

Dr. Some Body, D.C.
 Chiro Sports Clinic
 9999 Something Road
 Some Town, WA
 Office Phone (999)999-9999
 Office Fax (999)123-4567

FINAL EXAMINATION

10/22/2004

Patient: John Q Public
 Date of Loss/Onset: 6/1/2004
 Claim Number: XYZ
 Date of Exam: 10/21/2004

TO WHOM IT MAY CONCERN:

This is a final report following the S.O.A.P. note format. This report is based upon scientific peer-reviewed literature and gold standard functional/structural outcome assessments. The examination procedures and report are in compliance with The Guidelines for Evaluation and Management Services published by the Health Care Financing Administration (HCFA) of the United States Federal Government (May 1997).

PRESENT SYMPTOMATOLOGY:

Self-Reporting Measures of Pain and Disability and Measures of Health and Lifestyle were completed by the patient to assess the degree of impairment (and improvement upon re-evaluation) the patient is experiencing and how the patient copes with these circumstances. The index score for each questionnaire is noted below.

	Normal	7/13/2004	10/21/2004	%Imp
Neck Pain Disability	0%	86%	20%	77%
Oswestry Chronic Lower Back Pain	0%	26%	8%	69%

Mr. Public reports the present symptoms are:

Symptoms	Intensity (0-10, 10 worse)	Frequency of Awake Time
Headaches -	1	once a month
Neck Pain -	0	
Middle Back -	0	
Low Back -	0	

What makes pain worse:

Symptoms/Description	Pain Quality	Time of Day
Headaches - job stress		

What makes pain better:

Symptoms/Description
Headaches - massage and relaxing

ACTIVITIES OF DAILY LIVING:

Self-Reporting Measures of Lifestyle changes were completed by the patient to assess the degree of impairment (and activity changes upon re-evaluation) the patient is experiencing and the ways the patient copes with these circumstances. The index score is noted below.

	Normal	7/13/2004	10/21/2004	%Imp
RAND 36 Item Health Survey	100%	71%	85%	16%

RAND 36 Item Health Survey Summary for 10/21/1999

- Physical Functioning - 85%
- Role Limitations Due to Emotional Health - 75%
- Role Limitations Due to Physical Health - 100%
- Energy/Fatigue - 80%
- Emotional Well Being - 92%
- Social Functioning - 88%
- Pain - 78%
- General Health - 85%
- Composite - 85%

NEUROLOGICAL EXAMINATION:

Cranial nerves II-IX are grossly intact. Romberg is physiologic. Cerebellum functioning is grossly within normal limits. Mr. Public is alert and oriented to time, place and person. Reflexes are equal and reactive bilaterally in both upper and lower extremities and are +2. Sensation is intact to all primary modalities. He can heel and toe walk without difficulty. Toes are downgoing and there are no pathological reflexes present.

ORTHOPEDIC EXAMINATION:

Cervical Distraction Test was positive on the left side. While seated, the patient actively rotates the head and neck until radicular pain is produced. The examiner then rotates the head to the same extent but with strong upward traction added to the motion. If this action performed by the examiner gives relief or significantly reduces the patient's cervical and/or radicular pain, this test is considered positive, indicating nerve root compression. If the patient can't actively rotate the head or neck because of pain, the examiner can still do this test by adding traction with or without rotation.

Maximum Cervical Compression Test was positive on the left side. In this test, the patient, sitting upright, attempts to laterally flex the neck and head toward the affected shoulder. Then the examiner directs the patient to bring the chin as close as possible to the shoulder. The test may be repeated passively if there is no response when the patient does the action actively. The test is positive when the action causes radicular pain on the side of the flexion and rotation. A positive test reveals cervical nerve root compression in that the action narrows the diameters of the intervertebral foramina as much as anatomically possible.

SPINAL EXAMINATION:

A thorough Spinal examination was done on Mr. Public. Spinal examination consisted of static and motion palpation of the cervical, thoracic, lumbar spine and pelvis. It included intervertebral joint play analysis. Comparative leg length analysis. Range of motion evaluation. The examination revealed dysfunctions/vertebral subluxations at the following levels: C3.

There are myofascial trigger points located in the following musculature: C3.

FUNCTIONAL AND STRUCTURAL ASSESSMENTS:

Individual physical test measurements and their calculated values are listed below. The first examination serves as a starting point or baseline for comparison with subsequent test measurements and subsequently documenting change over time. In this manner, test scores and functional assessments are used as outcome measures.

Range of Motion (ROM) Testing - Restriction and/or asymmetry in spinal motion was noted in the physical examination. Active range of motion testing was performed to document the extent of those spinal restrictions and asymmetries using the Zero-Neutral, Gravity-Based SFTR (Sagittal Frontal Transverse Rotation) Method developed by John J. Gerhardt, M.D.

