

Medical Chronology/Summary

Confidential and privileged information

Usage guideline/Instructions

***Verbatim summary:** All the medical details have been included “word by word” or “as it is” from the provided medical records to avoid alteration of the meaning and to maintain the validity of the medical records. The sentence available in the medical record will be taken as it is without any changes to the tense.

***Case synopsis/Flow of events:** For ease of reference and to know the glimpse of the case, we have provided a brief summary including the significant case details.

***Injury report:** Injury report outlining the significant medical events/injuries is provided which will give a general picture of the case.

***Comments:** We have included comments for any noteworthy communications, contradictory information, discrepancies, misinterpretation, missing records, clarifications, etc for your notification and understanding. The comments will appear in red italics as follows:

“*Comments”.

Indecipherable notes/date:** Illegible and missing dates are presented as “00/00/0000” (mm/dd/yyyy format). Illegible handwritten notes are left as a blank space “ _____ ” with a note as ***“Illegible Notes” in heading reference.

***Patient’s History:** Pre-existing history of the patient has been included in the history section.

***Snapshot inclusion:** If the provider name is not decipherable, then the snapshot of the signature is included. Snapshots of significant examinations and pictorial representation have been included for reference.

***De-Duplication:** Duplicate records and repetitive details have been excluded.

General Instructions:

- *The medical summary focuses on **Motor Vehicle Collision** on **MM/DD/YYYY**, the injuries and clinical condition of **“Patient name”** as a result of accident, treatments rendered for the complaints and progress of the condition.*
- *Initial and final therapy evaluation has been summarized in detail. Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*

Injury Report:

DESCRIPTION	DETAILS
Prior injury details	<i>No prior injury details available.</i>
Date of injury	<i>MM/DD/YYYY</i>
Description of injury	The patient was the restrained driver travelling at approximately 30mph and reportedly struck the left side of another vehicle that pulled out in front of her. Due to the impact, she sustained injuries to her middle back, right forearm, left upper chest, knees, and right big toe.
Injuries/Diagnoses	<ul style="list-style-type: none"> • Cervicalgia • Sprain of ligaments of cervical spine • Pain in left shoulder • Chest pain, unspecified • Pain in thoracic spine • Sprain of ligaments of thoracic spine • Mid back pain • Low back pain • Sprain of ligaments of lumbar spine • Headache • Muscle spasms • Abnormal posture
Treatments rendered	<p><u>Medications:</u></p> <ul style="list-style-type: none"> • Opiate analgesics • Non-Steroidal Anti-Inflammatory Drug • Muscle relaxant <p><u>Therapy:</u> 06/14/YYYY - 06/24/YYYY: Received physical therapy from All Care Therapies of Georgetown.</p> <p>10/14/YYYY - 02/22/YYYY: Received chiropractic treatment from Kapsner Chiropractic Centers</p>
Condition of the patient as per the last available record	As per the last available record on <i>02/22/YYYY</i> , patient had a final chiropractic evaluation with XXXX. She was diagnosed with sprain of ligaments of her cervical, thoracic, and lumbar spine. Her treatments included chiropractic manipulation, cervical traction wedge, and therapeutic exercise. Her prognosis was good. Dr. XXXX stated that due to patient's residual symptoms, she would require future care characterized as supportive in nature. Dr. XXXX also stated that patient's symptoms was within reasonable clinical probability that up to four flares in symptoms were likely to occur during the course of a twelve month period based upon the patient's present activities of daily living. Dr. XXXX anticipates three to five visits being required for each episode. As a result, visits ranging up to 20 were recommended annually.

Patient Name

DOB: MM/DD/YYYY

DOI: MM/DD/YYYY

Patient History

Past Medical History: Asthma, anemia, chronic constipation, sickle cell traits, and history of hyperthyroidism. She had car accident in YYYY. (Pdf ref. 1-3)

Surgical History: Breast biopsy, thyroid surgery, tonsillectomy/adenoidectomy, tubal ligation. (Pdf ref. 3-4)

Family History: Mother, father, maternal grandfather, paternal grandfather, paternal grandmother, and paternal aunt had heart disease. Father had type-2 diabetes mellitus. Mother died at the age of 32. (Pdf ref. 5)

Social History: Never smoker. She drinks alcohol occasionally. (Pdf ref. 6)

Allergy: No known allergies. (Pdf ref. 4)

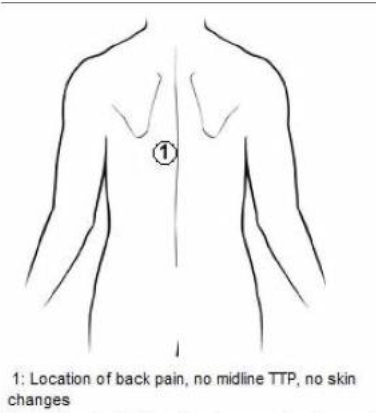
Detailed Summary

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
<u>Summary of Post Motor Vehicle Collision</u> <u>Date of Injury: MM/DD/YYYY</u> <i>(Obtained from ambulance report dated MM/DD/YYYY)</i>			
MM/DD/YYYY	Facility/ Provider Name	Emergency Medical Service/Ambulance report: Incident details: Location type: Street or Highway Address: 100-449 Farm 685 Rd City: Pflugerville. County: Travis. State: Texas. Zip: 78660. Country: United states. Medic unit: MED000. Medic vehicle: Medic 000. Run type: 911 response. Response mode: Emergent. Shift: B-shift. Zone: Station 203. EMD complaint: Traffic accident. Incident times: Call received: 17:00:55 hours. Dispatched: 17:01:15 hours. En route: 17:01:52 hours. On scene: 17:10:20 hours. At patient: 17:11:00 hours. Depart scene: 17:41:35 hours.	5-8

