

April 4th, 2007

To: David J. Freeland,
Attorney at Law
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Phone: 500-123-4567
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Re: Garth I. Sample

Date of Injury: March 20, 2007
State Farm Claim No: 05-5383-836

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 Initial Case Summary Narrative for this case.

INITIAL CASE SUMMARY 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 travelling 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. On impact, neither the driver's forward air bag or side impact air bags deployed.

His Panel Truck was equipped with headrests, his own headrest was even with the top of his head at the time of the accident, but because of the way it was designed, (angled backwards) it provided little protection. He also noted that he had his head facing straight forward, and his hands were on the steering wheel 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. According to the patient, the police showed up at the scene. An accident report was filled out at that time. The driver in front of Mr. Sample stopped suddenly. Mr. Sample had to brake hard and stopped suddenly as well. The driver behind Mr. Sample had not allowed adequate distance, and did not stop in time, so he hit the back end of Mr. Sample's truck. The vehicle that hit Mr. Sample was a large Ford F350 Super Duty "tow and carry" truck that was also towing a trailer at the time. It had an A-Frame towing tongue on its front bumper and this is what struck Mr. Sample's truck liftgate, causing it to be completely broken from his vehicle."

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.

CURRENT 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.

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 March 20, 2007.

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

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, taking out the trash and doing the laundry can be virtually impossible to do at all, because of intense pain; putting on his shirt and preparing meals can be performed, despite significant pain, but only if he has help; showering, washing his hair, drying his hair, combing his hair, washing his face, brushing his teeth,

putting on his shoes, tying his shoes, putting on his pants and going to the toilet can be managed by himself, despite marked pain; eating can be done without much difficulty, despite some pain.

With regard to *Physical Activity*, Mr. Sample stated: standing for long periods, stooping, squatting, kneeling, bending forward, bending backward, walking for long periods, leaning forward, leaning backwards and kneeling for long periods can be virtually impossible, because of extreme pain; sitting continuously, bending to the left and bending to the right can be done, despite significant pain, but only with help; standing, sitting, reclining, walking, reaching, twisting to the left, twisting to the right, leaning to the left and leaning to the right can be managed alone, despite marked pain.

Regarding *Functional Activities*, Mr. Sample stated: carrying large objects, 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 virtually impossible to do at all, because of intense pain; carrying small objects, climbing stairs and climbing up any type of incline can be managed by himself, despite marked pain.

Regarding *Travel*, Mr. Sample stated: driving for long periods of time and riding as a passenger for long periods can be virtually impossible to do at all, because of intense pain; driving a motor vehicle, riding as a passenger in a motor vehicle and riding on airplanes can be managed by himself, despite marked pain.

With regard to *Communication*, Mr. Sample reported the following: his ability to concentrate is moderately restricted by his condition.

GENERAL PHYSICAL EXAMINATION:

Mr. Sample is a right-handed 54 year-old mentally alert and cooperative male.

Date of Birth: July 10, 1952.

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. An antalgic spine tilt on the right side was apparent when he stood upright. **Gait:** On ambulation, he revealed an antalgic gait, apparently favoring the right side.

Weight: 195.00 pounds. **Stature:** Slightly corpulent.

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The **Shoulder Depression Test** was positive bilaterally.

Lumbar Lesion Tests:

The **Double Leg Raise Test** was positive. **Nachlas' Test** was positive bilaterally. This test is considered positive when the patient experiences pain in the lumbosacral region, which was the case with Mr. Sample, or the sacroiliac region, or in both regions.

Sacroiliac Lesion Tests:

Hibb's Test was positive bilaterally. **The Iliac Compression Test** was positive on the right side. **Nachlas' Test** was positive bilaterally. This test is considered positive when the patient experiences pain in the lumbosacral region, which was the case with Mr. Sample, or the sacroiliac region, or in both regions. **Yeoman's Test** was positive bilaterally.

Sciatic Nerve Lesion Tests:

Bragard's Sign was positive bilaterally.

Intervertebral Disc Syndromes:

Fajersztajn's "Well Leg Raising" Test was positive bilaterally. **Kemp's Test** was positive bilaterally.

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:

	<u>Angle</u>	<u>Analysis</u>
Flexion This test brought on both pain and spasms.	65 degrees	Moderate restriction: norm is 75 degrees.
Extension The above caused pain and spasms.	45 degrees	Mild-moderate restriction: norm is 55 degrees.
Left Lateral Flexion The above caused pain and spasms.	30 degrees	Mild-moderate restriction: norm is 40 degrees,
Right Lateral Flexion The above caused pain and spasms.	30 degrees	Mild-moderate restriction: norm is 40 degrees,
Left Rotation The above caused pain and spasms.	70 degrees	Mild-moderate restriction: norm is 80 degrees,
Right Rotation The above caused pain and spasms.	70 degrees	Mild-moderate restriction: norm is 80 degrees,

<u>Thoracolumbar Spine:</u>	<u>Angle</u>	<u>Analysis</u>
Flexion This test brought on both pain and spasms.	75 degrees	Moderate restriction: norm is 90 degrees.
Extension This test brought on both pain and spasms.	20 degrees	Moderate-severe restriction: norm is 30 degrees.
Left Lateral Flexion The above caused pain and spasms.	20 degrees	Mild-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.	20 degrees	Mild restriction: norm is 30 degrees,
Right Rotation The above caused pain and spasms.	20 degrees	Mild restriction: norm is 30 degrees,

X-RAY STUDIES:

Date of Study: March 26, 2007

The following films were available for review:

Cervical Spine:

Anterior-Posterior
Lateral
APOM

Lumbar Spine:

Anterior-Posterior
Lateral

Radiographic Analysis:

There is no evidence of fracture present. See attached radiologist's reports for further information.

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

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:

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.

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 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.

CLOSING COMMENTS

Mr. Sample's complaints are consistent with the type and severity of accident he was involved in. Additionally, since starting treatment, Mr. Sample has exhibited symptoms of Post Traumatic Stress Disorder (PTSD). Currently, Spanish speaking psychological counseling, specializing in this disorder is being sought.

PRIMARY TREATING PHYSICIAN:

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

Signature:

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