

September 14th, 2007

To: To: David J. Freeland,
Attorney at Law
2171 Chile Pepper Blvd.
San Chalopos, CA 93001

Phone: 500-123-4567

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Re: Garth I. Sample

Date of Injury: March 20, 2007

Dear Mr. Freeland:

On March 23, 2007, Mr. Garth I Sample presented himself for an initial examination and evaluation of his complaints arising from a motor vehicle accident that he was involved in on March 20, 2007. Below, please find the Final Report Narrative for this case.

PERSONAL INJURY FINAL REPORT NARRATIVE

INJURY DESCRIPTION:

The time was approximately 9:55AM. Mr. Sample stated that he was the driver in a panel truck which was forced to stop quickly when the car in front of him stopped suddenly. According to the patient, the other vehicle involved was traveling at approximately 30-35 m.p.h. He stated that the other vehicle struck his vehicle in the rear end, hitting his liftgate and knocking it completely off of his truck.

Mr. Sample also reported that, at the time of the accident, the road conditions were clean and dry and visibility was good. In addition, he stated the damage to his Panel Truck was moderate. 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.

INITIAL COMPLAINTS:

Mr. Sample experienced immediate neck, shoulder, mid-back, and low back pain following the impact.

Immediately following the accident, the patient's main complaints included fatigue, tension, irritability, stiffness in the neck, headaches, pain in the mid back, neck pain, dizziness and pain in the low back. Following the accident Mr. Sample drove himself home. X-rays were taken of his neck and back and revealed no sign of fractures.

INITIAL SUBJECTIVE COMPLAINTS:

An assessment was performed on Mr. Sample to determine his current signs and symptoms. His first symptom is sharp, aching, shooting, spastic and throbbing pain in the neck bilaterally. He reported that the pain radiates into both arms. 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, arising in the morning and by the time evening arrives is extremely sore.

Mr. Sample's second stated symptom is sharp, aching, spastic and throbbing pain in the low back bilaterally. He stated that this symptom radiates into both hips and both legs. 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, lifting, arising in the morning and by the time evening arrives is extremely sore.

He stated his third symptom is aching and pounding bilateral occipital headaches. He stated that this symptom radiates into both sides of the neck and both shoulders. It occurs between three fourths and all of the time he is awake, and causes *serious* diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, coughing, sneezing and by straining.

His next symptom is aching and spastic pain in the upper back bilaterally. It occurs between three fourths and all of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities. 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, arising in the morning and by the time evening arrives is extremely sore.

He stated his next symptom is aching and spastic pain in the mid back bilaterally. It occurs between one half and three fourths of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities. 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, arising in the morning and by the time evening arrives is extremely sore.

Another symptom is aching, shooting and spastic pain in both shoulders. It occurs between one half and three fourths of the time he is awake, and is tolerated but it does cause *some* diminution in his capacity to carry out daily activities. It is aggravated by lifting.

INITIAL ASSESSMENT/DIAGNOSIS:

Acute, severe, constant, sprain/strain of the cervical spine with associated cervicalgia.
Acute, severe, constant sprain/strain of the lumbar spine with associated low back pain.
Acute, severe, constant sprain/strain of the thoracic spine with associated thoracic pain.
Acute, moderate to severe, frequent headaches. Acute, moderate, frequent bilateral shoulder pain. Subluxations of the cervical, thoracic, and lumbar spine and pelvis.

ICD-9 Coding: 847.0, 847.2, 847.1, 784.0, 723.1, 739.0, 739.1, 739.3, 724.2, 739.2, 724.1

INITIAL PROGNOSIS:

Given the patient's lack of previous injuries, but also given his age and that some mild spinal degeneration was already present, the short-term prognosis is fair-good for symptomatic relief. Long-term prognosis is fair given patient's age and occupation as a trucker. There will probably be some residual neck and back problems given the requirements of his work which necessitates long periods of sitting and driving, and lifting.

TREATMENT PROTOCOL USED:

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

Physical Therapy: Microcurrent for tissue healing and pain control. Ice or heat as needed to reduce pain and inflammation. Therapeutic stretching and strengthening exercises to restore functional biomechanics.

Nutritional support: Nutritional supplements to reduce pain and inflammation and to facilitate the healing process.

Goals of Treatment Plan: The goals intended to be achieved with the preceding treatment plan are decreasing pain, decreasing swelling and inflammation, decreasing spasms, increasing range of motion, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient as close as possible to his pre-accident status, increasing function, reducing frequency and severity of probable exacerbations and improving spinal alignment.

SUBJECTIVE COMPLAINTS – FINAL

Mr. Sample’s current complaints are mild. His Oswestry Neck Disability Index, his Oswestry Low Back Disability Index, his General Pain Disability Index, and his Visual Analog Pain Scale scores have all been reduced dramatically.

	<u>Initial Exam</u>	<u>Final Exam</u>
Oswestry Neck Disability Index	50%	6%
Oswestry Low Back Disability Index	58%	4%
General Pain Disability Index	78%	23%
Visual Analog Pain Scale (0 = No pain, 10 = Worst pain ever)	7 (back), 8.5 (neck)	2 (back), 1 (neck)

FINAL OBJECTIVE EXAMINATION FINDINGS:

Ranges of Motion were all within normal limits and without pain.
Orthopedic tests were all negative.
Palpation findings were minimal.

CLOSING COMMENTS/PROGNOSIS

Though he is not in pain currently it is likely that Mr. Sample may have some residual effects from this incident that may require some occasional additional care, especially in the cervicothoraco junction (C5-T2), the lower lumbar (L3-L5), and the left sacroiliac joint. These areas will likely be prone to reinjury and onset of traumatic osteoarthritic type conditions. Overall, Mr. Sample appears to have done remarkably well in healing his injuries. He was religious at keeping his appointments and following his instructions for his care. I could not have asked for a more compliant patient. Currently, he is doing well and he is released from my care at this time.

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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