close as possible to her pre-accident status, increasing function, retarding degeneration, correcting muscle imbalance, increasing flexibility, reducing frequency and severity of probable exacerbations and improving alignment.

CLOSING COMMENTS:

Ms. Arnold's complaints are consistent with the type and severity of accident she was involved in.

PRIMARY TREATING PHYSICIAN:

I declare that this report is true and correct to the best of my knowledge.

Signature:

Executed at: *Second the Motion Chiropractic*
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