

[REDACTED]

Narrative report

Date: 08/30/04

In response to your request and with the written permission from Ms. [REDACTED], this is a narrative report and daily chart notes for our examination, treatment, and prognosis for injuries received in a motor vehicle accident which occurred on or about 08/17/04. Ms. [REDACTED] came to our clinic for examination and treatment for injuries, and was accompanied by her husband, [REDACTED].

HISTORY: Patient reports she was a belted driver of a full sized car that was traveling on a crowned black-topped, intermediate, narrow, and fairly crooked secondary road when her vehicle was struck on the left side by second vehicle, an "ordinary" pick-up that had crossed the middle line and approaching her on her side of the road. The patient reports seeing the oncoming vehicle and was swerving to her right in a futile attempt to avoid the accident. Patient reports the driver of the pick-up "locked" his brakes before he "sideswiped" her car. The pick-up first struck the patients car on the left front bumper on the drivers side, then "caved the whole right side of the car in". The impact reportedly knocked the left front wheel assembly off the patients vehicle and even "wrinkled" the roof. Following the accident, Ms. [REDACTED] car was on the shoulder and nearly in the ditch, with only the left front of the car remaining on the pavement.

Ms. [REDACTED] reports that she experienced immediate pain to her neck, between her shoulders, especially to the right shoulder girdle, pain to her lower back and right hip, right thumb, and to the bottoms of her feet following the accident. She reports the left side of her head had a bruise and hurt where she suspects her head struck the door at the time of the impact. She has numerous healing wounds to the left forearm caused by shattered glass from the window. Suspect slivers of glass continue to be imbedded in forearm. Evidence of the bruising from the shoulder harness continues to be evident to the anterior left shoulder and chest area. She was transported to the hospital via ambulance, and on a back board as a precaution due to presumed spinal injuries.

Ms. [REDACTED] reports the hospital x-rayed "every part of my body". The only fractures reported were of the two middle toes on her left foot. Patient reports she was given a "shot to relax" and prescribed tramadol HCL 50 mg. for pain. She questioned if she had a "whiplash" injury, but was not answered. She was instructed to see her doctor for follow-up treatment.

Ms. [REDACTED] is seeing a podiatrist for examination and treatment for the injuries to her feet, and states the podiatrist reported to her that in addition to the fractured toes she suffered extensive damage to the tissues, especially to the bottoms of her feet. She is wearing a large, and cumbersome appearing, orthotic to the left foot and leg that was fitted by her podiatrist.

PRESENT COMPLAINTS:

Patient reports moderate to severe pain from her neck and upper thoracic spine radiating to her left shoulder girdle and shoulder. Ms. [REDACTED] reports a lump that has arisen between her neck and her left shoulder muscle from the accident. Also reports some numbness to her hands and arms that is worse at times. Her lower back is reportedly stiff and sore since the accident. Her left knee also continues to exhibit a larger contusion. She reports experiencing dyspnea, that has only occurred following the accident. The bottoms of her feet are reportedly extremely tender since the accident. Reports she was bracing herself with her feet and hands from the inevitable impact of the accident. Reports she has difficulty even standing due to the pain to her feet.

Ms. [REDACTED] reports that since the accident she has been unable to perform any of her normal household chores, including cooking, cleaning or laundry. Her husband is now in charge of doing all housekeeping, including grocery shopping. She also reports difficulty sleeping, primarily due to pain and discomfort to her neck and left shoulder. Due to sleep deprivation she reports waking unrefreshed. She reports that she is unable to walk for any distance due to extreme pain to the bottom of her feet and more especially to the ball of her left foot, after even a very few steps. Her husbands stated he has noticed "[REDACTED] has begun to stutter since the accident." She also relates she now has a fear of even ridding in a car traveling on a highway and is concerned if she will be able to drive again due to the phobia.

GENERAL HEALTH AND Demeanor:

Moderately overweight, white female who appears to be her approximate age of 50. Ambulates with a slightly flexed posture and a moderate shuffling gait, reportedly due to pain and stiffness to her lower back and feet pain. No gross abnormalities apparent. Appears otherwise healthy. Except for the othotic on her left foot, she is neatly dressed, responsive and cooperative. Responds appropriately, smiles frequently.

REVIEW OF SYSTEMS:

Denies fever, chills, or night sweats. Denies any new ENT complaints, difficulty swallowing, sore mouth or sore throat. Denies any cough or sputum production.

VITAL SIGNS: Height 60 1/2 inches, (without shoes), Weight: 154 (gowned), Temperature: 98.2, Blood Pressure: 124/82 in the right brachial plexus and 122/80 in the left. Systolic blood pressure in the lower extremities recorded 126. Pulse rate: 78. Respiration: 13.

