

Greater Buffalo Accident & Injury Chiropractic
William J. Owens, Jr. DC, DAAML P, CPC

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FACSIMILE COVER SHEET
Please deliver immediately

TO: Iqbal Samad MD
FROM: Greater Buffalo Accident & Injury Chiropractic
RE: Ms. [REDACTED]
SENT BY: William J. Owens Jr DC DAAML P, CPC
DATE SENT: 08/03/2011

Re: Ms. [REDACTED]
Date of Injury: May 15, 2011
Claim #: [REDACTED]
Date of Birth: 05/29/1966

Chief Complaint

Headache, neck pain, shoulder pain, middle back pain and lower back pain to the bilateral posterior knees

Subjective Complaints

Ms. [REDACTED] states on May 15, 2011 she was the front seat passenger in a motor vehicle that was struck from the front by another vehicle. She states that the impact caused her to be shoved forward then whipped backward. She reports hitting her right shoulder on the passenger side door and her chest into the seatbelt restraint. Immediately following the impact she experienced pain in the arms and shoulders. The pain in the neck, middle and lower back increased overnight and she went to St. Josephs Hospital for an emergency evaluation. She was released back to your office for follow up after a diagnosis of injuries to the shoulders, arms, back and legs.

On today's appointment, Ms. [REDACTED] reported that she has developed pain that is constant moderately severe in the head region bilaterally. In addition, Ms. [REDACTED] mentioned she has been experiencing throbbing, burning, and achy pain. Additionally, she states that there is moderately severe constant pain experienced in the left and right neck area. In addition, Ms. [REDACTED] mentioned she has been experiencing stiffness, restricted movement, and inflexibility with pounding, burning, dull, and achy pain radiating to the posterior right upper shoulder, posterior left upper shoulder, right deltoid area, left deltoid area, right medial upper thoracic region, and left medial upper thoracic region and she has developed moderately severe constant upper back pain bilaterally. She has also noticed stiffness, restricted movement, and inflexibility with burning, dull, and achy pain. This patient also reported that she is experiencing constant moderately severe pain bilaterally in the area of the lumbar spine. Ms. [REDACTED] continued to describe that she noticed stiffness, restricted movement, and inflexibility with burning, dull, and achy pain radiating to the right sacroiliac area, left sacroiliac area, right popliteal region, and left popliteal region.

Ms. [REDACTED] reported her headache at 7.0, neck pain at 8.0, upper back pain at 7.0, and low back pain at 7.0, based on a 1 to 10 pain scale.

Occupation

Engineer

Work Status

Temporarily Totally Disabled

MEDICAL HISTORY AND REVIEW OF SYSTEMS

Past Medical History

2007 - head injury due to assault - fully recovered prior to this accident.

Past Surgical History

Unremarkable

Review of Systems

Denies any fever or chills, negative for any change in skin, head and neck, immune, cardiac, respiratory, GI/GU, hepatic, renal or psychiatric issues at this time.

Allergies

Penicillin

Dilantin

Medications

Lortab

Soma

Blood pressure medication

Social History

Alcohol: Denied

Tobacco: Denied

Family History

Unremarkable

PHYSICAL EXAMINATION

Vitals:

Ht: 5'4"

Wt: 170lbs

Cardiovascular:

Peripheral pulses are 2+ and equal in the bilateral upper and lower extremities.

Capillary refill brisk and less than 2 seconds.

Musculoskeletal:

Examination for altered spinal motion revealed a severe fixation of the spinal segments at the occiput, C4, T8-T10 and L4, and a moderate fixation of the spinal joints at C2-C3, C6, L3, the right ilium and the right ilium. In checking for muscular hypertonicity, a moderate degree of muscular hypertonicity in the Rectus and Obliquus Capitus muscles bilaterally, Semispinalis and Trapezius bilaterally and Multifidus and Sacrospinalis bilaterally, and a severe degree of hypertonic contraction in the Rectus and Obliquus Capitus muscles bilaterally, Semispinalis and Trapezius bilaterally, Lower trapezius and Latissimus bilaterally and Multifidus and Sacrospinalis bilaterally was found. The spine and paraspinal tissues were examined and found to show a very intense level of pain and discomfort at the occiput to C1, C4, C6 to C7, T8, T10, and L4 to L5 bilaterally and a moderate pain and discomfort at C2 to C3 and L2 to L3 bilaterally. There was also a severe edema at the occiput to C1, C4, C6 to C7, T8, T10, and L4 to L5 bilaterally and a moderate edema at C2 to C3 and L2 to L3 bilaterally.

