Spinal Care Chiropractic 1515 Brady St., Davenport, IA 52806

Subjective

Condition Case

Condition Case	Dates	Signed By	Referring Provider	
346.21 Variants of migraine with intractable r	10/31/15 to Present	Dr. Brian DC	Jon Maxwell MD	

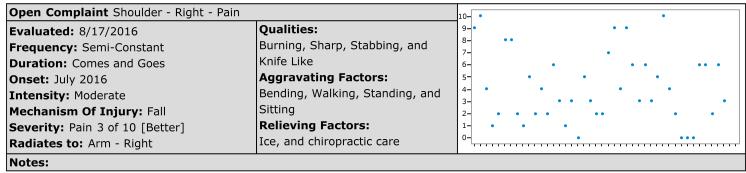
Demographics

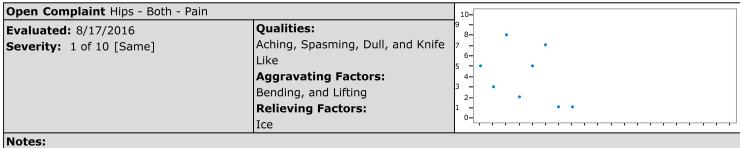
Smoking Status	Heavy tobacco smoker	Race	White
Marital Status	Married	Ethnicity	Hispanic or Latino
Job Status	Full-Time Student	Handedness	Left Handed

MIST

Medications	Allergies	Illnesses	Surgeries	Traumas
* simethicone 125 MG	* No known drug allergies	* No known problems	* Appendectomy	* Injury of head
Oral Tablet			(procedure)	(disorder)
* simethicone 125 MG				
Oral Capsule				
* Ascorbic Acid 500 MG				
[Vitamin C TR]				
* Simvastatin 10 MG				
* Allegra 180 MG Oral				
Tablet				

Complaints





Review of Systems

Cardiovascular/Respiratory	<u>Nose</u>	<u>Eyes</u>
No - Chest pain, pressure or	No - Blocked sinuses	No - Cataracts
discomfort	No - Discharge	No - Blurred vision

Have - Cold hands/feet No - Excessive mucus No - Burning Have - Coughing up blood - Allergies - Double vision No (hemoptysis) No - Hay fever No - Dryness Had - Difficulty breathing No - Itching No - Flashing lights Had - Dizziness/lightheaded No - Nose bleeds - Glasses or contacts No Have - Fainting No - Sinus pressure or pain No - Glaucoma No - Stuffiness/blockage No - Itching Have - Irregular heartbeat No - Palpitations No - Other

No - Pain No - Persistent coughing No - Redness No - Shortness of breath No - Specks No - Sudden awakening with a No - Vision problems No - Other shortness of breath (paroxysmal nocturnal

No - Swelling (edema) No - Tightness in chest No - Wheezing

dyspnea)

No - Other No - Test - Male

Gastrointestinal Ears Head/Neck

Had - Decreased hearing No - Facial pain No - Changes in appetite No - Changes in bowel habits No - Drainage Have - Grinding teeth Have - Headache No - Constipation No - Earache No - Ear infections Had - Head injury No - Diarrhea No - Poor balance No - Hoarseness No - Heartburn Had - Poor hearing No - Nausea No - Jaw clicks No - Ringing in ears (tinnitus) - Lumps No - Rectal bleeding No - Other No - Migraines No - Swallowing difficulties No - Pain No - Yellow eyes or skin No - Sore throat (jaundice) No - Other No - Stiffness

Urinary **Throat/Mouth**

Had - Swollen glands

Endocrine No - Urine in blood (hematuria) - Bleeding No - Changes in appetite No No - Burning or pain No - Blue lips No - Cold intolerance No - Difficulty urinating No - Constipation No - Braces No - Frequent urinary tract No - Dentures No - Diarrhea infections No - Difficulty swallowing No - Dry skin No - Incontinence No - Dry mouth No - Excessive thirst No - Kidney infections No - Hoarseness No - Frequent urination No - Kidney stones No - Mouth pain No - Heat intolerance No - Unable to hold urine No - Non-healing sores No - Sweating (incontinence) No - Redness - Other No - Urgency No - Sore throat No - Water retention No - Sores on lips or tongue No - Other No - Swelling No - Thrush No - Tooth pain No - Other

<u>Musculoskeletal</u> Vascular/Hematologic **Neurologic**

No - Feet/leg pain
No - Hip pain
No - Knee pain
Have - Arm/hand pain
No - Back pain

Have - Lower back pain
No - Muscle or join pain
Have - Mid back pain

Have - Neck pain No - Redness of joints

No - Shoulder(s) pain

No - Stiffness

No - Swelling of joints No - Upper back pain

No - Other

No - Calf pain with walking (claudication)

No - Cold hands and feet
No - Ease of bleeding

No - Ease of bruising
Have - Leg cramping

No - Other

No - Dizziness

No - Easily angered or irritated

Had - Fainting

Last fainted in 2009

No - Frequent crying

No - Memory confusion

No - Nervousness

No - Neuralgia

No - Numbness

No - Poor concentration

No - Seizures

No - Suicidal thoughts

No - Tingling No - Tremors

No - Weakness

No - Worry/anxiety

No - Other

Psychiatric

Males Only

No - Anxiety No - Discharge

No - Depression No - Erectile dysfunction

No - Memory loss No - Hernia
No - Nervousness No - Impotence
No - Stress No - Low sex drive
No - Other No - Masses or pain
No - Painful urination

No - Pain with sex No - Penile discharge No - Prostate problems

No - Sores No - STD No - Other

Subjective Comments

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Chad entered our office today with the chief complaint of left forearm pain. Chad denies radiating pain. He also has symptoms in/ on his cranium (headache). On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain imaginable, he rates his pain a 8 today. He describes the pain as cramping, dull, radiating and shooting. The symptoms last 20 minute(s). The symptoms have been present for the past several days. He notices the symptoms more in the late morning. The pain gets better with anti-inflammatories and ice. The pain gets worse with driving.

