

Medical Chronology/SummaryInjury Report

DESCRIPTION	DETAILS
Prior injury details	04/13/2007 - Pedestrian struck by car.  <i>Corresponding medical records are unavailable for review.</i>
Date of injury	XX/XX/XXXX
Description of injury	She was a restrained back seat passenger behind the driver when they were rear-ended while at an intersection.  <i>* Reviewer's Comments: Accident scene investigation report is not available for review.</i>
Injuries as a result of accident	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Concussion.</li> <li>• Segmental and somatic dysfunction of head region.</li> <li>• Right temporomandibular joint disorder.</li> <li>• Nausea</li> <li>• Neck injury</li> <li>• Cervicalgia.</li> <li>• Cervical strain</li> <li>• Strain of neck muscle</li> <li>• Sprain of ligaments of cervical spine.</li> <li>• Strain of muscle, fascia and tendon at neck level.</li> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Myalgia.</li> </ul>
Treatments rendered	<p><b><u>Medication:</u></b></p> <ul style="list-style-type: none"> <li>• Pain medication.</li> <li>• Muscle relaxant.</li> <li>• Non-steroid anti-inflammatory.</li> <li>• CNS stimulant</li> </ul> <p><b><u>Therapy:</u></b></p> <ul style="list-style-type: none"> <li>• Massage therapy from 10/17/2015 to 01/10/2017 at XYZ</li> <li>• Chiropractic therapy from 10/13/2015 to 01/28/2020 at XYZ</li> </ul>
Causation	Dr. ___ opined that patient's injuries were caused due to the direct result of the MVA that occurred on XX/XX/XXXX
Condition of the patient as per the last available record	As of <b>11/20/2020</b> she had complaints associated with TBI (Traumatic Brain Injury) and musculoskeletal injury, her headaches are 50% better and TBI symptoms are 60% better. Under the physical examination, she has continued decreased focus, concentration, short-term memory, headaches, and neck pain. Toradol injection 30 mg was administered.
Missing Records	<p><b>10/20/2018:</b> Office visit at _____</p> <p><b>10/30/2018:</b> MRI of brain at _____</p>

**Patient History**

**Past Medical History:** Depression, chronic neck pain, headaches, head trauma related to MVA.

**Surgical History:** Noncontributory

**Family History:** Alcohol and drug abuse- Mother, father.

**Social History:** Never smoker, non-alcoholic and denied drug use.

**Allergy:** No known drug allergies.

**Detailed Summary**

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p align="center"><u>Summary of prior injury records</u> <u>Date of injury: XX/XX/XXXX</u></p> <p><i>*Reviewer's Comments: Corresponding medical records for XX/XX/XXXX are not available for review.</i></p>	
08/02/2016	XYZ  XYZ	<p><b>Initial chiropractic evaluation:</b></p> <p><b>Subjective:</b> The cervical and thoracic discomfort was described as; aching, severe, continuous and pain. On a scale of 0 to 10 with 10 being the worst; she described the intensity of the discomfort as being a 7 and noticeable 100% of the time. The symptoms become aggravated by; almost any movement. The symptoms are reduced by; some Biofreeze patches.</p> <p><b>Objective:</b> Multiple subluxations with spasm, hypomobility and end point tenderness were found and adjusted at the following levels; right C1 and sacrum.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Cervicalgia.</li> <li>• Pain in thoracic spine.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> <li>• Pain in left shoulder.</li> <li>• Pain in right shoulder.</li> <li>• Low back pain.</li> </ul> <p><b>Assessment:</b> Patient prognosis is guarded and uncertain at this time. There was no change after the adjustment. This means that there is a 60% chance of a need for long-term treatment. It also means that there is a 60 to 80% chance of long-term residuals of her primary presenting musculoskeletal, orthopedic and neurological complaints.</p>	PDF REF

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		<b>Plan:</b> Today's treatment included the following; 1-2 region manipulation and examination. Our goals of continued treatment include the following; decrease pain.	
08/05/2016- 08/11/2016	XYZ  XYZ	<p><b>Summary of interim chiropractic visits:</b></p> <p><b>08/05/2016:</b> Overall she is better. Moving better and pain decreased. Still not sleeping well at night due to pain.</p> <p>She also states that her low back hurts today.</p> <p><b>08/11/2016:</b> Overall she is better. Moving better and pain decreased. Still not sleeping well at night due to pain.</p> <p>She also states that her low back hurts today.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia.</li> <li>• Pain in left shoulder.</li> <li>• Pain in right shoulder.</li> <li>• Pain in thoracic spine.</li> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> </ul> <p><i>* Reviewer's Comments: Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*</i></p>	PDF REF
		<p><u>Summary of post injury records</u> <u>Date of MVA: XX/XX/XXXX</u></p>	
10/10/2016	XYZ  XYZ	<p><b>Emergency room visit:</b></p> <p><b>Chief complaint:</b> Patient present with motor vehicle crash, neck pain, headache, fatigue, nausea.</p> <p><b>History of present illness:</b> MVA about 2 1/2 hours ago. Back seat passenger behind driver. + Seat belt. Slowing going into an intersection doing about 45 mph. Struck in rear end by a Toyota Tacoma truck which did not slow down. Police but no paramedics at the scene. Ambulatory at the scene. Complains of immediate neck pain and pain to the back of her head. Hit head on the back of the seat. No LOC. ++ nausea. Now complains of pain above right collar bone pain onset since coming to clinic. Feels nauseated. Back of head hurts. Eyes hurt. Feels dizzy on and off. Took 400 mg Ibuprofen. Has some soreness on cheek bones and temples. No chest pain or shortness of breath. No abdominal pain. No arm or leg pain. No drugs or ETOH.</p> <p><b>Vital signs:</b> <b>Blood pressure:</b> 113/78 mmHg.</p>	PDF REF