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>At destination: 17:47:59 hours. Patient transferred: 17:52:00 hours. Call closed: 18:04:13 hours.</p> <p>Specialty Patient- Motor Vehicle Collision: Patient injured: Yes. Vehicle type: Automobile. Collision indicators: None. Position in vehicle: Front Seat - Left Side (Or motorcycle driver) Damage location: Center front. Seat row: 1. Air Bag deployed: Air Bag(s) Deployed - Front Deployed Weather: Clear. Safety devices: Shoulder and lap belt used. Extrication required: No. Estimated speed: 30mph/48kph.</p> <p>Clinical impression: Primary impression: Injury of lower back. Anatomic position: General/global. Chief complaint: Back pain. Secondary complaint: Right arm pain.</p> <p>Signs and symptoms:</p> <ul style="list-style-type: none"> • Injuries - Injury to lower back • Injuries - Injury to chest • Injuries - Injury to foot • Injuries - Injury to forearm <p>Injury: Motorized Vehicle Accident - Auto traffic accident injures occupant Street or Highway - 04/26/YYYY</p> <p>Mechanism of injury: Blunt. Medical/trauma: Trauma Barriers of care: None noted. Alcohol/drugs: None reported. Initial patient acuity: Lower Acuity (Green).</p> <p>Vital signs @ 17:20:00 hours: AVPU: Alert Position: Sit Blood pressure: 159/89 mmHg SpO2: 100% Pulse rate: 107 beats/minute Cardiac Output (CO): 5 liters/minute. Pain scale: 6/10. GCS: 15</p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Flow chart @ 17:30:00 hours: Treatment: Spinal motion restriction Description: Cervical collar; Patient response: Unchanged; Successful; Complication: None.</p> <p>Initial assessment: Abnormalities: Back: Thoracic spine: Tender spinous. Extremities: Swelling to the right forearm and burning sensation to the right hand. Pain to bilateral knees. Pain to right index toe.</p> <p>Narrative: M231 dispatched to a 38year old female reported to be in a traffic accident. M231 responded emergent from station and arrived on scene without delay. Upon arrival the patient was found seated in the front driver seat of a small sedan type vehicle. The patient's vehicle had moderate damage to the front end with airbag deployment from the steering column and under the front dashboard. The patient was the restrained driver traveling at approximately 30mph and reportedly struck the left side of another vehicle that pulled out in front of her. The patient denied losing consciousness or taking blood thinner medications. The patient complained of pain to her middle back, right forearm, right upper chest, both knees, and right big toe. The patient was assisted out of the vehicle and onto the stretcher, secured via safety belts and loaded into M231.</p> <p>On exam the patient had midline back pain in the thoracic spine, pain and swelling to the right forearm, pain and bruising to the upper left anterior chest, pain to both knees, and pain to the right toe. A cervical collar was applied to the patient. M231 began non-emergent transport to the ED. During transport the patient had no change in complaint or condition. Upon arrival at the ED the patient was moved to ED room 1 and report given to ED nurse. M231 cleared the call and returned to service.</p> <p>Destination details: Disposition: Transported. No lights/siren. Transport due to: Patient's choice. Transported to: XXXX - Pflugerville. Requested by: Patient. Destination: Hospital. Department: Emergency room. Address: XXXX. City: Pflugerville. County: Travis. State: Texas Zip: 78660 Country: United states. Condition at destination: Unchanged.</p> <p>Patient transport details:</p>	

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		<p>Patient position during transport: Fowlers (Semi-Upright Sitting) Condition of patient at destination: Unchanged.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Triage notes:</p> <p>Pt states she was restrained driver in MVC, her car hit another car T-bone. She has bilateral knee pain, RT big toe hurts, Lt breast/ axilla hurts. Denies abdominal pain or neck pain.</p>	9
MM/DD/YYYY	Facility/ Provider Name	<p>Emergency department visit:</p> <p>Admission information: Arrival date/time: 04/26/YYYY @ 17:52:00 hours. Admission type: Emergency. Means of arrival: Pflugerville Fire Department. Point of origin: Self-referral. Primary service: Emergency medicine. Patient acuity (ESI): 3.</p> <p>Subjective: The patient presents with motor vehicle crash.</p> <p>History of present illness: Patient presents for motor vehicle collision. Patient states she was restrained driver when another vehicle pulled in front of her and caused her to hit it while traveling about 30mph. Patient was restrained and airbags did deploy. Denies head injury and loss of consciousness. No thinners. Currently endorses pain to middle of her back and left chest. Also reports soreness in both knees and right big toe. Accident occurred about 45 minutes prior to arrival. Patient brought in by EMS. She denies neck pain, lower back pain, abdomen pain.</p> <p>Review of systems: Cardiovascular: Positive for chest pain. Musculoskeletal: Positive for back pain.</p> <p>Objective: Vitals: Blood pressure: 177/109 mmHg Pulse: 93 beats/minute Temperature: 98.3°F (36.8°C) Respiratory rate: 18 breaths/minute SpO2: 99% Pain scale: 6/10.</p> <p>Physical exam: Neck: Muscular tenderness present. Musculoskeletal: Thoracic back: She exhibits pain.</p> <p>Pain diagram:</p>	10-14

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		 <p>1: Location of back pain, no midline TTP, no skin changes</p> <p>Labs: No visits with results within 1 Day(s) from this visit. Latest known visit with results is: No results found for any previous visit.</p> <p>Imaging: An X-ray of her chest was obtained and reviewed below in a separate row.</p> <p>Medications: New prescriptions: Tramadol (Ultram) 50 mg tablet: Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for pain. Indications: Acute pain.</p> <p>Medications administered: Ibuprofen (Motrin) tablet 400 mg - Once Route: Oral</p> <p>Procedures: ED Course: Medical decision making: Patient presents for motor vehicle crash. Upon presentation to the ED, patient is clinically stable and VSS. Patient is well appearing. Does not appear septic or toxic. Well hydrated. No apparent distress. Plain films unremarkable. Discussed results with patient who states patient is comfortable with discharge. Discharged patient home with strict return precautions and encouraged follow-up with Primary Care Physician. At time of discharge, patient clinically stable and agreed with care plan.</p> <p>Final diagnoses:</p> <ul style="list-style-type: none">• MVC (Motor Vehicle Collision)• Pain in thoracic spine• Chest pain, unspecified• Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter• Unspecified street and highway as the place of occurrence of the	

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		<p>external cause.</p> <p>Work status: Patient was seen and treated in our emergency department on 04/26/YYYY. She may return to work 04/28/YYYY without restrictions.</p> <p>Disposition: Discharge to home or self-care.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>X-ray of chest, one view:</p> <p>Indication: Motor vehicle collision.</p> <p>Findings:</p> <ul style="list-style-type: none"> • Portable upright AP view of the chest. No comparison. • Heart is normal in size. No pulmonary infiltrate, pneumothorax, or pleural effusion. Curvature of the cervical thoracic spine. <p>Impression: No acute pulmonary process.</p>	15-16
MM/DD/YYYY	Facility/ Provider Name	<p>Office visit:</p> <p>Chief complaint: Patient complains of neck/shoulder pain (Had car accident 2/3 weeks ago), left knee/ankle with headache. Patient complains of low Fe/MR. Pain scale: 6/10.</p> <p>History of present illness: Patient moved here in October from Mississippi. She was in a car accident on 04/26/YYYY where she T-boned someone who ran red light. She went to the ER and was dismissed without broken bones.</p> <p>Today, she is here due to continued headaches and neck tightness. She wants to establish care today. She knows also that she is iron deficient currently as she is craving gum all day. In July of YYYY, she was treated with iron infusions. She had just received her second infusion in Mississippi in September YYYY. In Jan of this year, she found a gynecologist, XXXX, MD as she was experiencing heavy periods since December YYYY. Lab work revealed anemia and low ferritin. She has been taking iron pills.</p> <p>Review of systems: She wants to lose weight. She reports constipation. Patient reports muscle aches (neck pain) and arthralgias/joint pain (Right finger). She reports frequent or severe headaches; once a month severe headache - treats with BC powder.</p> <p>Psychiatry: Stressed - drinks every day - 3 beers and 2 shots of whisky. She reports fatigue, hair loss, and cold intolerance; hot at night. She reports sinus pressure.</p> <p>Physical exam: Constitutional: General Appearance: Obese (BMI 48.1). ENMT: Two teeth missing on top. Right tonsil gone. Patient has bony</p>	17-22