CRANIUM:

Normocephalic. Tenderness over the occipital area and to the left parietal area.

SKIN:

Uniformly white in color, soft, warm, elastic, of normal thickness. No edema or lesion, except for the [REDACTED] aforementioned scars to the left forearm.

MUCOUS MEMBRANES:

Pink, moist, normal thickness and mobility. Nail beds pink, texture hard, no clubbing.

FACE:

Symmetrical at rest and with movement. Jaw muscles strong, no crepitation in temporomandibular joint. Sinus area tender.

EYES:

Visual fields full. No deviation with cover test, light reflex equal, palpebral fissure normal. Conjunctiva: Clear, sclera: white; no exophthalmos, cornea: clear, lens: clear. Pupils: symmetrical, responsive to light, distance and consensual reaction normal. Fundoscopic examination: normal veins and arteries, disc round margins well defined, no arteriovenous nicking, hemorrhages or exudates. Lacrimal system: mild edema, no exudates, corneal reflex: normal.

EARS:

Auricle: canal clean, no lesions. Drum intact. Finger rub heard in both ears at three feet.

NOSE:

Nostrils patent, vibrissae normal, septum midline.

ORAL CAVITY AND THROAT:

Buccal mucosa: healthy appearing, normal color and consistency, no ulcerations or nodules. Gums: clear, no evidence of ulceration. Teeth: few missing, numerous amalgams. Hard and soft palate: normal color, no ulcerations or nodules. Lips: Normal, no inflammation or splitting. Tonsillar areas: normal.

NECK:

Cervical rotation limited to less than 30% of expected normal bilaterally. Tenderness and spasms noted to the posterior cervical muscles. Side bending increases spasms and pain on even the

slightest movement. Extension and flexion of the cervical spine both painful and very limited. Thyroid slightly enlarged and tender. Hyoid: moveable. Cervical chain lymph nodes palpable and tender. Cervical mensuration: 36 cm.

Most orthopedic and neurologic examinations to the cervical spine impossible to perform due to spasms and amplified pain. Spinal Percussion Test to the cervical spine is positive. The test is performed by gently tapping the patients spinous processes and adjacent musculature with the patient in a seated and somewhat flexed position. The spinal percussion test is non-specific, but if positive will suggest ligamentous, muscular, or disc lesion. Foraminal Compression Test is positive. The test is performed by applying gentle pressure to the top of the head, causing pressure to the cervical spine. Localized pain indicates increased pressure to cervical nerves as the exit the intervertebral foramina. Distraction Test to the cervical spine helped decrease the discomfort. This test is also performed with the patient in a seated position and the examiner exerting upward pressure on to the patients chin and occiput. Relief of pain indicates intervertebral encroachment or facet capsulitis.

THORACIC SPINE:

Right shoulder appear higher than the left. Winging of the left scapulae noted with the patient in a seated and relaxed position and exaggerated with the patient leaning with slight anterior to posterior pressure to the shoulders. Chest expansion measured 96 to 98 cm. Pain reported to the kidney flank areas bilaterally by palpation and Murphy's Punch.

LUMBAR SPINE:

Pain reported to the lumbar spine radiating to the right hip on clinical palpation. Lesaque's straight leg raise negative but restricted to approximately 30% of expected range of motion causing subjective bilateral pain to the lower lumbar spine. A negative Lesaque's test helps rule out sciatic radiculopathy. Braggard's test is positive at approximately 30 degrees. This suggests a sciatic injury. Fajerszatin's test is negative, helping to rule out a ruptured disc. Bechterew's test is positive: suggesting disc involvement. Muscle testing to the lower extremities intolerable to perform due to reported discomfort.

EXTREMITIES AND MUSCULOSKELETAL SYSTEM:

Muscular development and mass normal for age. Measurements to the right arm: 31 cm. and 31cm. to the forearm. The left arm measured 31cm. and forearm also 31 cm. Upper and lower extremities symmetrical. Skin: soft, warm, neither moist nor dry. Normal hair growth. Grip strength by dynameter recorded 25 pounds bilaterally. Two + pitting edema noted to the anterior tibia. Mild spider nevi noted to the lower extremities without varicosities. No nodes palpated. No deformities. the feet are very tender to even mild palpation, especially the plantar and the articulations between the cuboid and the 4th and 5th metatarsals.

LABORATORY TESTS:

A microscopic and chemical urinalysis ordered due to objective abdominal and kidney flank tenderness.

A complete blood chemistry profile, and CBC with differential, ordered due to abdominal tenderness, malaise, and to evaluate the overall recuperative capabilities of this patient.

Cervical x-rays, anterior to posterior, extension, flexion, and neutral lateral views were taken; loss of the normal cervical curve and mild osteophytes noted.