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		<p><b>Pulse:</b> 66 beat per minute.  <b>Temperature:</b> 97.8 °F  <b>Respiration:</b> 14 breaths per minute.  <b>SpO2:</b> 98%</p> <p><b>Physical examination:</b>  <b>General:</b> Alert, in moderate distress  <b>Eyes:</b> PERRL, EOMI, conjunctiva no injection, no icterus  <b>HENT:</b> Atraumatic, normocephalic. No tenderness to palpation over facial bones. Opens and closes mouth without difficulty. Teeth intact. Ears: TMs clear right, clear left.  <b>Neck:</b> Supple. No bruits, No crepitus.  <b>Chest:</b> Breath sounds clear and equal bilaterally without rales, rhonchi or wheezes. Slight tenderness to palpation over sternum. Slight swelling noted at over medial end of right clavicle. Mild tender to palpation. No bruits. Tender to palpation. No rib tenderness.  <b>Cardiovascular:</b> RRR. S1, S2 normal without murmurs, gallops or rubs.  <b>Abdomen:</b> Normal appearance. Bowels sounds normal. No tenderness to percussion or palpation. No CVAT.  <b>Neck:</b> Complains of pain with flexion/extension, rotation and lateral bending. Mild midline bony TTP. + TTP over trapezii bilaterally. + tender to palpation over sternocleidomastoids bilaterally.  <b>Upper back:</b> Normal inspection. No midline bony TTP. No TTP over scapulae. No flank tenderness.  <b>Lower back:</b> Normal inspection.  Forward flexion 90 degrees.  Extension 20 degrees.  Left and right lateral flexion normal  Rotation normal  Toe and heel walks.  No tenderness to palpation of para spinous muscles bilaterally.  <b>Neurological:</b> Cranial nerve II to XII normal. Upper extremity grossly normal motor and sensory. Lower extremity - normal motor and sensory, DTR 2+ Equal bilaterally  <b>Skin:</b> Without rashes  <b>Psychological:</b> Mood/affect - normal. Behavior - normal.  Thought content - normal. Judgment - normal.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Cervical spine - no fracture.</li> <li>• Clavicle right - no fracture.</li> <li>• Chest X-ray - no acute cardiopulmonary process.</li> <li>• Cervical strain</li> <li>• Contusion right clavicle</li> <li>• Nausea</li> <li>• Headache - possible mild concussion without LOC, normal neurologic exam.</li> </ul>	

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		<p><b>Orders:</b></p> <ul style="list-style-type: none"> <li>• Ambulatory referral to physical therapy.</li> <li>• X-ray cervical spine 4 or 5 views.</li> <li>• X-ray of chest PA and lateral.</li> <li>• X-ray clavicle right</li> </ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• Ice</li> <li>• Ibuprofen</li> <li>• Tylenol</li> <li>• Flexeril</li> <li>• Norco</li> <li>• Refer to PT</li> <li>• See AVS for further follow up.</li> </ul> <p><b>Other notes:</b> We will call you with the radiology report if there are any findings not noted in Immediate Care Ice to the painful areas for 20 minutes every hour for the next 1 to 2 days while awake. Avoid painful activities. Ibuprofen 600 mg every 6 to 8 hours as needed for pain. Maximum 2400 mg in 24 hours</p> <p><i>Related records: Flow sheet, patient education, orders, medication, labs</i></p>	
10/10/2016	XYZ  XYZ	<p><b>X-ray of cervical spine 4 or 5 views:</b></p> <p><b>History:</b> Unspecified injury of neck, initial encounter. MVA today, initial encounter.</p> <p><b>Findings:</b> Alignment and mineralization appear normal. Vertebral body heights and disc spaces are maintained. The odontoid process is intact and lateral masse are symmetric. No prevertebral soft tissue swelling. Bony neuroforamina are widely patent bilaterally.</p> <p><b>Impression:</b> Cervical spine is within normal. If indicated clinically, consider additional imaging.</p>	PDF REF
10/10/2016	XYZ  XYZ	<p><b>X-ray of chest PA and lateral:</b></p> <p><b>History:</b> Unspecified injury of right shoulder and upper arm, initial encounter. MVA today, initial encounter.</p> <p><b>Findings:</b> <b>Lungs:</b> No focal airspace is seen. <b>Pleura:</b> No effusion or pleural disease is seen. <b>Mediastinum/Hila:</b> No masses or adenopathy. <b>Heart:</b> The heart is not enlarged. <b>Other:</b> No osseous abnormalities are seen.</p>	PDF REF