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		<p>prominence extruding along top soft palate. Neck: Pain with motion (Pain on left side of neck, more on top of shoulder, trapezius muscle). Thyroid: Tender on left side. Abdomen: Bowel Sounds: Diminished. Musculoskeletal: Motor Strength and Tone: Hypotonicity. Tenderness at left neck, shoulder, arm, below-the-knee left ankle; tender from car wreck). Skin: Bruise on right inner arm, slight bruise over left shin.</p> <p>Assessment/plan: Patient here to establish care and annual exam. There are many issues to cover. Advised patient to follow-up and address each issue per visit. Will determine need pending blood results.</p> <ul style="list-style-type: none"> • Adult health examination • Anemia screening • Thyroid disorder screening • Diabetes mellitus screening • Screening for cardiovascular system disease • Injury due to motor vehicle accident: First visit since MVA ER visit on 04/26/YYYY. Patient complains of neck pain, left shoulder pain, left arm, Left knee to ankle and right index finger as well as headaches. She has no broken bones. Headache most likely due to neck muscle strain. <ul style="list-style-type: none"> • Cyclobenzaprine 10 mg tab as needed • Meloxicam for one month to eliminate swelling overall • PT referral for neck, shoulder pain <p>Injury, unspecified, initial encounter:</p> <ul style="list-style-type: none"> • Cyclobenzaprine 10 mg tablet - Take 1 tablet(s) 3 times a day by oral route for 7 days. • Physical therapist referral - Schedule Within: provider's discretion Reason for referral: MVA - neck pain radiating through left shoulder and arm. • Meloxicam 15 mg tablet - Take 1 tablet(s) every day by oral route. <ul style="list-style-type: none"> • Constipation • Elevated blood-pressure reading without diagnosis of hypertension <p><i>*Reviewer's comments: Only the case focus details have captured in the detailed manner.</i></p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Laboratory: Her laboratory results were obtained and reviewed.</p>	23-24
MM/DD/YYYY	Facility/ Provider Name	<p>Initial physical therapy evaluation: Subjective: 04/26/YYYY. Patient with complaints of neck and left shoulder pain stemming from a MVA. Patient was T-boned as the other vehicle was turning. Patient stated the neck pain was severely initially, and mentioned</p>	25-28

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>that she occasionally has migraine headaches following accident. Patient states the pain has gone down since then and mentioned that the pain medication has been helping. Pain is around C3-T6 along the spine and along the left posterior shoulder (Where theses seatbelt was). Patient states it is hard getting dressed due to shoulder and neck pain in the morning and patient states it has also been hard to sleep due to the pain and having to change positions. Patient describes pain as sharp and occurring with quick movements. She also has numbness and tingling down the arm. Patient states she worked as a medical assistant, but is not currently working and states she can plan on returning once the pain subsides and once she can tolerate sitting in one position for a longer period of time. Patient states pain medication is the only thing that helps the pain at this point. No fracture noted on X-ray.</p> <p>Onset: Date of Onset: 04/26/YYYY. Description: Sharp. Pain rating: Verbal pain rating at present: 6 – Moderate pain. 06/14/21 – When in cervical extension. Verbal pain rating at best: 3 – Slight pain. 06/14/21 – In forward cervical posture.</p> <p>Objective: Functional deficits: Primary functional limitation: Inability to sleep without tossing and turning all night long. Second functional limitation: Patient is unable to sit in the same position with normal cervical posture without pain. Third functional limitation: Patient is unable to get dressed in the morning without shoulder pain and modifying positions. Fourth functional limitation: Patient is unable to lift grandkid up.</p> <p>Posture and alignment: Head and neck posture: Forward head posture. Upper extremity posture: Forward shoulders.</p> <p>Quick DASH: 25 – CJ: 20 to 39%. Impaired (20 to 39)</p> <p>Neck: Neck disability index: 34 – Unable to perform usual activities. Pain at end range: Extension: Positive. Stiffness with movement, reduced at End-of-Resuscitation (EOR). Lateral flexion to right: Negative. Pain near C6. Rotation to left: Negative. Cervical extension with rotation. Rotation to right: Negative. Cervical extension with rotation.</p>	