Spirometer was ordered due to reported dyspnea.

WORKING DIAGNOSIS:

1. Post-traumatic, moderate hyper-flexion injuries, complicated by the traction compression injuries to the articulations comprising the cervical spine, associated with muscle spasms and myalgia, greater to the left than to the right.
2. Pain with attending numbness to the right shoulder and arm.
3. Post-traumatic, moderate, injuries to the joints of the lumbar spine with most likely microscopic tearing of the disc's complicated by adhesions and facet inflammation.
4. Kidney flank tenderness
5. Abdominal pain
6. Winging of the left scapulae
7. Acute myofasciitis to the planter area of feet

TREATMENT:

Treatment will consist of conservative "active" outpatient care including diversified spinal adjustments to the areas of spinal subluxations fixations as determined by x-rays and subjective and objective finds confirmed by clinical palpation. Adjunctive physiotherapeutics, including ultrasound, high volt sine wave with hydrocollator hot packs will be utilized. Active care translates to mean that Ms. [REDACTED] will be counseled concerning the necessity for following a healthy lifestyle, including diet and home exercises, with nutritional therapies prescribed according laboratory and clinical findings. Orthomolecular nutritional supplementation will be provided as shown by laboratory and clinical findings. We will begin with the essential fatty acids, vitamins C and E and an antiinflammatory proteolytic enzyme to reduce swelling and promote healing.

DISCUSSION:

While seat belts have been proven to save lives, studies have long proven their use during an accident of this nature actually increases the likelihood of, and more severe, injuries to the articulations comprising the cervical and lumbar spine. By immobilizing the torso and multiplying the inertia of the head following the impact increases the bending of the cervical spine causing a

more concentrated force to the supporting soft tissues comprising the articulations. In addition, the likelihood of injury to the cervical spine is greater when non-symmetrical loads are applied to the spine. This is especially true when the victims head is turned to either side at the time of impact. This results in increased compressive loads at the facet joints and increased tensile loads at the facet articulations on the contralateral side. The intervertebral foramen (the hole between two vertebra (the roof is made up from the vertebrae above and the floor is made up from the vertebra below, the intervertebral disc, and other ligamentous tissues) is also smaller on the side of rotation in lateral flexion and its contents are even more vulnerable to injury. This is commonly called a "traction" or "compression" injury. The use of lap belt restraints with an accident of this type increases the likelihood of injury to the discs in the lumbar spine. By mobilizing the lower torso while allowing the upper torso to be raised up causes a microscopic tearing of the intervertebral discs. This has been reported to lead to late degenerative changes.

It is reported that muscles leads to atrophy of articulations in as little as 24 hours. This is due to the ligaments being deprived of proper nutrients caused by edema allowing a pooling of the venous blood blocking the flow of fresh arterial blood, with oxygen and nutrients. Muscular contraction is essential to squeeze the old blood out making room for new blood. The ligaments do not have a direct blood supply and can only derive their nutrition by being bathed in blood. Immobilization has been reported to cause an irreversible degenerative process to begin in a very short period of time; as indicated earlier, as little as 24 hours.

PROGNOSIS:

It is impossible at this time to estimate the exact amount of residual impairment this patient suffered. However, it can be stated with certainty the spinal articulations will be more likely to be intolerant of any unusual stress or strain and at times exacerbate with seemingly little or no provocation. This is expected occur more prominently in the first 2- 3 years during the healing phase. The problem of permanent damage to the capsular and ligamentous structures remain. Hopefully, with intense therapy, maximum patient cooperation, time, and following a healthy lifestyle including home exercises, and proper care of the spine, these late degenerative changes can be minimized.

TREATMENT TODAY: Trigger point manipulation to the cervical and thoracic spine, side posture adjustments to the lumbar spine. Physiotherapeutics; ultrasound therapy to the cervical and upper thoracic spine to the left. We will schedule this patient for her report of findings and a treatment plan on her next visit. Ms. [REDACTED] prescribed essential fatty acids at 6 grams a day, buffered ascorbic acid at 4000 mg. and bromelain at 2000 mg to help improve her recuperative capability.

09/07/04: Blood pressure recorded 116.74 in the right brachial plexus. Weight: 158.5, temperature: 98.2. Patient reports her neck and shoulders seem somewhat improved. Still experiences pain to the upper thoracic spine, and to the left shoulder and lumbar spine. Report of findings for laboratory tests: circulation studies to the fingers were found to be moderately diminished. Dermatomes to the upper extremities were found to be within normal limits. The multichannel blood chemistries are

pretty well all within-normal-limits. Urinalysis found with-in-normal limits (WNL). Lung function testing by computerized spirometer proves respiration capability is 96% of predicted values; well within-normal-limits. Circulation studies to the carotid arteries shows circulation to be adequate. Treatment: diversified chiropractic adjustments to the areas of spinal subluxations / fixations to the cervical, thoracic and lumbar spine, and manipulation to the feet, as much as possible due to extreme pain. Adjunctive physiotherapeutics, ultra-sound therapy to the cervical and upper thoracic area.