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		<b>Impression:</b> No suspicious abnormalities identified along the right clavicle.	
10/13/2016	XYZ  XYZ	<p><b>Initial chiropractic evaluation:</b></p> <p><b>Subjective:</b> The chief complaint and its relations hip to the patient's case do warrant that vital signs are clinically indicated and are included on the patient's physical exam.</p> <p><b>Objective:</b> In addition, the following areas have been examined for subluxation utilizing part, in the following regions: Pain/complaint- patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Diagnosis Asymmetry exam shows postural deficit in the cervical region (see postural analysis) diagnosis ROM- Motion palpation of the cervical s pine reveals segmental dysfunction and loss of segmental ROM (see exam form for specific levels). Diagnosis Tissue Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Diagnosis Global ROM- Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Diagnosis These problems have been found at the following levels, C1, C2, C6, C7, pain/complaint patient states that they have a complaint of pain, discomfort and loss of ROM in the thoracic region. Diagnosis Asymmetry exam shows postural deficit in the thoracic region (see postural analysis). Diagnosis ROM- Motion palpation of the thoracic spine reveals segmental dysfunction and loss of segmental ROM (See exam form for specific levels). Diagnosis Tissue palpation of the thoracic paraspinal musculature reveals spasm bilaterally. Diagnosis Global ROM Upon ROM exam (see exam findings), the findings reveal a loss of thoracic active ROM. Diagnosis problems have been found in the following levels, T3, T4, T5, T6, T11, pain/complaint patient states that they have a complaint of pain, discomfort and loss of ROM in the lumbar region. Diagnosis Asymmetry Exam shows postural deficit in the lumbar region (see postural analysis). Diagnosis ROM- Motion palpation of the lumbar spine reveals segmental dysfunction and loss of segmental ROM (see exam form for specific levels). Diagnosis Tissue-Palpation of the lumbar paraspinal musculature reveals spasm bilaterally. Diagnosis Global ROM- Upon ROM exam (see exam findings), the findings reveal a loss of lumbar active ROM. Diagnosis Problems have been found in the following levels, L2, L3, L4, L5, right-iliun and Sacrum.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region; Biomechanical lesions, not elsewhere classified.</li> <li>• Segmental and somatic dysfunction of thoracic region; Biomechanical lesions, not elsewhere classified.</li> <li>• Segmental and somatic dysfunction of lumbar region; Biomechanical lesions, not elsewhere classified.</li> <li>• Segmental and somatic dysfunction of upper extremity; Biomechanical lesions, not elsewhere classified.</li> <li>• Muscle spasm of back; Disorders of muscles; other disorders of muscle; other specified disorders of muscle; Muscle spasm.</li> <li>• Myalgia; Other soft tissue disorders; other and unspecified soft tissue</li> </ul>	PDF REF

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		<p>disorders, not elsewhere classified.</p> <ul style="list-style-type: none"> <li>• Contracture of muscle, right shoulder; Disorders of muscles; other disorders of muscle; Contracture of muscle; Contracture of muscle, shoulder.</li> <li>• Sprain of ligaments of cervical spine; Injuries to the neck; Dislocation and sprain of joints and ligaments at neck level; initial encounter.</li> <li>• Strain of muscle, fascia and tendon at neck level; Injuries to the neck; Injury of muscle, fascia and tendon at neck level; initial encounter.</li> <li>• Strain of muscle, fascia and tendon of lower back; Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals; other and unspecified injuries of abdomen, lower back, pelvis and external genitals; Injury of muscle, fascia and tendon of abdomen, lower back and pelvis; Strain of muscle, fascia and tendon of abdomen, lower back and pelvis; initial encounter.</li> <li>• Cervicalgia; Other dorsopathies; Dorsalgia</li> <li>• Low back pain; other dorsopathies.</li> <li>• Patient's history as well as initial clinical findings led to the decision to further investigate and imaging studies were ordered and obtained. The patients report and reviewed history in my opinion is consistent and appears causally related to the accident in question.</li> <li>• There is demonstrable structural damage, shown by imaging studies, which includes, loss of motion segment integrity, altered biomechanics, indications of instability, considerable sensitivity to the zygapophyseal joints, and considerable sensitivity to the connective tissues of the ligaments and muscles, indicating possible sub-failure of these connective tissues. The spinal range of motion visual check and my exam for asymmetry was, and is, sufficient to justify clinical necessity for computerized ROM evaluation.</li> <li>• Observed due to the patient's current state of health and condition, at this time I expect a full recovery of the patient's symptoms and their functional deficits and today the patient and I discussed informed consent about our specific treatment protocols in addition to the patient signing our standard informed consent form. We discussed the patient's current diagnosis of subluxation and that their condition may be caused by its presence. In addition, we discussed that our treatment protocols are based on spinal manipulation and low tech physical rehabilitation meant to reduce the subluxation and its effects on the body. We discussed the risk of possible injury and that there is no equivalent procedure to the adjustment in order to reduce subluxations. Also, the patient states they understand the possibility of their symptoms progressing if care is not accepted. The patient was informed of other alternative treatments that could be done other than the adjustment. The patient states they fully understand the information we have discussed and fully accept to undergo the protocols we have proposed in condition.</li> </ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• Chiropractic manual manipulation to the cervical, thoracic and lumbar regions (see exam for segmental listings), 3 times a week for 4 weeks (or</li> </ul>	