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		<p>Cervical active ROM:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Cervical Extension AROM</td> <td>35 degrees</td> <td>No pain but reports of "Increased stretch"</td> </tr> <tr> <td>Cervical flexion AROM</td> <td>15 degrees</td> <td>-</td> </tr> <tr> <td>Cervical left lateral flexion AROM</td> <td>20 degrees</td> <td>-</td> </tr> <tr> <td>Cervical left rotation AROM</td> <td>55 degrees</td> <td>Pain to left cervical spine; increased tension</td> </tr> <tr> <td>Cervical right lateral flexion AROM</td> <td>28 degrees</td> <td>Pain to left cervical spine; increased tension</td> </tr> <tr> <td>Cervical right rotation AROM</td> <td>55 degrees</td> <td>-</td> </tr> </tbody> </table> <p>Upper extremity: Upper extremity neurovascular screening:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Biceps tendon reflex (C5,6)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Brachioradialis tendon reflex (C6)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Triceps tendon reflex (C7)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Median nerve tension test</td> <td>Negative</td> <td>Biceps muscle contracted, but no tingling, numbness, or pain</td> </tr> <tr> <td>Ulnar nerve tension test</td> <td>Negative</td> <td>-</td> </tr> <tr> <td>Radial nerve tension test</td> <td>Negative</td> <td>-</td> </tr> <tr> <td>Sensation to light touch</td> <td>Impaired</td> <td>C5, C6 hyposensitive on left</td> </tr> </tbody> </table> <p>Elbow muscle testing:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Biceps strength</td> <td>4/5</td> <td>Normal on right</td> </tr> <tr> <td>Biceps strength</td> <td>4/5</td> <td>Normal on right</td> </tr> </tbody> </table> <p>Shoulder muscle testing:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Deltoid</td> <td>4/5</td> <td>Normal on right. Pain on left prevented accurate testing</td> </tr> <tr> <td>Infraspinatus/teres minor</td> <td>3+/5</td> <td>On left, normal on right</td> </tr> <tr> <td>Latissimus dorsi</td> <td>4/5</td> <td>-</td> </tr> <tr> <td>Subscapularis</td> <td>3+/5</td> <td>On left, normal on right</td> </tr> </tbody> </table> <p>Assessment: DNF endurance test is 5". Lack of endurance and strength</p>		Result	Note	Cervical Extension AROM	35 degrees	No pain but reports of "Increased stretch"	Cervical flexion AROM	15 degrees	-	Cervical left lateral flexion AROM	20 degrees	-	Cervical left rotation AROM	55 degrees	Pain to left cervical spine; increased tension	Cervical right lateral flexion AROM	28 degrees	Pain to left cervical spine; increased tension	Cervical right rotation AROM	55 degrees	-		Result	Note	Biceps tendon reflex (C5,6)	Diminished (1+)	Bilateral	Brachioradialis tendon reflex (C6)	Diminished (1+)	Bilateral	Triceps tendon reflex (C7)	Diminished (1+)	Bilateral	Median nerve tension test	Negative	Biceps muscle contracted, but no tingling, numbness, or pain	Ulnar nerve tension test	Negative	-	Radial nerve tension test	Negative	-	Sensation to light touch	Impaired	C5, C6 hyposensitive on left		Result	Note	Biceps strength	4/5	Normal on right	Biceps strength	4/5	Normal on right		Result	Note	Deltoid	4/5	Normal on right. Pain on left prevented accurate testing	Infraspinatus/teres minor	3+/5	On left, normal on right	Latissimus dorsi	4/5	-	Subscapularis	3+/5	On left, normal on right	
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		<p>likely aids in forward head posture with puts cervical spine in extension which might affect C5 and C6. Possible posterior lateral derangement of cervical spine on left with direction preference into left cervical side glides and retractions.</p> <p>Impression: A patient present to outpatient physical therapy with complains of neck and shoulder pain following MVA on 04/26/YYYY. Upon initial evaluation, patient is demonstrating forward head posture, forward shoulders, Cervicothoracic (CT) hypomobility, hypofunction of C5-C6 nerves, extension/rotation dysfunction in cervical spine, scapular tenderness, numbness and tingling down 1st and 2nd digit (Dorsal surface), Upper Trapezius (UT) spasm with movement; and pain and limited shoulder internal rotation on left. As a result of these impairments, patient has difficulties performing activities like sleeping, putting on bra strap, sitting down for long periods of time, lifting up grandkid, and working job. Skilled physical therapy is recommended at a frequency of 1 time a week for the next 8 weeks to decrease pain, decrease spasms, improve posture, and improve tolerance to activities towards increasing overall quality of life.</p> <p>Physical therapy diagnosis:</p> <ul style="list-style-type: none"> • Pain in left shoulder • Cervicalgia • Abnormal posture <p>Safety risks: If impairments are not properly addressed safety risks and concerns include: Radiculopathy. Further dysfunction or derangement of spine. Justification of continued care: Patient dependence: Services cannot yet be performed independently by the patient or other caretakers. Accepted standard of practice: Accepted standard of practice: Amount, duration, frequency and type of treatment is reasonable under the accepted standards of practice.</p> <p>Treatments rendered:</p> <ul style="list-style-type: none"> • Therapeutic exercise • Therapeutic activity • Neuro muscular re-education • Manual therapy • Patient education <p>Plan: Progressive stretching/strengthening to cervicothoracic spine in addition to left shoulder to reduce difficulty with Activity of Daily Living (ADL)/hobbies and increase overall Quality of Life (QOL) per patient tolerance. Updates to HEP and session outcomes to be discussed as needed. Education on normal response to exercise and pain science.</p> <p>Home carryover:</p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Education and/or exercise activities provided for home: Deep Neck Flexors (DNF), lateral flexion to the left, thoracic extension over foam, scapular retraction, posture correction.</p> <p>Right upper extremity:</p> <p>Plan of care:</p> <p>Certification period: 06/14/YYYY - 08/09/YYYY.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Interim physical therapy visit:</p> <p>Summary: Today was a productive session for patient who required frequent education on normal response to exercise, mechanical Vs chemical pain, pain science/sensitivity, and importance of HEP. Patient understood and responded favorable to treatment today following manual and repeated stretching techniques in addition postural education. Manual therapy thoracic grade V manipulation with improve thoracic mobility and reduce tension in surrounding soft tissue structures following seated chin retractions 2 x 20, seated scapular retractions 2 x 20, left cervical side glides with OP 2 x 20, side lying thoracic rotations x10/side with improve thoracic mobility and increased cervical rotation ROM bilateral, seated thoracic extension over foam roller 3 x 20 (Emphasized for home exercise program in addition cervical ROM in pain free ROM in all planes). Good understanding of session outcomes and progression of plan of care/interventions.</p> <p>Subjective: Patient arrived to PT on time. Reports she has not performed all exercises on her HEP but has been focusing on her posture and moving her neck in pain-free ROM with some reduction in pain overall.</p> <p>Objective:</p> <p>Functional deficits:</p> <p>Primary functional limitation: Inability to sleep without tossing and turning all night long.</p> <p>Second functional limitation: Patient is unable to sit in the same position with normal cervical posture without pain.</p> <p>Third functional limitation: Patient is unable to get dressed in the morning without shoulder pain and modifying positions.</p> <p>Fourth functional limitation: Patient is unable to lift grandkid up.</p> <p>Posture and alignment:</p> <p>Head and neck posture: Forward head posture.</p> <p>Upper extremity posture: Forward shoulders.</p> <p>Quick DASH: 25 – CJ: 20 to 39%. Impaired (20 to 39)</p> <p>Neck:</p> <p>Neck disability index: 34 – Unable to perform usual activities.</p> <p>Pain at end range:</p> <p>Extension: Positive. Stiffness with movement, reduced at EOR; reduced by EOS following thoracic extension stretch 06/18/YYYY.</p>	29–32