09/08/04: Patient was again accompanied to the clinic by her husband. Blood pressure recorded 118/72 in the right brachial plexus, weight: 158.5, temperature: 98.7. Patient reports her neck and left shoulder is somewhat improved. Also, her lower back is improved. She still walks very guardedly, reported due to her very tender feet. Reports the numbness to her hands and arms may be some better. Treatment: diversified chiropractic adjustments to the cervical and thoracic spine, side posture adjustments to the lumbar spine, and manipulation to the feet. It was explained to the patient that the tissues comprising the feet and ankles are mostly ligaments, void of a direct blood supply; therefore acquiring their nourishment only by being bathed in blood, and without muscle contraction to squeeze the old blood out the new blood with its oxygen and nutrients essential for healing is restricted. Therefore, physical exercise is essential for competent recuperation. Adjunctive physiotherapeutics, ultra-sound therapy to the cervical and upper thoracic area

09/14/04: Blood pressure recorded 120/70 in the right brachial plexus. Weight: 154.5, temperature: 98. Patient reports the numbness to her hands and arms have improved. She continues to experience pain and stiffness to the neck and left shoulder girdle. The lump between her neck and left shoulder continues to recede. Reports sleeping better at night. Reports she can get out of the bathtub much easier but still unable to perform her usual household chores, including cooking or cleaning. Reports the pain to her feet is unrelenting and she cannot stand or walk for any length of time, even allowing her to go grocery shopping with her husband. Physical examination: cervical range-of-motion is improving very satisfactorily. Tenderness noted by clinical palpation to the cervical and upper thoracic spine to the shoulder girdle is improving. Tenderness reported to the lower back and buttocks on palpation. Her feet remain very sensitive. Adjunctive physiotherapeutics, ultra-sound therapy to the cervical and upper thoracic area

09/16/04: Blood pressure recorded at 122/74 in the right brachial plexus. Weight: 154.5, temperature: 98.2. Patient reports she can get out of the bathtub now without assistance, can climb steps easier, and ambulate easier. Still walks very cautiously. Physical examination: cervical range of motion is somewhat improved with less spasm and reported tenderness. Atlas palpates subluxated right with neuritis radiating to the left shoulder girdle and arm. Treatment: diversified adjustments and manipulation to the spinal subluxations / fixations to restore proper innervation. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine. Essential fatty acids refilled.

09/21/04: Blood pressure: 124/84. Weight: 156.5, temperature 98.5. Patient is observed to ambulate with less difficulty and walking more erect. Reports sleeping better but still wakes often throughout the night due to neck and upper thoracic discomfort. Reports the pain to her right thumb is

improving. Reports small slivers of glass continues to "come out" of her left forearm. Treatment: diversified adjustments and manipulation to the spinal subluxations / fixations to restore proper innervation. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine. Buffered ascorbic acid refilled.

09/23/04: Patient was seen today, again accompanied by her husband. Reports gradual improvement. Still not doing housework and afraid to drive. Ms. [REDACTED] reports she is even apprehensive just ridding in a car or pick-up. Blood pressure recorded 122/80 in the right brachial plexus. Weight: 157.5, temperature: 97.8. Physical examination to the cervical and upper thoracic spine continues to show improvement in range of motion, spasms and tenderness. Continues to wear the othotic on her left lower leg. Examination and manipulation to the right foot and ankle continues to show substantial pain and stiffness.

09/28/04: Blood pressure: 120/80, weight: 159, temperature: 97.7. Patient reports her neck and between the shoulders and left shoulder continues to improve, and is sleeping somewhat better. Physical examination: ROM to the cervical spine continues to be approximately 50% of expected normal. Treatment: diversified adjustments and manipulation to the spinal subluxations / fixations to restore proper innervation. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine.

09/30/04: Blood pressure to the right brachial plexus recorded 120/78, weight: 158.5, temperature: 98.4. Patient reports she has felt the best the past two days that she has since the accident. Sleeping better and waking more refreshed. Her feet and lower back are stiff and sore. Treatment: diversified adjustments and manipulation to the spinal subluxations / fixations to restore proper innervation. Side posture adjustments to the lumbar spine. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine.