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		<p>until the patient reaches mmi) to improve the activities of daily living listed in the subjective portion of the daily notes. Performed acute treatment today.</p> <ul style="list-style-type: none"> <li>• Dynamic traction to the cervical spine, to improve the loss of ROM and flexibility in the cervical spine (see exam for ROM findings). This procedure is performed utilizing postural correction exercises to improve cervical ROM and upper cross syndrome, 3 times a week for 4 weeks (or until the patient reaches mmi) to improve the activities of daily living listed in the subjective portion of the daily notes.</li> <li>• Extremity adjustment (see exam findings) for areas will be treated to improve the loss of joint function and increase the patient's pain complaint as recorded by the VAS scale (see VAS scale findings) as related on the daily notes, 3 times a week for 4 weeks (or until the patient reaches mmi) to improve the activities of daily living listed in the subjective portion of the daily notes. Performed acute treatment today.</li> <li>• Group activities and exercises for reeducation of posture to the cervical spine and/or lumbar spine, to improve the patient's forward head posture and/or lumbar spine hypomobility (see exam findings). This procedure is performed using a wobble chair to improve the patient's posture and proprioception while sitting while sitting in a group of 2 or more for 8 minutes, 3 times a week for 4 weeks (or until the patient reaches mmi) to improve the activities of daily living listed in the subjective portion of the daily notes.</li> <li>• Massage therapy will be performed to reduce spasm, reduce pain and inflammation in the following regions: Cervical, thoracic, lumbar and right shoulder for 53 minutes, 3 times a week for 4 weeks (or until the patient reaches mmi) to improve the activities of daily living listed in the subjective portion of the daily notes.</li> </ul>	
11/11/2016	XYZ  XYZ	<p><b>Initial chiropractic evaluation:</b></p> <p><b>Subjective:</b> The cervical, thoracic and cranial discomfort was described as; aching and tightness. Ears feel plugged headaches and shoulder pain.</p> <p><b>Objective:</b> Multiple subluxations with spasm, hypomobility and end point tenderness were found and adjusted at the following levels; right C1, sacrum, left C6, T1, T2, left pelvis and right pelvis. An extremity subluxation was discovered and adjusted in the right scapula, left scapula, left humerus and right humerus. The cranial bones were evaluated and found the following cranial subluxations were located and adjusted: occiput, right temporal bone and left temporal bone.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Headache.</li> <li>• Cervicalgia.</li> <li>• Low back pain</li> <li>• Pain in left shoulder.</li> </ul>	PDF REF



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		<ul style="list-style-type: none"> <li>• Pain in right shoulder.</li> <li>• Pain in thoracic spine.</li> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> <li>• Segmental and somatic dysfunction of head region.</li> <li>• Segmental and somatic dysfunction of pelvic region.</li> <li>• Segmental and somatic dysfunction of upper extremity</li> </ul> <p><b>Assessment:</b> Patient prognosis is guarded and uncertain at this time. There was no change after the adjustment. This means that there is a 60% chance of a need for long-term treatment. It also means that there is a 60 to 80% chance of long-term residuals of she primary presenting musculoskeletal, orthopedic and neurological complaints.</p> <p><b>Plan:</b> Today's treatment included the following; 1-2 region manipulation and examination. Our goals of continued treatment include the following; decrease pain.</p>	
12/13/2016	XYZ  XYZ	<p><b>EMG/nerve conduction study:</b></p> <p><b>Neurospinal function index report:</b> On 12/13/2016, patient underwent a series of physical assessments to determine the state of health of core neurological and spinal functions.</p> <p><b>Algometry (Pain Mapping): 100.00</b> If there was tenderness felt along your spine or if you were suffering from pain when you consulted the doctor, an Algometry (pain mapping) exam was performed to produce a comprehensive map of the pattern of pain along your spine. This test measures the sensitivity of various locations to pressure.</p> <p><b>Range of Motion: 50.00</b> The Range of Motion exam measures the amount of movement in regions of your spine. This exam identifies areas of restricted motion, and shows if one side moves better than the other. Your ranges of motion can also be compared to established normal values. This part of the exam helps your doctor find areas of altered spinal mechanics.</p> <p><b>Surface EMG: 67.13</b> The Surface EMG exam evaluates the function of the muscles that support your spine. These muscles are controlled by nerves. This test shows the pattern of how energy is distributed through these muscles. The exam helps identify areas and patterns of abnormal tension and stress. By precisely measuring muscle activity, your progress can be followed as your care progresses.</p> <p><b>Thermal Scan:</b> Not performed or not performed properly. The Thermal Scan is used to assess the part of your nervous system that helps to control your organs, glands, and blood vessels, the autonomic system. The</p>	PDF REF

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		<p>instrument does this by precisely measuring differences in temperature along the spine. Since proper function of your organs, glands, and blood vessels is essential to healing and living well, this test gives your doctor a 'snapshot' of how this portion of your nervous system is working and how it is responding to care.</p> <p><b>Pulse Wave Profiler: 96.00</b> The PWP or Pulse Wave Profiler helps the doctor to determine your overall ability to adapt to the environment. It does this by looking at the timing of your pulse, and determining the balance and tone of your nervous system. This exam is known as heart rate variability. Proper balance and tone are associated with better adaptability and a healthy lifestyle. Low heart rate variability is associated with aging and poor heart health. Published research has shown that chiropractic adjustments have a beneficial effect on heart rate variability.</p> <p><b>Statics EMG results:</b> Readings up to one standard deviation above normal means were observed at: C1 (L), C1 (R), T4 (L), T4 (R), T6 (L), T10 (L), T12 (L), T12 (R), L1 (L), L1 (R), L3 (L), L3 (R), L5 (R), S1 (L). This is indicative of normal muscle tension.</p> <p>Readings one to two standard deviations above normal means were observed at: T2 (L), T6 (R), T8 (L), T10 (R). This is indicative of a mild elevation of muscle tension.</p> <p>Readings two to three standard deviations above normal means were observed at: T1 (R), T2 (R), T8 (R), L5 (L). This is indicative of a moderate elevation of muscle tension.</p> <p>Readings more than three standard deviations above normal means were observed at: C3 (L), C3 (R), C5 (L), C5 (R), C7 (L), C7 (R), T1 (L), S1 (R). This is indicative of a severe elevation of muscle tension.</p> <p>EMG signal median frequencies beyond normal range were noted at the following sites: C5 (L), T4 (L), T4 (R), T8 (R), T10 (L), T10 (R), L5 (R).</p> <p>Areas of significant asymmetry were noted at the following sites: C5 (L), L5 (L), S1 (R).</p> <p><b>Follow-up plan:</b> The results of this examination, taken in concert with the patient history and other clinical findings, were used in determining recommendations for the type, frequency, and duration of chiropractic care. Follow-up examinations will be performed, as needed, to evaluate her response to the clinical services provided.</p>	
10/17/2016- 01/10/2017	XYZ  XYZ	<p><b>Summary of interim chiropractic visits:</b></p> <p><b>10/17/2016:</b> Patient states improvement of their symptoms with a decrease in reported pain as compared to the last visit. In addition the patient states their</p>	PDF REF