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		<p>Rotation to left: Negative. Cervical extension with rotation. Rotation to right: Negative. Cervical extension with rotation.</p> <p>Cervical active ROM:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Cervical Extension AROM</td> <td>35 degrees</td> <td>No pain but reports of "Increased stretch", full ROM by EOS on 06/18/YYYY following seated thoracic extension stretch and manual.</td> </tr> <tr> <td>Cervical flexion AROM</td> <td>15 degrees</td> <td>-</td> </tr> <tr> <td>Cervical left lateral flexion AROM</td> <td>20 degrees</td> <td>-</td> </tr> <tr> <td>Cervical left rotation AROM</td> <td>55 degrees</td> <td>Pain to left cervical spine; increased tension; less pain with greater ROM by EOS on 06/18/YYYY</td> </tr> <tr> <td>Cervical right lateral flexion AROM</td> <td>28 degrees</td> <td>Pain to left cervical spine; increased tension; less pain with greater ROM by EOS on 06/18/YYYY</td> </tr> <tr> <td>Cervical right rotation AROM</td> <td>55 degrees</td> <td>-</td> </tr> </tbody> </table> <p>Upper extremity: Upper extremity neurovascular screening:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Biceps tendon reflex (C5,6)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Brachioradialis tendon reflex (C6)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Triceps tendon reflex (C7)</td> <td>Diminished (1+)</td> <td>Bilateral</td> </tr> <tr> <td>Median nerve tension test</td> <td>Negative</td> <td>06/14/YYYY: Biceps muscle contracted, but no tingling, numbness, or pain</td> </tr> <tr> <td>Sensation to light touch</td> <td>Impaired</td> <td>C5, C6 hyposensitive on left</td> </tr> </tbody> </table> <p>Shoulder muscle testing:</p> <table border="1"> <thead> <tr> <th></th> <th>Result</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Deltoid</td> <td>4/5</td> <td>Normal on right. Pain on left prevented accurate testing</td> </tr> <tr> <td>Infraspinatus/teres minor</td> <td>3+/5</td> <td>On left, normal on right</td> </tr> <tr> <td>Subscapularis</td> <td>3+/5</td> <td>On left, normal on right</td> </tr> </tbody> </table> <p>Assessment: Patient responded favorably to session today with improved</p>		Result	Note	Cervical Extension AROM	35 degrees	No pain but reports of "Increased stretch", full ROM by EOS on 06/18/YYYY following seated thoracic extension stretch and manual.	Cervical flexion AROM	15 degrees	-	Cervical left lateral flexion AROM	20 degrees	-	Cervical left rotation AROM	55 degrees	Pain to left cervical spine; increased tension; less pain with greater ROM by EOS on 06/18/YYYY	Cervical right lateral flexion AROM	28 degrees	Pain to left cervical spine; increased tension; less pain with greater ROM by EOS on 06/18/YYYY	Cervical right rotation AROM	55 degrees	-		Result	Note	Biceps tendon reflex (C5,6)	Diminished (1+)	Bilateral	Brachioradialis tendon reflex (C6)	Diminished (1+)	Bilateral	Triceps tendon reflex (C7)	Diminished (1+)	Bilateral	Median nerve tension test	Negative	06/14/YYYY: Biceps muscle contracted, but no tingling, numbness, or pain	Sensation to light touch	Impaired	C5, C6 hyposensitive on left		Result	Note	Deltoid	4/5	Normal on right. Pain on left prevented accurate testing	Infraspinatus/teres minor	3+/5	On left, normal on right	Subscapularis	3+/5	On left, normal on right	
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		<p>cervical ROM and decreased referred pain into left shoulder following repeated stretching with particular emphasis on addressing limitations in thoracic spine. Responded most favorably today to thoracic rotation and extension exercises.</p> <p>Impression: A patient present to outpatient physical therapy with complains of neck and shoulder pain following MVA on 04/26/YYYY. Upon initial evaluation, patient is demonstrating forward head posture, forward shoulders, CT hypomobility, hypofunction of C5-C6 nerves, extension/rotation dysfunction in cervical spine, scapular tenderness, numbness and tingling down 1st and 2nd digit(Dorsal surface), UT spasm with movement; and pain and limited shoulder internal rotation on left. As a result of these impairments, patient has difficulties performing activities like sleeping, putting on bra strap, sitting down for long periods of time, lifting up grandkid, and working job. Skilled physical therapy is recommended at a frequency of 1 x a week for the next 8 weeks to decrease pain, decrease spasms, improve posture, and improve tolerance to activities towards increasing overall quality of life.</p> <p>Physical therapy diagnosis:</p> <ul style="list-style-type: none"> • Pain in left shoulder • Cervicalgia • Abnormal posture <p>Safety risks: If impairments are not properly addressed safety risks and concerns include: Radiculopathy. Further dysfunction or derangement of spine. Justification of continued care: Patient dependence: Services cannot yet be performed independently by the patient or other caretakers. Accepted standard of practice: Accepted standard of practice: Amount, duration, frequency and type of treatment is reasonable under the accepted standards of practice.</p> <p>Treatments rendered:</p> <ul style="list-style-type: none"> • Therapeutic exercise • Therapeutic activity • Neuro muscular re-education • Manual therapy • Patient education <p>Plan: Progressive stretching/strengthening to cervicothoracic spine in addition to left shoulder to reduce difficulty with ADLs/hobbies and increase overall QOL per patient tolerance. Updates to HEP and session outcomes to be discussed as needed. Education on normal response to exercise and pain science.</p> <p>Home carryover:</p>	

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MM/DD/YYYY	Facility/ Provider Name	<p>Final physical therapy evaluation:</p> <p>Summary: Today was a productive session for patient who required frequent education on normal response to exercise, mechanical Vs chemical pain, pain science/sensitivity, and importance of HEP. Patient understood and responded favorable to treatment today following manual and repeated stretching techniques in addition postural education. Manual therapy thoracic grade V manipulation with improve thoracic mobility and reduce tension in surrounding soft tissue structures following seated chin retractions 2 x 20, seated scapular retractions 2 x 20, left cervical side glides x 20 with improved cervical ROM but tension in shoulder (Screen shoulder for possible ligamentous injury/labrum/instability - unremarkable aside from tension in laterals, LH bicep tendon, Trigger Point (TrP) along levator scapula and medial scapula muscles - addressed with trigger point release left thoracic rib mobs grade IV), hand/heel rock books with hold in child pose with stretch to laterals 2 x 20 (added to HEP), seated thoracic extension over foam roller 3 x 20 (Emphasized for HEP in addition cervical ROM in pain free ROM in all planes). Good understanding of session outcomes with update to HEP.</p> <p>Subjective: Patient arrived to PT on time reporting pain levels have been better overall since previous session. States she has not been performing exercises regularly. Reports she is feeling extra sore today but attributes it to a long drive from Galveston and being in prolonged sitting position. Pain rating:</p> <p>Pain rating: Verbal pain rating at present: 5 – Moderate pain. 06/24/YYYY – Standing and walking.</p> <p>Objective: Functional deficits: Primary functional limitation: Inability to sleep without tossing and turning all night long. Second functional limitation: Patient reports she focused on her posture with long drive to and from Galveston but has noticed pain return today. Third functional limitation: Patient is unable to get dressed in the morning without shoulder pain and modifying positions; states shoulder feels unstable in posterior. Fourth functional limitation: Patient is unable to lift grandkid up.</p> <p>Posture and alignment:</p>	33–40

