

Re: Mr. John Doe - **Visit Date:** Tuesday, May 23, 2006

Date of Injury/Onset: May 20, 2006

Mr. Doe presented himself at our office on May 23, 2006 for treatment which began on or around May 20, 2006.

### **DESCRIPTION OF INJURY/ONSET:**

Mr. Doe reported, "I was bending and lifting while trying to put my lawnmower into the trunk of my car and I felt a "pop" in my low back and had immediate low back pain."

### **SUBJECTIVE COMPLAINTS:**

Mr. Doe's current signs and symptoms were assessed today. His first symptom is dull and aching pain in the low back bilaterally. He reported that the pain radiates into the right leg. 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, lifting and by the time evening arrives.

### **OBJECTIVE EVALUATION:**

**Deep Tendon Reflexes:** There was no reflex response present in the right Achilles tendon. Hypo-reflexia was noted in the right Patellar tendon. The left Patellar and left Achilles tendons presented a normal reflex. **Sensory Deficit Testing:** The following dermatomes showed evidence of sensory deficits: on the right side at L5, there was pain which is having some affect on his activities. **Muscle Atrophy Evaluation:** No evidence of muscle atrophy was found in the upper or lower extremities, with one side being compared to the other.

**Range of Motion Studies:** The patient's range of motion capacity was examined to evaluate his present condition with regard to spinal joint motion: Range of motion measurements, performed passively, of the lumbar region of the spine were found to be very restricted, with pain and spasm. **Lumbar Spine:** Flexion: 40 degrees (norm = 60+), with pain and spasm. Extension: 5 degrees (norm = 25), with pain and spasm. Left lateral flexion: 10 degrees (norm = 25), with pain and spasm. Right lateral flexion: 15 degrees (norm = 25), with pain and spasm. Right and left rotation were 20 degrees with 30 degrees being normal.

**Kinesiological Studies:** To determine if there were any nerve related motor impairments, the following muscles were tested. This evaluation was based on the 5 to 0 scale, with 5 being normal. **Lower extremities:** Left Ankle: The left Gastrocnemius and Tibialis Anterior were strong (Grade 5). Right Ankle: The right Gastrocnemius and Tibialis Anterior were weak (Grade 4). Left Foot: The left Extensor Hallicus Longus and Brevis group was strong (Grade 5). Right Foot: The right Extensor Hallicus Longus and Brevis group was weak (Grade 4).

**Orthopedic Tests:** **Standing Tests:** **Kemp's Test** was positive bilaterally. This test can be done with the patient standing or sitting. While stabilizing the pelvis, the patient's shoulder is firmly forced obliquely backward, downward and medialward. The idea is to put the lower spine on the opposite side to the one being tested, into a combined position of rotation, lateral bending, and extension. The test is considered positive when low back pain radiates into the lower extremity.

**Valsalva Maneuver** was positive. This test is performed on patients with cervical problems and is done with the patient seated. The examiner directs the patient to hold the breath and bear down, as if moving the bowels. This action increases intrathoracic pressure and if it results in an increase in cervical pain and radicular neuralgia the test is considered positive.

**Supine Tests:** **The Lasegue (Straight Leg Raise) Test** was positive bilaterally. On this patient, moderate pain at L4 to S1 was elicited at 20 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion.

**Palpation Evaluation:** Palpation of the lumbosacral spine revealed the following: severe pain, active trigger points, moderate hypertonicity, moderate muscle spasms, and overlying inflammation overlying the lower lumbar range bilaterally, mid subluxation L5.

## **X-RAY STUDIES:**

**Date of Study:** May 23, 2006

The following films were available for review:

### **Lumbar Spine:**

Anterior-Posterior Upright  
Lateral Upright  
Left Oblique  
Right Oblique  
Spot Lateral

### **Radiographic Analysis:**

There is no evidence of fracture present.

Advanced spondylosis (generalized spinal degeneration marked by stiffness of the vertebral joints) is present. Advanced degenerative arthritis is present. This is also known as osteoarthritis, which results from wear and tear and trauma to the joints, usually evolving in middle age and most commonly affecting the elderly.

There appears to be marked intervertebral disc space narrowing at C4/5. Also, a marked degree of disc space narrowing is evident at L5/S1.

Progressive osteophytosis (bony outgrowth or spurring) is noted at the vertebral margin at L4-5.

There is marked foraminal encroachment (narrowing of the vertebral foramen), causing bony impingement of the spinal nerves at L4-5. X-rays also show there is marked impingement at L5-S1.

## **ASSESSMENT/TREATMENT:**

**Today's Modalities & Procedures:** These were the procedures that were performed and/or recommended today: Lumbosacral spine treatment consisted of chiropractic manipulation, interferential (97014), and cold packs (97010) to the lower lumbar range bilaterally; chiropractic manipulation to L5. AP and Lat x-rays of the lumbar spine were taken. The above was for the purpose of decreasing pain, decreasing swelling and inflammation, decreasing spasms, stabilizing segments and improving alignment.

**Today's Assessment:** It appears this patient will respond as expected to treatment and will experience favorable results. I have determined that Mr. Doe is temporarily totally disabled and will not be able to perform any normal work functions until at least May 29, 2006.

839.20                      Subluxations of lumbar spine

724.4                        Thoracic or lumbosacral neuritis or radiculitis

**Prognosis:** The prognosis for Mr. Doe is good at this time. He is a somewhat complicated case and despite the possibility of permanent residuals, continued improvement is expected.

## **FUTURE CARE PLAN:**

**Present Care Phase:** Mr. Doe is presently in the relief phase of care.

**Future Treatment Plan:** Our future care recommendations include weekly cryotherapy, interferential current and chiropractic adjustments three times a week for two weeks.

**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 function, stabilizing segments, achieving maximum medical improvement and improving alignment.