10/05/04: Blood pressure 122/80, weight: 158, temperature: 98.4. Reports continued improvement, sleep better and wake refreshed. Feet still hurt and especially to walk on uneven ground in the yard. Treatment: diversified and side posture adjustments, and manipulation to the spinal subluxations / fixations to restore proper innervation. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

10/07/04: Reports feeling much better and sleeping well. Reports a swelling to her upper eyelid that began yesterday. Lower back pain and stiffness is reportedly is worse than the neck and between her shoulders. Left shoulder range of motion is pretty well within-normal-limits. Some limitations to range of motion to the cervical spine and more pronounced on side bending. A sebaceous gland swelling is noted to the eyelid and advised to apply hot water soaked hand towels for several hours. Treatment: diversified adjustments and manipulation to the spinal subluxations / fixations to restore proper innervation. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine. Ms. [REDACTED] advised to continue her dietary plan and nutritional supplementation.

10/12/04: Ms. [REDACTED] accompanied by her husband (as is usual). Patient is in an extraordinarily good mood and announced she was able to more housework last week and used the vacuum cleaner for the first time since the accident. Even did some laundry. The sebaceous gland swelling is completely gone. Continues to report lower back and hip pain. Physical examination shows tenderness to L 4, 5 and sacrum bilaterally, more pronounced on the right than on the left. Tenderness noted at the insertion of the piriformis muscle to the right. We emphasized the injury sustained to the lower back was caused by the lap belt securing her lower torso while allowing the upper to be raised up during the accident. This has been reported to cause microscopic tearing of the intervertebral discs, fixations from adhesions, and often late degenerative changes. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine. Essential fatty refilled and Valarian root prescribed.

10/14/04: Blood pressure: 118/70, weight: 159, temperature: 98.6. Patient reports continual improvement, though she is concerned about the lower back pain and the continual pain and tenderness to her feet. We advised her to check with her podiatrist. Treatment consisted of diversified spinal manipulations to the cervical and thoracic spine and side posture adjustments to the lumbar spine to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

10/19/04: Blood pressure: 117/74, weight: 160.5, temperature: 97.9 taken in the right ear. Accompanied by her husband and reports continued improvement. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

10/21/04: Blood pressure: 116/74, weight: 161, temperature: 97.5. Patient reports continuing sleeping better and experiencing more energy. Lower back continues to be stiff and sore. Orthopedic and neurological examination to the lumbar spine and hip do not indicate serious disc involvement. Treatment: diversified spinal manipulations to the thoracic and cervical spine and side posture adjustments to the lumbar spine to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine. Essential fatty acids and Valarian root refilled

10/26/04: Blood pressure recorded 118/74. Weight: 162, temperature: 98. Patient reports she is beginning to be dismayed at not being able to grocery shop without having to find a place to sit down due to lower back pain and pain to her feet. Also complained of pain to her left calf. Her feet pain is exacerbated by walking on uneven surfaces. Stiffness and tenderness to the lumbar spine noted by clinical palpation. Tenderness noted to the lower lateral left calf on palpation. Was told she has sciatic neuritis. It is caused from irritation to the sciatic nerve as the portion of the nerve exits from the 4th and 5th lumbar intervertebral foramina. It was explained that sciatic neuritis is a more demanding type of pain than is ordinarily experienced from the typical back pain syndrome. Treatment: diversified spinal manipulations and side posture adjustments to the lumbar spine. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical

therapy to the lumbar spine. We will schedule [REDACTED] for another adjustment in two days, explaining

10/28/04: Patient accompanied by her husband for treatment. Blood pressure recorded 120/70 in the right brachial plexus. Weight: 160, temperature: 97.2. Patient reports continued improvement to her neck, upper back, and left shoulder. Sleeping better and more energy. Still reports pain and stiffness to her lower back and especially to the left hip. Continues to report she cannot walk hardly at all on any uneven surfaces and for only a very short period of time otherwise, such as grocery shopping. We advised Ms. [REDACTED] that the soft tissues making up the lower extremities are mostly ligamentous in nature, therefore receive nourishment and oxygen by being bathed in blood, greatly increasing the healing time. We recommended she make an appointment with her podiatrist. Treatment: diversified spinal manipulations and side posture adjustments. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

11/02/04: Blood pressure: 132/70, weight: 162, temperature: 98.2. Patient reports continued improvement to her neck and shoulders, reporting she can dress herself easier, especially putting a blouse and pull-over sweaters. Sleeping well at night, but continues to be nagged with lower back pain that now radiates primarily into the left hip. Orthopedic and neurologic examinations to the lumbar spine does not indicate a specific disc involvement, rather fixations and facet articulation dysfunction cause irritation to the nerves as they exit the intervertebral foramina. Due to the type of injury, continual spinal manipulation therapy with ultra sound will help to delay or prevent predicted "late degenerative" changes. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