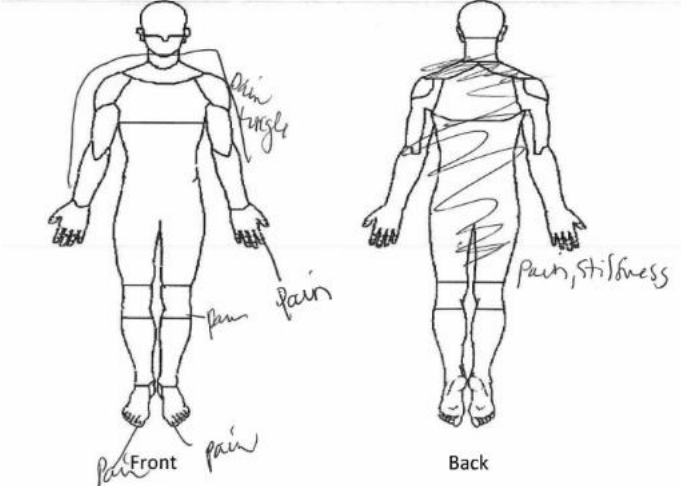
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		<p>Assessment: Patient responded favorably to session today with improved cervical ROM and decreased referred pain into left shoulder following repeated stretching with particular emphasis on addressing limitations in thoracic spine. Responded most favorably today to lateral stretching, TrP release, and extension exercises.</p> <p>Impression: A patient present to outpatient physical therapy with complains of neck and shoulder pain following MVA on 04/26/YYYY. Upon initial evaluation, patient is demonstrating forward head posture, forward shoulders, CT hypomobility, hypofunction of C5-C6 nerves, extension/rotation dysfunction in cervical spine, scapular tenderness, numbness and tingling down 1st and 2nd digit (Dorsal surface), UT spasm with movement; and pain and limited shoulder internal rotation on left. As a result of these impairments, patient has difficulties performing activities like sleeping, putting on bra strap, sitting down for long periods of time, lifting up grandkid, and working job. Skilled physical therapy is recommended at a frequency of 1 x a week for the next 8 weeks to decrease pain, decrease spams, improve posture, and improve tolerance to activities towards increasing overall quality of life.</p> <p>Physical therapy diagnosis:</p> <ul style="list-style-type: none"> • Pain in left shoulder • Cervicalgia • Abnormal posture <p>Safety risks: If impairments are not properly addressed safety risks and concerns include: Radiculopathy. Further dysfunction or derangement of spine. Justification of continued care: Patient dependence: Services cannot yet be performed independently by the patient or other caretakers. Accepted standard of practice: Accepted standard of practice: Amount, duration, frequency and type of treatment is reasonable under the accepted standards of practice.</p> <p>Treatments rendered:</p> <ul style="list-style-type: none"> • Therapeutic exercise • Therapeutic activity • Neuro muscular re-education • Manual therapy • Patient education 			

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MM/DD/YYYY	Facility/ Provider Name	<p>Office visit:</p> <p>This patient presents for back pain and neck pain.</p> <p>History of present illness: Back pain: Severity level is moderate. The problem is fluctuating. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache and throbbing. Context: Motor vehicle accident and trauma. Symptoms are aggravated by ascending stairs, bending, daily activities, descending stairs, extension, flexion, lifting, pushing and standing. Symptoms are relieved by heat massage, stretching and rest.</p> <p>Neck pain: The severity of the problem is moderate. The problem has worsened. The frequency of pain is daily. Location of pain is bilateral anterior neck, bilateral lateral neck and bilateral posterior neck. There is no radiation of pain. The patient describes the pain as Aching and Sharp. The event(s) surrounding the occurrence of the symptom include motor vehicle accident and sitting. Aggravating factors include bending, exertion, rotation, stress and turning head. Relieving factors include heating pad, NSAIDs and rest. Associated symptoms include decreased mobility, difficulty sleeping, joint pain, muscle spasm and tenderness. Pertinent negatives include bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel incontinence, dysphagia, numbness and rash.</p> <p>Additional information: History of previous disc problem and history of spinal surgery.</p> <p>Screening tools: Patient Health Questionnaire (PHQ – 2): 0.</p> <p>Review of systems: Psychiatric: Difficult sleeping. Musculoskeletal: Decreased mobility, joint pain, muscle spasms, musculoskeletal tenderness.</p>	41-42

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Physical exam: Musculoskeletal: Cervical spine - Tender, Range of motion: Mild pain with motion. Thoracic spine - Tenderness. Lumbar spine - Tenderness, Range of motion: Mild pain with motion.</p> <p>Assessment/plan:</p> <ul style="list-style-type: none"> • Sprain of ligaments of cervical spine, subsequent encounter: Will continue with pain control and recommended physical therapy. If not better, will need MRI. • Person injured in unspecified motor vehicle accident, traffic, initial • Body mass index [BMI] 45.0-49.9, adult Plan orders: Today's instructions/counseling include(s) Dietary management education, guidance, and counseling. Giving encouragement to exercise. • Other obesity • Orders not associated to today's assessments. Active Medication: Acetaminophen 300 mg-Codeine 30 mg tablet and Gabapentin 100 mg capsule Active Medication: Azithromycin 250 mg tablet <p>Patient education: Neck strain or sprain: Rehab exercises.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Initial chiropractic evaluation:</p> <p>Chief complaints: Low back pain, mid back pain, neck pain, right point finger, arm radicular symptoms, left shoulder pain. Date of onset: 04/26/YYYY.</p> <p>Mechanism of onset: Driver of the vehicle going straight when another vehicle pulled out of a parking lot to the middle lane causing her to T-bone them on the driver's side. Braced for impact, recalls jerking forwards and backwards, hit finger on steering wheel. Seatbelt on. Airbags deployed. Duration: Off and on. Relieving factors: Medications: Ibuprofen. Aggravating factors: Lying down, sitting. Pain scale: 7/10 at best, 10/10 at worst. Frequency of waking hours: 76-100%. VAS: Neck/back: 3.</p> <p>Neck index: Difficulties in sleeping, lifting, reading, driving, concentration, recreation, work.</p> <p>Back index: Difficulties in personal care, sleeping, lifting, travelling, social life.</p> <p>Accident/injury questionnaire: Check any of the following that you have experienced since, and/or as a</p>	43-44