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		<p>ADL's are improved compared to the last visit due to reduction of pain.</p> <p><b>10/19/2016:</b> Patient stated that they are in pain and are feeling no improvement today as compared to their last visit in the office.</p> <p><b>10/20/2016:</b> Patient stated that their pain and ROM was not improved and states their condition feels worse today due to over activity and irritation of their condition by ADL's.</p> <p><b>10/24/2016:</b> Patient states improvement of their symptoms with a decrease in reported pain as compared to the last visit. In addition the patient states their ADL's are improved compared to the last visit due to reduction of pain.</p> <p><b>10/26/2016:</b> Patient stated that they are in pain and are feeling no improvement today as compared to their last visit in the office.</p> <p><b>10/27/2016:</b> Patient stated that they are in pain and are feeling no improvement today as compared to their last visit in the office.</p> <p><b>11/01/2016:</b> Patient is experiencing flu like symptoms and as a result has had an increase in intensity of all of her symptoms.</p> <p><b>11/03/2016:</b> Patient stated that their pain and ROM was improving due to the decrease in muscle spasms and increase in endurance due to exercises performed. Because of this, the patient's ability to perform their activities of daily living are showing improvement compared to the last visit.</p> <p><b>11/07/2016:</b> Patient stated that they are in pain and are feeling no improvement today as compared to their last visit in the office.</p> <p><b>11/08/2016:</b> Patient stated that their pain and ROM was improving due to the decrease in muscle spasms and increase in endurance due to exercises performed. Because of this, the patient's ability to perform their activities of daily living are showing improvement compared to the last visit.</p> <p><b>11/10/2016:</b> Patient states they are feeling much better today compared to when they started care. They claim that they're more able to perform their ADL's due to better endurance and a marked reduction of pain related to their chief complaint.</p> <p><b>12/05/2016:</b> Patient just returned after traveling and stated that she had an exacerbation of all symptoms while she was away.</p> <p>Patient stated that their pain and ROM was not improved and states their condition feels worse today due to over activity and irritation of their condition by ADL's.</p> <p><b>12/12/2016:</b> Patient states improvement of their symptoms with a decrease in reported pain as compared to the last visit. In addition the patient states their ADL's are improved compared to the last visit due to reduction of pain.</p>	

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		<p><b>12/19/2016:</b> Patient stated that they are in pain and are feeling no improvement today as compared to their last visit in the office.</p> <p><b>01/09/2017:</b> Patient stated that their pain and ROM was not improved and states their condition feels worse today due to over activity and irritation of their condition by ADL's.</p> <p><b>01/10/2017:</b> Patient reports that their symptoms are improved with a continued decrease in the pain that is only now intermittent. Though the patient does state at times they are not as strong as they were prior to their first coming to this office for treatment, they are feeling improved with their ability to perform their activities of daily living</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Segmental and somatic dysfunction of thoracic region; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Segmental and somatic dysfunction of lumbar region; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Segmental and somatic dysfunction of upper extremity; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Muscle spasm of back; Disorders of muscles; other disorders of muscle; other specified disorders of muscle; Muscle spasm.</li> <li>• Myalgia; Other soft tissue disorders; other and unspecified soft tissue disorders, not elsewhere classified.</li> <li>• Contracture of muscle, right shoulder; Disorders of muscles; other disorders of muscle; Contracture of muscle; Contracture of muscle, shoulder.</li> <li>• Sprain of ligaments of cervical spine; Injuries to the neck; Dislocation and sprain of joints and ligaments at neck level; initial encounter.</li> <li>• Strain of muscle, fascia and tendon at neck level; Injuries to the neck; Injury of muscle, fascia and tendon at neck level; initial encounter.</li> <li>• Strain of muscle, fascia and tendon of lower back; Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals; other and unspecified injuries of abdomen, lower back, pelvis and external genitals; Injury of muscle, fascia and tendon of abdomen, lower back and pelvis; Strain of muscle, fascia and tendon of abdomen, lower back and pelvis; initial encounter.</li> <li>• Cervicalgia; Other dorsopathies; Dorsalgia</li> <li>• Low back pain; other dorsopathies.</li> </ul> <p><i>* Reviewer's Comments: Only the initial and final visits have been elaborated.</i></p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<i>Interim visits have been presented cumulatively to avoid repetition and for ease of reference.</i>	
01/28/2017	XYZ  XYZ	<p><b>Final chiropractic treatment evaluation:</b></p> <p><b>Subjective:</b> Even though the patient states that there has been a great improvement in their chief complaint, today the patient states that there is no significant change since their last visit.</p> <p><b>Objective:</b> Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the cervical levels, Today's thoracic exam findings are same as the last visit with no marked improvement as compared to the last visit and, today's lumbar exam findings are same as the last visit with no marked improvement as compared to the last visit.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Segmental and somatic dysfunction of thoracic region; Biomechanical lesions, not elsewhere classified; Biomechanical lesions, not elsewhere classified; Segmental and somatic dysfunction.</li> <li>• Muscle spasm of back; Disorders of muscles; other disorders of muscle; other specified disorders of muscle; Muscle spasm.</li> <li>• Myalgia; Other soft tissue disorders; other and unspecified soft tissue disorders, not elsewhere classified.</li> <li>• Strain of muscle, fascia and tendon at neck level; Injuries to the neck; Injury of muscle, fascia and tendon at neck level; initial encounter.</li> <li>• Cervicalgia; Other dorsopathies; Dorsalgia.</li> <li>• Observed patient tolerated and responded treatment well. Patient is to continue on current treatment plan.</li> </ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• The segments adjusted are as listed, in the following regions: right shoulder, C1, C2, C5, C6, C7, T2, T3, T4. Used today's treatment was performed as listed in the written treatment plan.</li> <li>• Chiropractic manual manipulation to the cervical, thoracic and lumbar regions (see exam for segmental listings), 1x/week for 6 weeks. Treatment was performed today.</li> <li>• Dynamic traction to the cervical spine, to improve the loss of ROM and flexibility in the cervical spine (see exam for ROM findings).</li> <li>• This procedure is performed utilizing postural correction exercises to improve cervical ROM and upper cross syndrome, 1x/week for 6 weeks. Treatment was performed today.</li> </ul> <p><i>*Reviewer's comments: The chiropractic discharge summary is unavailable for review and hence we have taken the last available visit as the final visit.</i></p>	PDF REF
02/08/2017	XYZ	<b>Referral report:</b>	PDF