11/04/04: Blood pressure recorded 128/80, weight: 163.5, temperature: 98.4. Patient reports she does negotiate stairs better, however, she still has to take them one at a time due to feet and lower back pain. Treatment: diversified spinal manipulations and side posture adjustments. Manipulation to the soft tissue of the feet. Tenderness and range of motion to the feet are improving. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

11/09/04: Patient accompanied by her husband. Reports with pain and stiffness to her cervical spine that began over the weekend. Ms. [REDACTED]'s reports the neck pain and stiffness began insidiously and seemingly without provocation. Reports she visited her podiatrist who re-xrayed her feet and reported no stress fractures and to just take "aleve" for inflammation. We explained that while the OTC medications may temporarily help to block the pain, in the long run it will interfere with the nutrition necessary for recuperation. Physical examination: clinical palpation to the cervical and upper thoracic spine shows neuritis and muscle spasms to the left cervical spine radiating to around the left eye and to the shoulder girdle on the left. Treatment consisted to gently chiropractic adjustments to the cervical spine, vapocoolant spray to help reduce the spasms and ultra-sound physical therapy to the cervical and upper thoracic spine to the left. Patient reports relief. We suggested to see Ms. [REDACTED] tomorrow for follow-up treatment and adjunctive therapy.

11/11/04: Blood pressure: 130/80, weight: 162.5, temperature: 98.5. Patient reports much improvement to her neck and between her shoulders. Again, sleeping better. Physical examination: ENT within-normal-limits. Cervical range of motion improved over 2 days ago, but not to degree of before. Reports the pain and stiffness to her lower back is somewhat improved and her feet may be a little better. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical spine.

11/16/04: Blood pressure: 128/80, weight: 161.5, temperature: 98.5. Patient reports continuing to sleep better and waking more refreshed, and energy lasting throughout the day. Also reports she is beginning to appreciate an improvement to her feet. Treatment: diversified spinal manipulations and side posture adjustments to the lumbar spine. Manipulation to the soft tissue of the feet. Adjunctive therapy: ultrasound physical therapy to the lumbar spine.

11/18/04: Blood pressure: 128/80, weight: 160.5, temperature: 98.1. Patient accompanied to the clinic by her husband. Reports continued improvement, is still afraid to drive, or even being on the highway with her husband driving. Feet better. Treatment: spinal manipulations and side posture adjustments. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

11/23/04: Blood pressure: 127/78, weight: 159.5, temperature: 97.5. Report continued improvement. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

11/30/04: Patient reports continue to sleep well with energy improving all the time. Reports lower back pain is improving very satisfactorily. Reports her feet continue to be very tender and experiencing shooting pains to the right foot. States her podiatrists told her the pain in the right foot is due to her beginning to walk more and since the pain in her left foot automatically causes her to put more pressure on the right. Patient also reported she just began driving again, with the help of her husband. They drove to the store to grocery shop. It did hurt the planter surface of her feet "really bad" to use the gas pedal and brakes. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

12/02/04: Blood pressure: 118/70, weight: 162.5, temperature: 98.7. Patient reports she is getting more mobility to her back and is able to do more of her household chores. Sleeping well and waking refreshed for the most part. Continues to experience some pain and stiffness to her lower back. Physical examination shows the range of motion to the cervical and upper thoracic spine to be within-normal-limits. Tenderness to the 4th and 5th lumbar spinal segments noted by clinical palpation bilaterally, possibly more pronounced on the left than the right. ENT-within-normal-limits. Hearts strong and regular, pulse rate: 72, respiration 12. Treatment: spinal manipulations and side posture adjustments. Manipulation to the soft tissue of the feet. Adjunctive

physiotherapeutics: ultrasound physical therapy to the lumbar spine. Patient reports she is continuing to follow our dietary and nutritional prescriptions. Buffered ascorbic acid refilled.

12/07/04: Blood pressure: 117/74, weight: 163, temperature: 97.6. Reports her feet are improving very gradually. Can walk better and is easier to ascend and descend stairs. Sleeps well. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine. Essential fatty acids refilled.