The following tests were performed. Biceps reflex is normal grade 2 bilaterally, brachioradialis reflex is normal grade 2 bilaterally, triceps reflex is normal grade 2

bilaterally, cervical compression is positive, distraction test is positive, maximum rotary cervical compression is positive bilaterally, shoulder depression test is positive bilaterally, Soto-Hall test is positive, patellar reflex is normal grade 2 bilaterally, achilles reflex is normal grade 2 bilaterally, Kemp's test is positive bilaterally, and iliac compression test is positive bilaterally.

During the examination, there was a visual restriction in the patient's range of motion. I ordered a specific range of motion test to further evaluation the range of motion deficits. All ranges of motion are based on the American Medical Association's Guides to the Evaluation of Permanent Impairment, 5th and were performed by dual inclinometers.

	Normal (Degree)	Patient (Degree)	
CERVICAL ROM:			
Flexion	50	28	Pain level: 3
Extension	60	45	Pain level: 3
Right Lateral Flexion	45	35	Pain level: 2
Left Lateral Flexion	45	30	Pain level: 2
Right Rotation	80	65	Pain level: 2
Left Rotation	80	70	Pain level: 2

	Normal (Degree)	Patient (Degree)	
LUMBAR ROM:			
Flexion	90	65	Pain level: 3
True Lumbar Extension	25	15	Pain level: 3
Right Lateral Flexion	25	15	Pain level: 2
Left Lateral Flexion	25	5	Pain level: 2

Skin:

Appears warm and dry and well oxygenated

Psychiatric:

Alert and oriented to person, place and time. There is normal mood and affect.

Diagnosis

953.0	Injury, Cervical nerve root
722.0	CERVICAL DISC SYNDROME
953.1	Injury, Thoracic nerve root
722.10	LUMBAR DISC SCIATICA
724.1	PAIN IN THORACIC SPINE
728.85	Muscle spasms

Prognosis

Ms. [REDACTED] prognosis is guarded at this time. She sustained significant injuries to her spine as a result of the accident and will require care in multiple phases. I will review her plain film radiographs once they become available.

Assessment

Ms. [REDACTED] is determined to be at an overall status of acute pain. She continues to have significant joint restriction and functional limitations due to the accident. She will begin with gentle chiropractic care focusing on reducing pain and inflammation. Once her range of motion is increased she will be placed in a formal

exercise program. It is highly probable that her treatment will be prolonged due to the traumatic nature of her injuries.

Disability

Temporarily Totally Disabled

Causal Relationship

Ms. [REDACTED] has sustained significant injuries to her spine as a result of the injury on May 15, 2011. If it were not for the accident she would not have required examination, diagnostic testing or treatment.

Plan

I am ordering a 7 view series of the cervical spine. I am referring [REDACTED] for imaging of the spine to evaluate the health and integrity of the vertebrae and adjacent anatomical structures. X-Rays were ordered to determine any osseous pathology. Predicated on the results of the findings, the patient will be triaged either for therapy or a specialist to treat any pathology found. I will review the actual study with the patient once the results are obtained.

I am referring Ms. [REDACTED] for a pain management consultation with RS Medical to fit them for a RS Medical Sequential 4i Stimulator, RS Medical Garment and a RS Medial LSO. This is being prescribed due to pain associated with a traumatic event. They are undergoing treatment at my office on a regular schedule and the RS Medical Sequential 4i Stimulator will assist them in home care. The RS Medical Sequential 4i Stimulator is the preferred unit as it has been successful in the past with similar patients.

The patient will return three times weekly until a brief reexam indicates a revision in schedule. Adjustment was performed to reduce fixation fixation and increase mobility in the cervical spine, lumbar spine, thoracic spine, and sacral area. Treatment consisted of electrical muscle stimulation to the area of the cervical spine, and low back area. The purpose is to reduce swelling and decongestion in the inflamed tissue. To stimulate local circulation, heat therapy was administered to the neck area, and region of the low back. Therapy included home exercise to the neck, and area of the low back to increase the strength of the postural support muscles. Manually applied traction was administered to the suboccipital. This treatment is given to decrease vertebral fixation and muscle tension. ROM exercise was performed to increase the functional mobility in the cervical area, and area of the low back.

Thank you for the opportunity to provide this report. If you require clarification, please contact my office at (716) 200-0651.

Respectfully,

William J. Owens Jr DC, DAAMLPT, CPC

cc: The Hartford, Conrad [REDACTED] MD