	7/13/2004		% Limitation		10/21/2004		% Limitation		Improvement		% Improved	
Cervical Extension/Flexion	40°	38°	33%	24%	60°	58°	0%	0%	+20°	+20°	50%	53%
Cervical Lateral Flexion (Left/Right)	30°	26°	33%	42%	42°	40°	7%	11%	+12°	+14°	40%	54%
Cervical Rotation (Left/Right)	60°	45°	25%	44%	79°	75°	1%	6%	+19°	+30°	32%	67%
Lumbar Extension/Flexion	15°	40°	40%	33%	26°	60°	0%	0%	+11°	+20°	73%	50%
Lumbar Lateral Flexion (Left/Right)	20°	16°	20%	36%	28°	26°	0%	0%	+8°	+10°	40%	62%

Manual, Subjectively Rated Strength Tests were performed on selected major muscle groups of the upper and/or lower extremities. A rating scale of five to zero is used, five being normal.

	7/13/2004			10/21/2004		
	Left	Right	%Diff	Left	Right	%Diff
Subjective Muscle Strength						
Shoulder Abductors	5	4	20%	4	4	0%
Shoulder Extensors	4	4	0%			
Shoulder Flexors				4	4	0%
Shoulder Lateral Rotators				4	4	0%
Hip Flexors				3	4	25%
Hip Abductors				4	4	0%

A Computerized Comparative Muscle Strength Test (CCMT) procedure was performed in order to determine asymmetry in muscle strength and to quantify muscle strength loss as noted on the subjective muscle strength test. These muscle strength losses of the upper and/or lower extremities indicate neurological facilitation resulting from trauma to the cervical and/or lumbar spine.

	7/13/2004			10/21/2004			%Imp	
	Left	Right	%Diff	Left	Right	%Diff	Left	Right
Isometric Muscle Strength								
Shoulder Abductors	15	19	27%	31	34	9%	107%	79%
Shoulder Flexors	16.5	18.5	12%	32.5	35.5	8%	97%	92%
Shoulder Lateral Rotators	14	18	29%	34.5	35	1%	146%	94%
Hip Flexors	35	40.5	16%	61	62.5	2%	74%	54%
Hip Abductors	38	42	11%	74	75.5	2%	95%	80%

According to Bohannon et al (Bohannon, R. and Andrews, A. W.; Perpetual and Motor Skills, 1999, 89, 878-880), with the possible exception of wrist extension, differences in strength between sides is typically less than 6%.

Mr. Public underwent a Regional Muscular Sensitivity/Pressure Pain Threshold (RMS/PPT) Test examination to assess muscular tenderness on the indicated date(s) below. A computerized algometer was used to determine their Pressure Pain Threshold (PPT) at each site.

RMS/PPT (lbs)	7/14/2004			10/22/2004			%Imp	
	Left	Right	%Diff	Left	Right	%Diff	Left	Right
Cervical Spine								
Cervical Paraspinals (C1 level)	6.1	4.6	25%	13.8	12.1	12%	126%	163%
Cervical Paraspinals (C4 level)	8.4	7.4	12%	8.4	7.4	12%	0%	0%
Cervical Paraspinals (C6 level)	5.8	5.6	3%	14.9	13.6	9%	157%	143%
Upper Trapezius	7.9	10	21%	7.9	10	21%	0%	0%
Supraspinatus	8.3	4.8	42%	7.3	10.3	29%	-12%	115%
Infraspinatus	4.6	4.4	4%	9.2	8	13%	100%	82%
Rhomboids	4.9	7	30%	8.2	7.3	11%	67%	4%

Grip Strength Test

	7/13/2004	10/21/2004	%Imp
Grip Strength - Left	10.3 lbs	32.7 lbs	217%
Grip Strength - Right	18.3 lbs	34 lbs	86%

VITAL LUNG CAPACITY:

	7/13/2004	10/21/2004	%Imp
Spirometry Measurement	3200 cc	4500 cc	41%

RADIOLOGY:

	Normal	7/13/2004	10/21/2004	
Cervical Jackson's Angle	39.9	20	N/A	Degrees

C2 MSI Angular Variation	< 7	N/A	5	Degrees
C5 MSI Translation Variation	< 1	4.5	N/A	Millimeters

ASSESSMENT/DIAGNOSIS:

	7/13/2004	10/21/2004	%Imp
Prognosis Value	135	60	56%
Prognosis Group	5	2	60%

The Prognosis is considered good. This means that there is a slight chance of a need for long term medication or surgery. However, there is a 50 to 80% chance of long term residuals such as mild muscle pain, neck stiffness, headaches and paresthesia.

Norris and Watt, Journal of Bone and Joint Surgery, 1983.

Foreman and Croft, Acceleration-Deceleration/Injuries of the Cervical Spine, 1990.

Mr. Public presented with the above described complaints. His final chiropractic, orthopedic and neurological examination is as described above.

The following is a working diagnosis:

E812.0 driver of vehicle involved in a motor vehicle accident
 728.4 ligament laxity
 739.1 cervical segmental dysfunction.

TREATMENT PLAN/RECOMMENDATIONS:

The patient's condition has stabilized. I have recommended periodic chiropractic check-ups in order to maintain the patient's progress.

If you have any questions regarding this report please call my office.

Sincerely,