

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

Re: Sample, Manuel

Date of Injury/Onset: May 1, 2007

Dear Mr. Freeland:

On May 7, 2007, Mr. Manuel Sample presented himself for an initial examination and evaluation of his complaints arising from a motor vehicle accident that he was involved in on May 1, 2007.

CASE SUMMARY NARRATIVE

ACCIDENT DESCRIPTION:

The time was 7:00pm. Mr. Sample stated that he was the driver in a SUV which was stopped at a light at approximately 0 m.p.h. 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.

INITIAL COMPLAINTS:

Immediately following the accident, the patient's main complaints included neck pain and stiffness, pain in the low back, fatigue, and pain in the upper back. Following the accident Mr. Sample drove himself home.

CURRENT COMPLAINTS:

Mr. Sample's current signs and symptoms were assessed today. His first symptom is sharp, aching and spastic pain in the neck bilaterally. He reported that the pain radiates into both shoulders. 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 and by lifting.

Mr. Sample's second stated 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 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 and by lifting.

He stated his third symptom is dull, aching and spastic pain in the upper back bilaterally. It occurs between three fourths and all 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 bending forward, bending backward, bending to the left, bending to the right, coughing, sneezing, straining, standing and by lifting.

HISTORY:

Mr. Sample indicated that he had not experienced prior symptoms similar to his current complaints, and was symptom free at the time of the aforementioned accident/onset of May 1, 2007.

I have determined that Mr. Sample's history has not contributed to his present condition.

Prior Treatment Information:

The patient reported that prior to his first visit to this office, he was treated at Seton Medical Center. His first visit there was on May 2, 2007. During his visits to that office, Mr. Sample received examination and pain meds, which he reported 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 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: making his bed can be performed, despite significant pain, but only if he has help; bathing, showering, washing his hair, drying his hair, combing his hair, washing his face, putting on his shirt, putting on his shoes, tying his shoes, putting on his pants, taking out the trash and going to the toilet can be managed by himself, despite marked pain; brushing his teeth, eating and cleaning dishes can be done without much difficulty, despite some pain.

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

Regarding *Functional Activities*, Mr. Sample stated: lifting weights off the floor can be performed, despite significant pain, but only if he has help; carrying large objects, lifting weights off of a table, pushing things while standing and pulling things while standing can be managed by himself, despite marked pain; carrying small objects, climbing stairs and climbing up any type of incline can be done without much difficulty, despite some pain.

Regarding *Travel*, Mr. Sample stated: driving for long periods of time can be managed by himself, 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.

GENERAL PHYSICAL EXAMINATION:

Mr. Sample is a right-handed 37 year-old mentally alert and cooperative male.

Date of Birth: October 1, 1969.

His superficial appearance suggested he was in distress. **Minor's Sign** was present. This sign is present when the patient, in arising from a chair, leans forward, jackknifing the thighs and the dorsolumbar spine so that the head is over the feet. Using the hands on the thighs or the arms of the chair, the patient pushes the body to an upright position, thus sparing lower limb effort. The presence of this sign is usually indicative of sciatica and or low back pain.

Gait: His walk revealed a mild antalgic gait.

Stature: Well developed.

RANGE OF MOTION STUDIES:

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

Cervical Spine:

Flexion 65 degrees
test brought on both pain and spasms.

Extension 45 degrees
The above caused pain and spasms.

Left Lateral Flexion 30 degrees
The above caused pain and spasms.

Right Lateral Flexion 30 degrees
The above caused pain and spasms.

Left Rotation 65 degrees
The above caused pain and spasms.

Right Rotation 65 degrees
The above caused pain and spasms.

Thoracolumbar Spine:

Flexion 90 degrees
This test brought on both pain and spasms.

Extension 20 degrees
brought on both pain and spasms.

Left Lateral Flexion 25 degrees
The above caused pain and spasms.

Right Lateral Flexion 25 degrees
The above caused pain and spasms.

Left Rotation 30 degrees
The above caused pain and spasms.

Right Rotation 30 degrees
The above caused pain and spasms.

Analysis

Moderate restriction: norm is This 75 degrees.

Mild-moderate restriction:
norm is 55 degrees.

Mild-moderate restriction:
norm is 40 degrees,

Mild-moderate restriction:
norm is 40 degrees,

Moderate restriction:
norm is 80 degrees,

Moderate restriction:
norm is 80 degrees,

Analysis

No restriction:
norm is 90 degrees.

Moderate restriction: This test
norm is 30 degrees.

Mild restriction:
norm is 30 degrees,

Mild restriction: norm is
30 degrees,

No restriction: norm is 30
degrees,

No restriction: norm is 30
degrees,

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The O'Donoghue Manuuver Test was positive bilaterally. A positive with this test indicates muscular strain and/or ligamentous sprain. Mr. Sample exhibits a Type II cervical acceleration-deceleration injury with associated mild ligamentous sprain, muscle strain and spasm. **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.

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

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.

Nachlas' Test was positive bilaterally. This test is considered positive when the patient experiences pain in the lumbosacral region, which was the case with Mrs. Gomez, or the sacroiliac region, or in both regions.

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

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.

Sacroiliac Lesion Tests:

Hibb's Test was positive bilaterally. 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 bilaterally. 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.

Nachlas' Test was positive bilaterally. This test is considered positive when the patient experiences pain in the lumbosacral region, the sacroiliac region, or in both regions.

Yeoman's Test 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.

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.

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.

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

Postural Evaluation:

A mild anterior gravitation of the head was noted. A mild elevation of the shoulder on the left side was noted by visual inspection. When comparing the left and right sides of the ilium, a slightly higher crest on the left side was noted. Additionally, a mild increased lumbar lordosis was noted.

ASSESSMENT/DIAGNOSIS:

It is expected that Mr. Sample will experience favorable results from his treatments.

Acute, moderate, constant, sprain/strain of the cervical spine with associated cervicgia. Acute, moderate, constant sprain/strain of the lumbar spine with associated low back pain. Acute, slight, constant sprain/strain of the thoracic spine with associated thoracic pain. Subluxations of the cervical, thoracic, and lumbar spine and pelvis.

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

PROGNOSIS:

At this time, Mr. Sample's prognosis is good. His case is somewhat complicated, but continued improvement is expected, despite permanent residuals being a possibility.

TREATMENT PLAN:

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 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, microcurrent, ice packs, and nutritional support.

Future Treatment Plan: Mr. Sample'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 spasms, increasing range of motion, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to his pre-accident status, increasing function, retarding degeneration, correcting muscle imbalance, increasing flexibility, achieving maximum chiropractic improvement, reducing frequency and severity of probable exacerbations and improving alignment.

CLOSING COMMENTS:

Mr. Sample's complaints are consistent with the type and severity of accident he 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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