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
	XYZ	<p><b>Reason for referral:</b> Initial consult due to a car accident resulting in brain injury and whiplash.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Headaches.</li> <li>• Cervicalgia.</li> <li>• Pain in thoracic.</li> <li>• Right temporomandibular joint disorder.</li> </ul>	REF
04/18/2017	XYZ  XYZ	<p><b>Neurospinal function index report:</b></p> <p>On 04/18/2017, patient underwent a series of physical assessments to determine the state of health of core neurological and spinal functions.</p> <p><b>Algometry (Pain Mapping): 100.00</b> If there was tenderness felt along your spine or if you were suffering from pain when you consulted the doctor, an Algometry (pain mapping) exam was performed to produce a comprehensive map of the pattern of pain along your spine. This test measures the sensitivity of various locations to pressure.</p> <p><b>Range of Motion: 50.00</b> The Range of Motion exam measures the amount of movement in regions of your spine. This exam identifies areas of restricted motion, and shows if one side moves better than the other. Your ranges of motion can also be compared to established normal values. This part of the exam helps your doctor find areas of altered spinal mechanics.</p> <p><b>Surface EMG: 72.84</b> The Surface EMG exam evaluates the function of the muscles that support your spine. These muscles are controlled by nerves. This test shows the pattern of how energy is distributed through these muscles. The exam helps identify areas and patterns of abnormal tension and stress. By precisely measuring muscle activity, your progress can be followed as your care progresses.</p> <p><b>Thermal Scan:</b> Not performed or not performed properly. The Thermal Scan is used to assess the part of your nervous system that helps to control your organs, glands, and blood vessels, the autonomic system. The instrument does this by precisely measuring differences in temperature along the spine. Since proper function of your organs, glands, and blood vessels is essential to healing and living well, this test gives your doctor a 'snapshot' of how this portion of your nervous system is working and how it is responding to care.</p> <p><b>Pulse Wave Profiler: 90.95</b> The PWP or Pulse Wave Profiler helps the doctor to determine your overall ability to adapt to the environment. It does this by looking at the timing of your pulse, and determining the balance and tone of your nervous system. This exam is known as heart rate variability. Proper balance and tone are associated with better adaptability and a healthy lifestyle. Low heart rate variability is associated</p>	PDF REF

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		with aging and poor heart health. Published research has shown that chiropractic adjustments have a beneficial effect on heart rate variability.	
01/26/2017- 05/30/2017	XYZ  XYZ	<p><b>Summary of interim massage therapy visits:</b></p> <p><b>01/26/2017:</b> She came in today telling me she has been getting frequent headaches stemming from her neck and shoulders. She can feel a lot of tension in her chest and collar bone area.</p> <p><b>02/03/2017:</b> She came in today feeling very tense from stress. She has been having frequent headaches, which have been getting better since she has received upper cervical work.</p> <p><b>02/15/2017:</b> She presented today feeling like she has been making improvements after starting upper cervical care. Her headache have been decreasing, but she is still experiencing soreness and tension in neck and shoulders.</p> <p><b>03/14/2017:</b> She presented with low back pain, headache, and neck and shoulder tension.</p> <p><b>03/21/2017:</b> She presented today with neck pain that is giving her a headache. She can feel a muscle pulling from traps pulling up her neck.</p> <p><b>03/28/2017:</b> She presented today with neck pain that is giving her a headache. She can feel a muscle pulling from traps pulling up her neck.</p> <p><b>04/04/2017:</b> She presented with low back pain and pain on left side of neck.</p> <p><b>04/18/2017:</b> She presented today getting over an illness and her mid back is aching. Overall, she has been feeling a lot better lately with less headaches.</p> <p><b>04/25/2017:</b> She is feeling pretty good today. She hasn't had a migraine in at least 3 weeks and feels really good. She does have tension on left side of neck, and low back feels a little tight.</p> <p><b>05/16/2017:</b> She presented today feeling a lot better than she has been. She had a rough time with spacing massages out with her neck, but after 2 days it calmed down. No present pain.</p> <p><b>05/30/2017:</b> She presented a little upset today. She feels that since starting physical therapy, her headaches have come back, but they aren't the same kind of headache. She says they feel thick. Like her whole head pulsates.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Cervicalgia</li> <li>• Low back pain.</li> <li>• Pain in thoracic spine.</li> <li>• Pain in left shoulder</li> <li>• Pain in right shoulder</li> </ul>	PDF REF

