



## CHIROPRACTIC ASSOCIATES OF TEXAS

6860 North Dallas Pkwy, Ste 200, Plano, TX 75024

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Patient Name: Elizabeth Weiss

Patient DOB: 01-01-1969

Patient Sex: Female

Visit Date: 03-03-2016

Date of Accident: 03-02-2016

Visit Type: **Initial**

### **Accident Details**

Visit: **initial**

Status: **improving**

Date: **03/02/2016**

Brief Description of Accident: Driving in center lane on North Dallas Pkwy, patient was hit on the rear passenger side of her car. She felt such a big impact that she thought she was rear-ended. She felt her body was "whiplashed". She noted instant pain in her lower back followed by headaches while she was waiting for the police. Pain started to get much worse next day.

Driving conditions: **dry**

Patient location in vehicle: **driver**

Patient wearing a seat-belt: **yes**

Did airbags deploy: **yes**

Area of Impact: **Front**

Did Patient see accident about to occur: **yes**

Did patient brace for impact: **yes**

Was The Patient Car Moving: **yes**

How fast: **45 mph**

Was the other vehicle moving: **yes**

Head position at time of impact: **Looking straight**

Did patient hit body parts on auto: **Left knee**

Did patient had a pre-existing complaint: **no**

Has patient been in accident before: **no**

Did patient go to the hospital or urgent care: **yes**

Did patient suffer any cuts, scrapes, or bruises: **no**

Were x-rays taken: **yes**

Is patient working at current time: **yes**

### **Subjective**

#### **Low-Back Pain**

Patient is here with **Low-Back Pain**.

Onset: **sudden**.

On a scale of 1 to 10, with 10 being the worst pain, the patient rates it as **7**.

Aggravating Factors: **bending, standing, walking, going up stairs and carrying things**.

Alleviating factors: **nothing**.

Associated symptoms are **loss of motion and loss of strength**.

MEDICAL HISTORY: Patient has a history of **hypertension** and **DM type 2**.

FAMILY HISTORY: Father has history of **alzheimer's disease**. Mother has history of **epilepsy**.

SOCIAL HISTORY: Alcohol consumption is **social**. Patient is **current every day smoker**. Smoking **2 pack/day**. Patient

works as school teacher.

**SURGICAL HISTORY:** Patient has no significant past surgical history.

### **Current Medications**

Benicar 20mg Tablet  
Atenolol 100mg Tablet  
Colchicine 0.6mg Capsule  
Januvia 100mg Tablet  
Advil 200mg Caplet

### **ROS**

**Constitutional** no constitutional symptoms

**Musculoskeletal** no musculoskeletal symptoms except the ones noted above.

**Respiratory** no respiratory symptoms

**CVS** no CVS symptoms

**Endocrine** no endocrine symptoms

**GI** no GIT symptoms

**GU** no GU symptoms

**Neurological** no neurological symptoms

**Psychiatric** no psychiatric symptoms

**Skin** no skin symptoms

### **Objective**

Height is 70 inches.

Weight is 175 lbs.

BMI: 25.11.

Patient is alert and oriented X3.

#### **Cervical ROM:**

Flexion (0-50): no pain.

Extension (0-60): no pain.

Lt Lat Flexion (0-45): no pain.

Rt Lat Flexion (0-45): no pain.

Lt Rotation (0-80): no pain.

Rt Rotation (0-80): no pain.

#### **Thoracic ROM:**

Flexion (0-60): with pain.

Lt Rotation (0-30): with pain.

Rt Rotation (0-30): with pain.