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>direct result of this accident or injury: Headaches, anxiety, depression, visual disturbance, trouble sleeping, numbness or tingling.</p> <p>Have you had difficulty with any of the following: Housework, waking, and sitting.</p> <p>Due to this injury/accident, have you undergone any of the following: Medical Doctor Treatment or Evaluation – XXXX, P.T.</p> <p>Treatment:</p> <p>History: Went by ambulance to XXXX. Did exam, took X-rays, prescribed medications. Went to PCP – Exam only and PCC in Mississippi. All Care – Physical therapy – for 3 visits last seen in May. Had MRIs of neck and left shoulder in Mississippi.</p> <p><i>*Reviewer's comments: The aforementioned MRI reports are unavailable for review.</i></p> <p>History: Car accident in YYYY. Received treatment. No pain after.</p> <p><i>*Reviewer's comments: The aforementioned reports pertaining to collision in YYYY are unavailable for review.</i></p> <p>Objective findings:</p> <p>Cervical/lumbar spine examination:</p> <p>Range of motion – Cervical spine:</p> <p>Flexion: 35 degrees.</p> <p>Extension: 40 degrees.</p> <p>Left lateral flexion: 25 degrees.</p> <p>Right lateral flexion: 25 degrees.</p> <p>Left rotation: 50 degrees.</p> <p>Right rotation: 50 degrees.</p> <p>Note: All ranges of motion of the cervical spine increased the pain in the cervical spine area.</p> <p>Range of motion –Lumbosacral spine:</p> <p>Flexion: 75 degrees.</p> <p>Extension: 20 degrees.</p> <p>Left lateral flexion: 15 degrees.</p> <p>Right lateral flexion: 15 degrees.</p> <p>Note: All ranges of motion increased the pain in the lumbar spine area.</p> <p>Findings: There was severe tenderness to palpation and hypertonicity of the paravertebral muscles from axis to sacrum bilaterally. Also noted was severe tenderness to palpation and hypertonicity of the scalene muscles, trapezius muscles, levator scapulae muscles, rhomboid muscles, gluteal muscles and hamstring muscles.</p> <p>The following orthopedic and/or neurological tests were performed with positive findings:</p> <ul style="list-style-type: none"> • Jackson's compression: Positive with severe pain bilaterally in the cervical spine area. 	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<ul style="list-style-type: none"> • Shoulder depression test: Positive with severe pain in the cervico/thoracic spine area and trapezius muscles bilaterally. • Kemp's test: Positive with severe pain in the lumbar spine bilaterally. • Yeoman test: Positive with severe pain in the sacroiliac joints bilaterally. <p>Pain diagram:</p>  <p>Assessment:</p> <p>Diagnosis:</p> <ul style="list-style-type: none"> • Sprain of ligaments of cervical spine • Sprain of ligaments of thoracic spine • Sprain of ligaments of lumbar spine <p>Procedures:</p> <ul style="list-style-type: none"> • Chiropractic manipulation, 3-4 regions • Manual therapy • Therapeutic exercise, group <p>Term: 3 times per week/4 weeks.</p> <p>PT/MT Notes: Patient did ROM rotation, ROM lateral bending, ROM flexion, ROM extension, suboccipitals, levator, and active traps. Patient performed 1 set of each of the above and holding each position for 15 seconds with deep breathing. Patient performed stretches including double knees to chest, single knee to chest, figure 4 knee to chest, Tensor Fasciae Latae (TFL)/Quadratus Lumborum (QL) trunk rotation supine, half lumbar, rotation, and cat/camel. Patient performed 1 set of each exercise for 15 seconds each.</p>	
MM/DD/YYYY	Facility/ Provider Name	Chiropractic re-examination:	45-50

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Chief complaints: Low back pain, mid back pain, neck pain, arm radicular symptoms, left shoulder pain.</p> <p>Notes: Overall has seen improvement in regards to neck and back pains. Able to sit longer, but extended sitting does aggravate lower back pains, same with driving. Patient is sleeping better the last few weeks.</p> <p>Pain scale: 5/10.</p> <p>Frequency of waking hours: 51-75%.</p> <p>Objective findings: Cervical/lumbar spine examination: Range of motion – Cervical spine: Flexion: 45 degrees. Extension: 50 degrees. Left lateral flexion: 35 degrees. Right lateral flexion: 40 degrees. Left rotation: 65 degrees. Right rotation: 70 degrees.</p> <p>Range of motion –Lumbosacral spine: Flexion: 80 degrees. Extension: 20 degrees. Left lateral flexion: 20 degrees. Right lateral flexion: 20 degrees.</p> <p>Findings: There was low to moderate muscle spasms and palpable tenderness in the cervical, thoracic, lumbar paraspinal muscles, and sacroiliac joints bilaterally. There was also a muscle spasm and trigger point in the trapezius muscles, levator scapulae muscles, rhomboid muscles, gluteal muscles, piriformis muscles, and hamstring muscles bilaterally.</p> <p>The following orthopedic and/or neurological tests were performed with positive findings:</p> <ul style="list-style-type: none"> • Jackson's compression: Positive with low pain bilaterally. • Shoulder depression test: Positive with low pain bilaterally. • Kemp's test: Positive with moderate pain in the lumbar spine bilaterally. • Patrick Faber test: Positive with low pain in the left hip and ___ bilaterally. <p>Assessment: Diagnosis:</p> <ul style="list-style-type: none"> • Sprain of ligaments of cervical spine • Sprain of ligaments of thoracic spine • Sprain of ligaments of lumbar spine <p>Procedures:</p> <ul style="list-style-type: none"> • Chiropractic manipulation, 3-4 regions 	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<ul style="list-style-type: none"> • Manual therapy • Therapeutic exercise, group <p>PT/MT Notes: Three sets of ten performed for eight minutes. Patient did ROM rotation, ROM lateral bending, ROM flexion, ROM extension, suboccipitals, levator, and active traps. Patient performed 1 set of each of the above and holding each position for 15 seconds with deep breathing. Cervical flexion and extension was performed in sets of 5 to increase range of motion. Cervical lateral flexion (left and right) was performed in sets of 5 to help with the patient’s range of motion. Cervical retraction and extension exercises were performed in sets of 5 to strengthen the affected muscles and improve range of motion. Patient performed lumbar flexion and extension right and left lateral bending and clockwise and counter clockwise circumduction exercises on an unstable platform to utilize postural and balance muscles.</p> <p>Additional notes: This patient will continue to be seen 3 times per week for the following approximately 4 weeks. Treatment will include joint manipulation with active therapies.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Chiropractic re-examination:</p> <p>Chief complaints: Low back pain, mid back pain, neck pain, arm radicular symptoms, left shoulder pain.</p> <p>Notes: The patient states that their condition is improving with symptoms now being on an intermittent basis. Left lower back pain noted and having headaches.</p> <p>Pain scale: 3/10.</p> <p>Objective findings: Cervical/lumbar spine examination: Range of motion – Cervical spine: Flexion: 45 degrees. Extension: 45 degrees. Left lateral flexion: 35 degrees. Right lateral flexion: 35 degrees. Left rotation: 70 degrees. Right rotation: 70 degrees.</p> <p>Range of motion –Lumbosacral spine: Flexion: 80 degrees. Extension: 20 degrees. Left lateral flexion: 20 degrees. Right lateral flexion: 20 degrees.</p> <p>Findings: There was low to moderate muscle spasms in the cervical, lumbar paraspinal muscles, and sacroiliac joints bilaterally. There was also a muscle spasm and trigger point in the right trapezius muscles,</p>	51-55

