

*Patient Name*

*DOB: MM/DD/YYYY*

### Narrative Summary

#### **Motor Vehicle Accident on 03/21/YYYY.**

On June 4, YYYY, Ms. XXXX had an office visit with XXXX, DC at XXXX Accident and Injury Center, after Motor vehicle accident on March 21, YYYY. She complained of lower back pain, left knee pain, light sensitivity, and increased tension. Ms. XXXX attempted to reduce her pain by constantly trying to find a comfortable position, light stretches, and OTC medications, but this had only helped slightly and temporarily. She rated her pain scale of 7-9/10. She was diagnosed with acute posttraumatic thoracic and lumbar sprain/strain injury- moderate, acute post traumatic thoracic and lumbar vertebral segmental dysfunction, acute post-traumatic thoracic and lumbar reflexogenic muscle spasm, acute post-traumatic left knee sprain/strain – moderate. She was recommended to attend therapy three times per week for the following four weeks. She was advised to undergo Chiropractic adjustments, Interferential/electrotherapy, moist, neuromuscular re-education and massage therapy. *(Pdf ref: 95–97, 98–106)*

From June 18, YYYY, to November 05, YYYY, Ms. XXXX had multiple follow-up visits by XXXX, DC. She rated her pain level at 6-8/10. As on November 05, YYYY, she rated her pain at 3/10. She would subject to permanent and ongoing pain and dysfunction as the direct result of this MVC. She would continue the care plan.

On June 18, YYYY, an X-ray of Ms. XXXX lumbar spine was interpreted by XXXX, DC. The study revealed no pathology noted on films. No evidence of fracture, tumour, or other pathological conditions. *(Pdf ref: 85–90)*

On July 23, YYYY, Ms. XXXX was evaluated by XXXX, DC. She complained of low back pain and left knee pain. She rated her pain at 7/10. After re-examination it was determined that she was approximately 20% improved at this time. The current treatment plan required a visit frequency of two-three times per week for four weeks with re-evaluation at that time. *(Pdf ref: 76–77)*

On August 03, YYYY, MRI of Ms. XXXX's left knee was interpreted by XXXX at Health Images South Potomac, due to low back pain, left leg numbness, knee weakness. The study revealed 1.9 x 2.3 cm low-grade facial fibrosis/swelling in the superficial infra patellar space. Correlate for anterior knee impact event and/or tenderness. *(Pdf ref: 1–2)*

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On August 03, YYYY, MRI of Ms. XXXX's lumbar spine was interpreted by XXXX at Health Images South Potomac due to motor vehicle collision. The study revealed T11-12 Low-grade bilateral facet fluid (correlate for corresponding facetogenic axial symptoms). L2-3 Low-grade right facet fluid (correlate for corresponding facetogenic axial symptoms). L3-4 Low-grade left facet fluid (correlate for corresponding facetogenic axial symptoms). Faint inter spinous ligament swelling. L4-5 4mm posterior facet synovial cyst. Low-grade inter spinous ligament mid fibre swelling (correlate for active Bastrup's syndrome clinically). L5-S1 Minimal right and low-grade left facet fluid. Low-grade inter spinous ligament mid fibre swelling (correlate for active Bastrup's syndrome clinically). Low-grade asymmetric swelling left sacroiliac joint (correlate with sacroiliac thigh thruV shear test, Yeoman's test). *(Pdf ref: 60-62)*

On August 11, YYYY, Ms. XXXX was evaluated by XXXX, DC at XXXX Accident and Injury Center. She had sustained significant injuries due to motor vehicle accident. She was restricted to lift and she could lift up to 10lbs.

On August 25, YYYY, Ms. XXXX was evaluated by XXXX, DC at XXXX Accident and Injury Center. She complained of low back and left knee pain. She rated her pain at 6/10. She was referred to pain management consultation. *(Pdf ref: 44-47)*

On August 31, YYYY, Ms. XXXX presented to XXXX, MD at Injury Solutions. She complained of low back pain, constant axial aching pain, and constant stiffness. Her pain was worsened with bending, sitting, and lifting. Left knee pain was intermittent, locking and with popping sensation. Numbness sensation in the front of the knee was noted. On examination she had decreased range of motion. She was recommended for lumbar facet joint blockade, as marked under fluoroscopy, as a diagnostic test. She was advised to follow-up in 2 weeks for improvement in her knee pain and lumbar pain with the Meloxicam. *(Pdf ref: 40-42)*

On October 09, YYYY, Ms. XXXX had a progress report by XXXX, D.C. at XXXX Accident and Injury Center. She complained of low back and left knee pain. She rated her pain at 5/10. After re-examination it was determined that she was approximately 70% improved at this time. The current treatment plan required a visit frequency of 1-2 times per week for four weeks with re-evaluation at that time. *(Pdf ref: 21)*

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On December 05, YYYY, Ms. XXXX had a final evaluation with XXXX, D.C. at XXXX Accident and Injury Center. She complained of low back and left knee pain. She rates her pain at 3/10. Since her last visit Ms. Dixon continued to report pain in her left knee that was stiff, achy, and mild. She also reported pain in her lower back that was spasmodic, stiff, and sharp. She continued to have pain when she bends and lifts, but this has been improving. She continued to do her exercises and stretch to decrease her pain. Due to the injuries that she sustained to the tissues of her left knee and back she would be subject to periodic exacerbations of her symptoms depending on her activity level and would require treatment to help manage them. The estimated frequency of exacerbations would be 6-8 years at a cost of approximately \$150.00 per visit. *(Pdf ref: 11-14)*

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