#### **Lumbopelvic ROM:**

Flexion (0-90): pain

Extension (0-25): pain

Lt Lat Flexion (0-25): pain

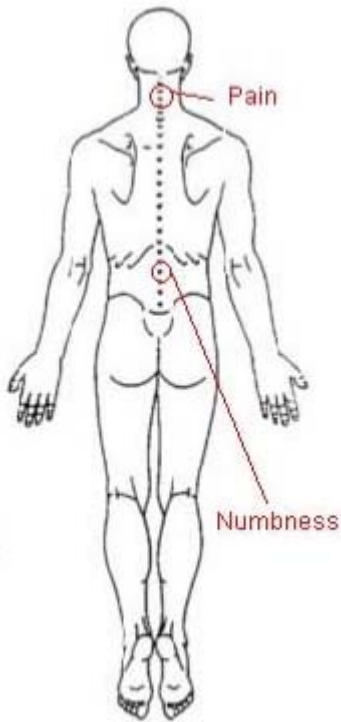
Rt Lat Flexion (0-25): pain

Lt Rotation: pain

Rt Rotation: pain

**Lumbopelvic Ortho Tests:** Antalgic Sign, the patient demonstrates a fixed and slightly flexed antalgic posture with no lateral flexion component. This posture suggests a central disc protrusion. Minor's Sign is present. This sign indicates a pathologic condition of lumbosacral origin. Spinal Percussion elicits pain at the paraspinals on the left. This result suggests soft-tissue injury at that level.. Kemps Test bilateral seated. Lasegue Test bilateral. Cox Sign bilateral. Demianoff's sign bilateral. Straight Leg Raising is positive on the left. This result indicates stretching of the dura mater due to a space-occupying mass in the path of the nerve root. Milgrim's test is positive, because the patient is unable to lift

the legs as a result of lumbosacral pain. This result suggests a herniated intervertebral disc. Double Leg Test is positive and elicits pain in the lumbosacral spine. This result indicates lumbosacral joint involvement and implies a ligamentous sprain. Nachlas Test is positive on the left and right eliciting pain radiating down the anterior thigh. This positive result indicates inflammation of the upper lumbar nerve roots. Ely's Sign is present bilaterally. This sign indicates inflammation of the lumbar nerve roots. Bragard's sign is present and indicates sciatic neuritis bilaterally.



#### **Dermatomes C5-T1:**

Lt C5: normal.  
Rt C5: normal.  
Lt C6: normal.  
Rt C6: normal.  
Lt C7: normal.  
Rt C7: normal.  
Lt C8: normal.  
Rt C8: normal.  
Lt T1: normal.  
Rt T1: normal.

#### **Dermatomes L3-S1:**

Lt L3: normal.  
Rt L3: normal.  
Lt L4: normal.  
Rt L4: normal.  
Lt L5: normal.  
Rt L5: normal.  
Lt S1: normal.  
Rt S1: normal.

#### **Reflexs C5 C6 C7:**

Lt C5 Biceps: 2+ Active.  
Rt C5 Biceps: 2+ Active.  
Lt C6 Brachioradialis: 2+ Active.  
Rt C6 Brachioradialis: 2+ Active.  
Lt C7 Triceps: 2+ Active.  
Rt C7 Triceps: 2+ Active.

**Reflexes L4 S1:**

Lt L4 Patellar: 1+ Sluggish.

Rt L4 Patellar: 1+ Sluggish.

Lt S1 Achilles: 1+ Sluggish.

Rt S1 Achilles: 1+ Sluggish.

Gait: Abnormal. Antalgia: Normal.

**Assessment**

Dorsalgia, Unspecified (M54.9)

Person Injured In Unsp Motor-Vehicle Accident, Traffic, Subs (V89.2XXD)

Discitis, Unspecified, Lumbar Region (M46.46)

**Plan****Procedure**

CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS 98941

**Imaging**

X-Ray Cervical (Min. 4 View)

X-Ray Lumbosacral (Min. 4 Views)

Frequency of Care: 3 times per week for 4 week then re-evaluate in 4 weeks.

Prognosis: Undetermined

Treatment goals: Short term goals: Increase strength, Increase ADL tolerance, Decrease radicular symptoms, Decrease inflammation, Decrease spasm, Decrease trigger points, Improve sleep, Improve self care, Improve family care and Return to work without limits

Long Term goals: Decrease pain by 30%. Increase ROM by 30%.

Refer to Psychiatrist

The visit was electronically signed off by Frank Cohen, DC on 03/07/2016 11:59:36 PM