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>suboccipital, and hamstring muscles bilaterally.</p> <p>The following orthopedic and/or neurological tests were performed with positive findings:</p> <ul style="list-style-type: none"> • Shoulder depression test: Positive with moderate pain in the cervical/thoracic region. <p>Assessment: Diagnosis:</p> <ul style="list-style-type: none"> • Sprain of ligaments of cervical spine • Sprain of ligaments of thoracic spine • Sprain of ligaments of lumbar spine <p>Procedures:</p> <ul style="list-style-type: none"> • Chiropractic manipulation, 3-4 regions • Therapeutic exercise, group • Cervical Traction Wedge <p>PT/MT Notes: Patient performed lumbar flexion and extension right and left lateral bending and clockwise and counter clockwise circumduction exercises on an unstable platform to utilize postural and balance muscles. Three sets of ten performed for eight minutes. Patient did ROM rotation, ROM lateral bending, ROM flexion, ROM extension, suboccipitals, levator, and active traps. Patient performed 1 set of each of the above and holding each position for 15 seconds with deep breathing. Cervical flexion and extension was performed in sets of 5 to increase range of motion. Cervical lateral flexion (left and right) was performed in sets of 5 to help with the patient's range of motion. Cervical retraction and extension exercises were performed in sets of 5 to strengthen the affected muscles and improve range of motion.</p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Summary of interim chiropractic sessions:</p> <p>Chief complaints: Low back pain, mid back pain, neck pain, arm radicular symptoms, left shoulder pain.</p> <p>Diagnosis:</p> <ul style="list-style-type: none"> • Sprain of ligaments of cervical spine • Sprain of ligaments of thoracic spine • Sprain of ligaments of lumbar spine <p>Procedures:</p> <ul style="list-style-type: none"> • Chiropractic manipulation, 3-4 regions • Manual therapy • Therapeutic exercise, group • Cervical Traction Wedge <p>As of 02/17/YYYY: Patient had the complaints of pain in her left lower</p>	56-60

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>back, along with headache. On examination, she had moderate pain and spasm in her bilateral cervical and lumbar paraspinal muscles. She also had moderate pain and spasm in her trapezius, levator scapulae muscles, and quadratus lumborum muscles. She was diagnosed with sprain of ligaments of her cervical, thoracic, and lumbar spine. Her treatments included chiropractic manipulation, cervical traction wedge, and therapeutic exercise.</p> <p><i>Date of visits: 10/21/YYYY, 10/26/YYYY, 10/28/YYYY, 11/04/YYYY, 11/10/YYYY, 11/11/YYYY, 11/15/YYYY, 11/22/YYYY, 12/02/YYYY, 12/08/YYYY, 12/09/YYYY, 12/14/YYYY, 02/10/YYYY, 02/17/YYYY</i></p> <p><i>*Reviewer's comments: Interim visits have been presented cumulatively to avoid repetition and for ease of reference.</i></p>	
MM/DD/YYYY	Facility/ Provider Name	<p>Final chiropractic evaluation:</p> <p>Narrative report: The above named patient was initially seen in this office on 10/14/YYYY for examination and treatment of the symptoms that arose due to an automobile accident that occurred on 04/26/YYYY. At that time the patient's subjective complaints were neck pain, mid back pain, lower back pain, left shoulder pain and right pointer finger pain. The patient stated she was the driver of a vehicle that was she T-boned another car. The patient reported being thrown backwards and forwards upon impact. The pain was rated 7-9/10 on the Visual Analog Scale (VAS). Due to these symptoms, she initially reported the following functional deficiencies:</p> <ul style="list-style-type: none"> • Pain induced insomnia • Headaches • Anxiety • Depression • Visual disturbance • Numbness or tingling • Increased pain with prolonged sitting and walking • Difficulty performing household chores <p>Treatment history:</p> <ul style="list-style-type: none"> • The patient went to the emergency room by ambulance at XXXX. While there, they were evaluated, X-Rays were taken, medications were prescribed and released. • The patient went to primary care physician and PCC in Mississippi and MRI were performed. • The patient went to Physical Therapy at All Care in May. <p>Initial examination:</p> <p>The patient with symmetrical and normally developed musculature. There was severe tenderness to palpation and hypertonicity of the paravertebral muscles from Axis to sacrum bilaterally. Also noted was severe tenderness to palpation and hypertonicity of the scalene muscles, trapezius muscles, levator scapulae muscles, rhomboid muscles, gluteal muscles and hamstring muscles.</p>	61-65

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		<p>Range of motion – Cervical spine: Flexion: 35 degrees. Extension: 40 degrees. Left lateral flexion: 25 degrees. Right lateral flexion: 25 degrees. Left rotation: 50 degrees. Right rotation: 50 degrees. Note: All ranges of motion of the cervical spine increased the pain in the cervical spine area.</p> <p>Range of motion –Lumbosacral spine: Flexion: 75 degrees. Extension: 20 degrees. Left lateral flexion: 15 degrees. Right lateral flexion: 15 degrees. Note: All ranges of motion increased the pain in the lumbar spine area.</p> <p>The following orthopedic and/or neurological tests were performed with positive findings:</p> <ul style="list-style-type: none"> • Jackson's compression: Positive with severe pain bilaterally in the cervical spine area. • Shoulder depression test: Positive with severe pain in the cervico/thoracic spine area and trapezius muscles bilaterally. • Kemp's test: Positive with severe pain in the lumbar spine bilaterally. • Yeoman test: Positive with severe pain in the SI joints bilaterally. <p>Differential diagnosis:</p> <ul style="list-style-type: none"> • Acute traumatic sprain/strain of the cervical spine with associated muscle spasms. • Acute traumatic sprain/strain of the thoracic spine with associated muscle spasms. • Acute traumatic sprain/strain of the lumbar spine with associated muscle spasms. <p>Treatment:</p> <ul style="list-style-type: none"> • Chiropractic adjustment to the spine in multiple areas to facilitate alignment and correct subluxation in multiple areas. • Cervical extension traction to help restore normal cervical lordotic curvature. • Trigger point therapy to aid in the reduction of contracted muscle fibers and reduces referral pain. • Exercise rehabilitation to strengthen the affected musculature and thereby stabilize the injured joints. <p>This patient's injuries were caused by a flexion/extension type trauma, causing shearing forces. This injury resulted in tearing and hemorrhaging of</p>	

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		<p>the involved tissues. The subsequent pain caused supporting muscles to spasm and splint in an effort to immobilize and protect the area from further aggravation and injury. The immobilized tissues resulted in adhesions in the attachment sites of the ligaments and tendons. The tendons, muscles and ligaments suffered micro tearing and hemorrhaging that repair with scar tissue. Scar tissue does not have an elastic property, as did the uninjured tissues. This results in decreased ranges of motion and restricted movements as well as increased sensitivity of the injured area.</p> <p>The course of treatment that followed this injury aided in the reduction of inflammation of the involved tissues, lengthened scar tissues, facilitated spinal alignment and increased joint mobility.</p> <p>Prognosis: This patient's progress has been good. While being treated in this office, the patient has demonstrated a decrease in symptomatology brought on by the above-mentioned accident. The patient self released and moved out of state. Due to this patient's residual symptoms, she will likely require future care characterized as supportive in nature. It is within reasonable clinical probability that up to four flares in symptoms are likely to occur during the course of a 12-month period based upon the patient's present activities of daily living. I anticipate 3-5 visits being required for each episode. As a result, visits ranging up to 20 are recommended annually.</p>	
<p>Other records:</p> <p>Medical bills, Affidavit.</p> <p>Pdf ref: 66-180.</p> <p><i>*Reviewer's comments: All the significant details are included in the chronology. These records have been reviewed and do not contain any significant information. Hence not elaborated.</i></p>			