Chad shared his personal health history today, which includes: appendicitis, cataracts, diabetes and depression. He has not had any weight changes in the last 6 months. He is currently taking the following vitamins or nutritional supplements: Multi Vitamin and B1 thiamine. Chad has no known allergies.

Chad is experiencing numbness, tingling and/or loss of sensation along the C3, C7, C8 and T4 dermatome(s).

Chad is experiencing pain or weakness in the following upper extremity/cervical/thoracic muscles or muscle groups: brachioradialis (left).

The following ADL's are affected due to the problem: cooking, driving and eating.

Objective

Adjustments

Spine		
Adjustments	C2-Right, ESR, C4-Left, PL, T8-Left, PL-T,	
	C2 (Pain, Asymmetry), C4 (Pain, Asymmetry), T8 (Pain, Asymmetry)	
Areas to Avoid	L3, L4,	
Extremity		
Adjustments	Humerus - Right, External, Glenohumeral Joint - Left, Humerus-Inferior-Seated,	

Vitals

Date	Height	Weight	Blood Pressure, Pulse and Extremity Used	Oximetry	BMI
08/17/16	72.0 in	185.0 lbs	Sitting 120/95 mmHg -	99.00	25.1
	Temp	Resp			(Overweight)
	98.6 °F	19			

Objective Comments

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Chad is experiencing hypoaesthesia along the bilateral C1 dermatome(s). Kemp's test was performed. While Chad was seated his lumbar spine was stabilized, along with his contralateral shoulder. Chad leaned away, then was twisted forward into flexion, brought back into lateral flexion and extension. Leg pain on this test would indicate nerve root compression or radiculopathy. Local pain would indicate sprain/strain, facet syndrome or meniscoid entrapment. Results were positive on the right (local pain). Chad presented in the office today without an antalgic posture. An antalgic posture may suggest facet irritation, or in the presence of radicular symptoms, a disc herniation. NOTE: If Chad leans toward the affected side, the herniation is medial to the nerve root. If Chad leans away from the affected side, the herniation is lateral to the nerve root.

Oculomotor nerve test was performed on Chad and results were abnormal on the right. The loss of a normal pupillary light reflex, a dilated pupil, ptosis, the eye turning down and lateral or diplopia could indicate a lesion on cranial nerve III.

Olfactory nerve test was performed on Chad today and his sense of smell was increased on the left. Anosmia, or loss of smell, could indicate a lesion on cranial nerve I.

Ely's test was performed on Chad. While he was prone with legs relaxed his knee was passively flexed to the contralateral buttock, and the hip was extended. Pain with knee flexion would indicate femoral nerve root compression or quadriceps contracture. Pain with hip extension would indicate femoral nerve root compression or iliopsoas strain/inflammation. Results were positive bilaterally (pain with hip extension).

Chad presented in the office today with an antalgic posture. An antalgic posture may suggest facet irritation, or in the presence of radicular symptoms, a disc herniation. NOTE: If Chad leans toward the affected side, the herniation is medial to the nerve root. If Chad leans away from the affected side, the herniation is lateral to the nerve root.

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Assessment

Diagnosis

Diagnosis	Diagnosis Code
Cervicalgia	M54.2
Abnormalities of gait and mobility	R26

Assessment Comments

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Chad felt better after his treatment today. He is showing a decrease in pain, muscle spasms and an increase in range of motion at the affected areas. Due to the presentation of Chad's current condition/symptoms it is recommended he go on light duty at work for 3 weeks. We recommend Chad not lift more than 15 pounds. Upper Extremity range of motion has improved upon shoulder lateral rotation since care commenced at this facility.

Plan

Treatment Plan

Treatment Plan	
As needed	

Goals & Instructions

Smoking Cessation		
Instructions:	Stop smoking	
Percent Achieved:	90%	
Notes:	Improving.	
Increase Range o	of Motion	
Instructions:		
Percent Achieved:	0%	
Notes:		

Charges

Charge	CPT Code	Units
Manipulation 3-4 Regions	98941	1
Therapy-Traction/Mechanical		1

Plan Comments

Plan Comments

Our short term goals in treating Chad include: decrease stress and increase range of motion. We are expecting to meet these goals in six weeks. Our short term goals in treating Chad include: increase flexibility. We are expecting to meet these goals in six weeks in the cervical region.

Discharge Instructions

Discharge Instructions

Due to your presenting symptomatology as well as objective exam findings, I am recommending that you limit your physical activity for 10 days.

At home stretches were demonstrated to help you avoid further injury, relieve pain associated with musculoskeletal stiffness, and improve range of motion to the affected areas.

An at home strength training session was demonstrated to help you build strength, anaerobic endurance, and the size of skeletal

Spinal Care Chiropractic 1515 Brady St., Davenport, IA 52806 Dr. Brian DC NPI: 768768768

musculature.

Signed by: Dr. Brian DC