12/09/04: Blood pressure: 116/76, weight: 162, temperature: 97.6. Patient reports her lower back seems to be improving and notices she can get out of the bathtub much easier. Her feet still hurt, but also, are improving. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

12/14/04: Blood pressure: 122/78. Weight: 163.5, temperature: 97.6. Patient reports she is improving but still cannot shop without finding a place to sit so she can rest her feet. We again explained the injuries to the ligamentous structure are slow to heal. However, with the added assurance of the podiatrist, we are confident that in time she will be able to walk without discomfort. Reports her lower back is still sore and some stiff, but is also improving. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

12/21/04: Blood pressure: 116/74, weight: 163.5, temperature: 97.3. Patient accompanied by her husband to the clinic, as usual. Reports continued improvement and sleeping "alright". Feet continue to gradually improve. Treatment: diversified manipulations to the cervical and thoracic and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

12/28/04: Blood pressure: 117/72, weight: 163.5, temperature: 98.7. Patient reports continued gradual improvement. Objective findings: patient is ambulating pretty well normally and has a good attitude. Reports negotiating stairs better "all the time". Ms. [REDACTED] feet are not as tender and improved range of motion. Treatment: diversified spinal manipulations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine.

01/04/05: Blood pressure: 188/80, weight: 163.5, temperature: 98.5. Reports she is much improved and can now shop for about 2 hours before her feet hurt to the point she has to find a place to sit. The burning and tingling to her feet is also much improved. Continues to sleep well. Also, lower back is improving very nicely. Physical examination: EENT: within-normal-limits. Range of motion to the cervical and thoracic spine within-normal-limits. Orthopedic tests to the lumbar spine pretty well within-normal-limits. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive

physiotherapeutics: ultrasound physical therapy to the lumbar spine. We are going to schedule her office visits to weekly with the warning that should she experience exacerbations to call for an appointment sooner. Essential fatty acids refilled.

01/11/05: Blood pressure: 110/74 in the right brachial plexus. Weight: 163, temperature: 97.8. Reports continuing improvement. Sleeping well. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the lumbar spine. We will schedule patient for 2 weeks.

01/25/05: Blood pressure: 122/84, weight: 161, temperature: 98.3. Patient reports continued improvement, her lower back is not sore except on certain movements and if try to lift even light amounts in a "wrong" position. Physical examination: range-of-motion to the cervical and thoracic spine within-normal-limits. Abduction, adduction to the shoulder articulations are also WNL. Patient reports she is driving some but is still afraid to get on the main road. Treatment: diversified spinal manipulations and side posture adjustments to help mobilize the fixations. Manipulation to the soft tissue of the feet. Adjunctive physiotherapeutics: ultrasound physical therapy to the cervical and upper thoracic spine.

02/08/05: Blood pressure: 118/78, weight: 158.5, temperature: 97.8. Patient reports continuing improvement and sleeping well. Some discomfort to the lower back. We feel Ms. [REDACTED] is rapidly reaching maximum physical improvement and should be soon released to once a month and if continues to improve, then to a maintenance schedule.

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2/15/05: Blood pressure: 117/77, temperature: 98.2, weight: 161. Patient reports that in the last few days she has helped rake leaves and clean the yard, and could not have been able to do this type of activity "three weeks ago". However, she now experiences discomfort, described as a moderate pain, to her neck and shoulders. Also, her lower back is more stiff and sore with pain radiating to the right hip and upper posterior thigh. Physical examination: ENT: within-normal-limits. Orthopedic and neurologic examinations to the cervical and thoracic spine and upper extremities. Moderate stiffness with tenderness noted on clinical palpation. Multiple articular fixations noted. Examination to the lumbar spine revealed considerable tenderness bilaterally with decreased range of motion. Treatment: diversified chiropractic adjustments to the cervical and upper thoracic spine and side posture adjustments to the lumbar spine to mobilize the spinal articulations, encourage blood circulation and nerve supply. Adjunctive physiotherapeutics: ultra-sound to the cervical and upper thoracic spinal column. We will schedule Ms. ██████████ for 3 week FU.

3/10/05: Blood pressure: 120/70 in the right brachial plexus. Temperature: 98.4, weight: 160.5. Patient reports she is continuing to improve very satisfactorily, and is able to return to more of her "house-hold chores all the time". Follow-up examination: range of motion to the cervical and thoracic spine improved. Continuous tenderness noted to the lumbar spine. Treatment: diversified chiropractic manipulation to the cervical and thoracic spine; side posture adjustments to the lumbar spine. Adjunctive physiotherapeutics: ultra-sound to the cervical and upper thoracic spinal column. We will schedule this patient for one month follow-up with consultation that, with spinal injuries of this type healing is slow and exacerbations may occur from time to time with little or seemingly no provocation. If this should occur, she is to make an appointment immediately rather than wait for the scheduled appointment time because we need to reduce the inflammatory period to as short of time as possible.

4/7/05: Blood pressure: 117/74. Temperature: 97, weight: 159. Patient reports that except for pain to her right hip, she has felt good since the last office visit. Brief physical examination: treatment: diversified chiropractic manipulation to the cervical and thoracic spine; diversified adjustments to the lumbar spine. Refilled ascorbic acid and essential fatty acids. Physical therapy: intersegmental traction to the lumbar spine. We will schedule Ms. ██████████ for one week follow-up care.