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Segmental and somatic dysfunction lumbar region.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> <li>• Segmental and somatic dysfunction of head region.</li> <li>• Headache.</li> <li>• Right temporomandibular joint disorder, unspecified.</li> <li>• Segmental and somatic dysfunction of upper extremity.</li> <li>• Segmental and somatic dysfunction of rib cage.</li> <li>• Radiculopathy, cervicothoracic region.</li> <li>• Pain intercostal.</li> </ul> <p><i>* Reviewer's Comments: Only the initial and final visits have been elaborated. Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*</i></p>	
05/10/2017- 05/31/2017	XYZ  XYZ	<p><b>Summary of interim physical therapy visits:</b></p> <p><b>05/10/2017:</b> Left sided neck pain.</p> <p><b>05/18/2017:</b> About the same with pain mostly on left side, more aware of her posture.</p> <p><b>05/24/2017:</b> Headache is dull and constant.</p> <p><b>05/31/2017:</b> She has re-evaluation tomorrow, she would like to continue with chiropractic treatment.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Sprain of ligaments of cervical spine</li> <li>• Sequel</li> <li>• Myalgia</li> <li>• Headache.</li> </ul> <p><b>Treatment given:</b></p> <ul style="list-style-type: none"> <li>• Scapular retraction.</li> <li>• Pec stretch.</li> <li>• Postural training-sitting.</li> <li>• Retraction in sitting.</li> <li>• Retraction in supine with pillow support.</li> <li>• Left PA glide (spinal mobilization, grade 4).</li> <li>• Traction glide (spinal mobilization, grade 2-3).</li> <li>• Pulsed ultrasound.</li> <li>• Myofascial release.</li> <li>• Mid rows (rubber tubing).</li> </ul> <p><i>* Reviewer's Comments: Only the initial and final visits have been elaborated. Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*</i></p>	PDF REF



DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<i>of reference.</i>	
09/12/2017	XYZ  XYZ	<p><b>Referral report:</b></p> <p><b>Reason for referral:</b> Initial consult due to a car accident resulting in brain injury and whiplash.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Headaches.</li> <li>• Cervicalgia.</li> <li>• Pain in thoracic.</li> <li>• Right temporomandibular joint disorder.</li> </ul>	PDF REF
09/15/2017	XYZ  XYZ	<p><b>Final massage therapy evaluation:</b></p> <p><b>Subjective:</b> Patient presented a little upset today. She feels that since starting physical therapy, her headaches have come back, but they aren't the same kind of headache. She says they feel thick. Like her whole head pulsates.</p> <p><b>Objective:</b> HT scalenes S changed L+ HT SCM S changed L+ HT occipitals S changed M- HT ESG S changed M-</p> <p><b>Treatment:</b> 60 minutes DT areas listed.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of head region.</li> <li>• Headache.</li> <li>• Cervicalgia</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Pain in thoracic spine.</li> <li>• Segmental and somatic dysfunction lumbar region.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> <li>• Segmental and somatic dysfunction of pelvic region.</li> <li>• Segmental and somatic dysfunction of upper extremity.</li> <li>• Low back pain.</li> <li>• Pain in left shoulder.</li> </ul> <p><b>Assessment:</b> Her headache was gone after massage.</p> <p><b>Plan:</b> Massage 2times per month.</p> <p><i>*Reviewer's comments: The massage therapy discharge summary is unavailable for review and hence we have taken the last available visits as the final visit.</i></p>	PDF REF
09/18/2017	XYZ	<p><b>Final chiropractic evaluation:</b></p>	PDF REF

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
	XYZ	<p><b>Subjective:</b> She sought treatment today complaining of discomfort and or paresthesia in the following areas; head (headache), cervical region, right cervical dorsal area and left cervical dorsal area. She is feeling better than last visit.</p> <p><b>Objective:</b> She was measured to determine balance and contortion consistencies through the nervous system.</p> <p>A single subluxation pattern with muscle tension, hypomobility and/or end point tenderness were found and adjusted at C1 on the right.</p> <p>Multiple subluxations with spasm, hypomobility and end point tenderness were found and adjusted at the following levels; T2 and sacrum. An extremity subluxation was discovered and adjusted at the: right scapula, right radius, right #1 metacarpal head, left scapula, left radius and left #1 metacarpal head.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Segmental and somatic dysfunction of cervical region.</li> <li>• Segmental and somatic dysfunction of thoracic region.</li> <li>• Segmental and somatic dysfunction lumbar region.</li> <li>• Segmental and somatic dysfunction of sacral region.</li> <li>• Segmental and somatic dysfunction pelvic region.</li> <li>• Low back pain.</li> <li>• Segmental and somatic dysfunction upper extremity.</li> <li>• Pain in left shoulder.</li> </ul> <p><b>Assessment:</b> She reported feeling the same after the adjustment today.</p> <p><b>Plan:</b> Todays treatment included the following; 3-4 region manipulation and extremity adjustments. It is recommended that the frequency be at one time per week until next re-examination.</p>	
12/01/2017	XYZ  XYZ	<p><b>Telephone conversation:</b></p> <p><b>Reason for call:</b> Referral</p> <p>Please reroute patient to another facility.</p>	PDF REF
02/20/2018	XYZ  XYZ	<p><b>Follow-up visit:</b></p> <p><b>Chief complaint:</b> Ongoing TBI and neck pain.</p> <p><b>History of present illness:</b> She has TBI and musculoskeletal injury. She has only had 2 physical therapy visits, 2 occupational therapy visits in 1 speech therapy visit. She is undergoing some musculoskeletal care and neuro rehab for her brain injury as well. Patient has been referred to optometry. We are holding off on</p>	PDF REF

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		<p>ENT and vestibular at this point. The patient continues to have brain fog, brain fatigue, decreased focus, concentration. She is afraid she is going to lose her job. She does say that the Ritalin does help. There are no side effects with the Ritalin at 5 twice a day.</p> <p><b>Physical examination:</b>  <b>General:</b> Appears well, affect appropriate, distraught about her ongoing symptoms and her fear of losing her job. She only work 4 hours a day, but she was doing 6 to 8 hours' worth of work in those 4 hours before and she could manage it fairly easy. Now, she is finding it very difficult. Neck: Exam shows facet-mediated pain, left cervical mid C3-4, 4-5 level.</p> <p>Muscle energy techniques were done today. I spoke to her about how the course of rehab should go. Initially, with therapy, can flare her symptoms for the first 4 to 6 visits and slowly get into good position. Then, when strengthening occurs and starts, as far as exercise, she can flare up again. She appreciated that explanation.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Traumatic brain injury, without loss of consciousness, subsequent encounter.</li> <li>• Rib cage dysfunction.</li> <li>• Traumatic brain injury, with loss of consciousness of 30 minutes or less, initial encounter.</li> </ul> <p><b>Assessment and plan:</b> Patient with TBI and musculoskeletal injuries.</p> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• Continue PT for musculoskeletal care, OT and speech therapy for neuro brain rehab. I will see her again in 4 weeks.</li> <li>• Increase Ritalin to 10 twice a day. She understands and agrees with current plan of care.</li> </ul>	
05/29/2018- 06/19/2018	XYZ  XYZ	<p><b>Neuro optometric rehabilitation examination report:</b></p> <p><b>Reason for referral:</b> She has been having difficulty with reading among other visual symptoms since her accident in XX/XX/XXXX.</p> <p><b>Background information:</b> She was in a car accident on XX/XX/XXXX. She suffered a whiplash and concussion. Since that time she has had headaches, blurred vision, sensitivity to light and visual complaints such as discomfort, loss of place and words jumping while reading. She has developed an avoidance of reading or writing.</p> <p><b>Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Convergence insufficiency.</li> <li>• Accommodative dysfunction.</li> <li>• Post-concussion syndrome.</li> </ul>	PDF REF

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		<p><b>Conclusions:</b>                      She reported symptoms are consistent with the visual examination findings and are common in individuals who sustain whiplash and/or mild traumatic brain injury.</p> <p>It is significantly more difficult for an individual with her cluster of dysfunctions to perform visual tasks with the ease and stamina of a person with normal vision function. The visual dysfunctions could compromise her ability to work, drive and manage normal activities of daily living such as bill paying, grocery shopping.</p> <p>With her cluster of visual dysfunctions, attempting to perform reading, writing, computer, and other visual tasks commonly results in symptoms of visual and general fatigue, visual and physiological stress, psychological stress, headache, and difficulties with concentration and memory.</p> <p>I believe it may be possible for her to recover some, if not all, of her visual abilities, and to greatly reduce her resultant symptoms with proper therapy and work accommodations.</p> <p><b>Recommendations:</b>                      She needs to be in a work and home environment that does not elicit the visual stress which triggers the resultant symptoms.</p> <p>A program of Neuro-Optometric Vision Rehabilitation, which will be sufficient in duration to address her visual dysfunctions, is recommended. It is estimated that 15-20 weekly sessions will be required. While she does have mild binocular and accommodative inefficiencies, her visual information processing skills are severely diminished. The amount of sessions is oftentimes needed in adult patients with acquired vision dysfunction due to traumatic brain injury. Periodic progress evaluations will need to be performed to assess the therapy gains.</p> <p><b>Therapy duration may be affected by:</b></p> <ul style="list-style-type: none"> <li>• Reflex integration.</li> <li>• Severity of symptoms.</li> <li>• Patient’s general health, cognitive development, and effects of medications taken.</li> <li>• Extent of visual demand placed upon the patient.</li> <li>• Patient compliance and involvement in the prescribed therapy program.</li> <li>• Results of prior interventions.</li> </ul> <p>Lens therapy may be incorporated into the visual rehabilitation therapy treatment program.</p> <p>I have performed a neuro-optometric examination on patient per your request. The results of my assessment are included in the enclosed report.</p> <p><b>Plans:</b> I have recommended neuro-optometric rehabilitation with an estimated</p>	

Patient Name

DOB: XX/YY/ZZZZ

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		15-20 weeks of therapy for her.	