4/12/05: Blood pressure: 115/70. Temperature: 98.5, weight: 159.5. Patient reports improvement. Sleeping well at night. Discomfort is more to the left hip from the low-back. Treatment: diversified chiropractic adjustments to the cervical and upper thoracic spine; side posture adjustments to the lumbar spine. Adjunctive physiotherapy: intersegmental spinal traction.

4/20/05: Blood pressure: 116/84, weight: 106.5, temperature: 99.3. Patient reports continues to improve. Still having trouble sleeping at night due neck and lower back pain. Physical examination: ENT within-normal-limits. Cervical range of motion is improving. Continues to exhibit pain and tenderness to the lower lumbar articulation on clinical palpation and certain flexion and extension exams. Treatment: diversified chiropractic adjustments the cervical and thoracic spine. Side posture adjustments to the lower back and upper thoracic spine. Adjunctive physiotherapeutics: ultra-sound to the lower segments of the lumbar spine. We will schedule this patient for 3 weeks, with

instructions to call sooner if needed.

5/4/05: Patient reports she continues to improve, her feet are much better. Reports her lower back and hips only show discomfort if she "over-does it" through the day. Denies any headache, dizziness, or gastro-intestinal problems. Physical examination: range of motion tests to the upper and lower spine, and extremities are all within normal limits. Treatment: diversified adjustments to the cervical and thoracic spine. Side posture adjustments to the segments of the lumbar spine. Physical therapy: ultra-sound to the lumbar spine.

5/19/05: Patient was seen today reporting continued improvement. Sleeping well at night and waking refreshed. Reports that she notices being able to increase her activities almost daily. Blood pressure: 122/74, weight: 139, temperature: 98.1. Range of motion to the cervical spine continues to improve. Treatment: diversified chiropractic adjustments to the cervical, upper and mid thoracic spine. Side posture adjustments to the lower thoracic and lumbar spine. Physical therapy: intersegmental spinal traction. We will schedule this patient for 2 weeks and if improvement continues will consider releasing her at that, or the next, time.

6/2/05: Blood pressure: 120/76. Weight: 156.5. Temperature: 98.3. Reports she can walk further "all the time" without foot pain and is doing very well. Still reports some tenderness across her lower back after helping her husband with yard work. Physical examination: range of motion to the cervical and thoracic spine. Orthopedic and neurologic examinations to the lumbar and lower extremities are within-normal-limits. Tenderness noted by clinical and motion palpation to the 4th and 5th lumbar articulations radiating to the right, ending in the gluteus maximus muscle. Treatment: diversified chiropractic adjustments to the cervical and thoracic spine to ensure proper mobilization of the articulations. Side posture adjustments to the lower lumbar vertebrae. Adjunctive therapy: physical therapy to the lumbar spine. We will schedule patient for 2 week follow-up.

6/23/05: Patient was seen today reporting she is feeling well and hopes she can be released at this point. Reports, however, that following a 4 hour car trip her lower back was stiff and sore "for a couple of days". She reports sleeping well and waking refreshed. Blood pressure: 122/78. Weight: 138, temperature: 99. Examinations to the lumbar spine continues to show improvement. Treatment: diversified chiropractic adjustments to the cervical and thoracic spine and side posture adjustments to the lumbar spine. Adjunctive physiotherapy: ultra-sound to the lower lumbar vertebrae. We will schedule patient for one month follow-up with idea of releasing her to maintenance care.

7/26/05: Patient was seen today reporting she has experience very little discomfort to her neck, upper thoracic spine or lower back. Reports she is able to pretty well do her house hold chores, and it was a long time coming.

Blood pressure recorded: 120/70 in the right brachial plexus. Weight: 154.5, temperature: 98. Physical examination: ENT: within-normal-limits. Heart strong and regular, respiration 11 per minute and without abnormal lung or bronchial sounds. All orthopedic and neurological tests to the upper and lower spine within-normal-limits. Dermatomes, by Wharton's Pinwheel within-normal limits. DTR's to extremities all found to be within-normal-limits. Patient was examined and

released.

We again counseled Ms. [REDACTED] that in injuries of the discs, ligaments and capsules in the spine are often slow to heal because they do not have a direct blood supply, and must get their nourishment by being "bathed" in blood. This means as long as any swelling remains the new blood supplying oxygen and nutrition is impeded. The healing phase for this type of injury has been reported to take up to 3 to 5 years. In the meantime, exacerbations from time to time can be expected. If that occurs, she is instructed to seek treatment to reduce the inflammatory time and help delay any late degenerative changes.