

Date of Service: 8/17/16

Patient: Chad Thompson

DOB: 10/22/1975

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

Complaints

Open Complaint Shoulder - Right - Pain		
Evaluated: 8/17/2016 Frequency: Semi-Constant Duration: Comes and Goes Onset: July 2016 Intensity: Moderate Mechanism Of Injury: Fall Severity: Pain 3 of 10 [Better] Radiates to: Arm - Right	Qualities: Burning, Sharp, Stabbing, and Knife Like Aggravating Factors: Bending, Walking, Standing, and Sitting Relieving Factors: Ice, and chiropractic care	
Notes:		
Open Complaint Hips - Both - Pain		
Evaluated: 8/17/2016 Severity: 1 of 10 [Same]	Qualities: Aching, Spasming, Dull, and Knife Like Aggravating Factors: Bending, and Lifting Relieving Factors: Ice	
Notes:		

Review of Systems

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

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Dr. Brian DC
NPI: 768768768

Have - Cold hands/feet
Have - Coughing up blood (hemoptysis)
Had - Difficulty breathing
Had - Dizziness/lightheaded
Have - Fainting
Have - Irregular heartbeat
 No - Palpitations
 No - Persistent coughing
 No - Shortness of breath
 No - Sudden awakening with a shortness of breath (paroxysmal nocturnal dyspnea)
 No - Swelling (edema)
 No - Tightness in chest
 No - Wheezing
 No - Other
 No - Test - Male

No - Excessive mucus
 No - Allergies
 No - Hay fever
 No - Itching
 No - Nose bleeds
 No - Sinus pressure or pain
 No - Stuffiness/blockage
 No - Other

No - Burning
 No - Double vision
 No - Dryness
 No - Flashing lights
 No - Glasses or contacts
 No - Glaucoma
 No - Itching
 No - Pain
 No - Redness
 No - Specks
 No - Vision problems
 No - Other

Ears

Had - Decreased hearing
 No - Drainage
 No - Earache
 No - Ear infections
 No - Poor balance
Had - Poor hearing
 No - Ringing in ears (tinnitus)
 No - Other

Head/Neck

No - Facial pain
Have - Grinding teeth
Have - Headache
Had - Head injury
 No - Hoarseness
 No - Jaw clicks
 No - Lumps
 No - Migraines
 No - Pain
 No - Sore throat
 No - Stiffness
Had - Swollen glands

Gastrointestinal

No - Changes in appetite
 No - Changes in bowel habits
 No - Constipation
 No - Diarrhea
 No - Heartburn
 No - Nausea
 No - Rectal bleeding
 No - Swallowing difficulties
 No - Yellow eyes or skin (jaundice)
 No - Other

Urinary

No - Urine in blood (hematuria)
 No - Burning or pain
 No - Difficulty urinating
 No - Frequent urinary tract infections
 No - Incontinence
 No - Kidney infections
 No - Kidney stones
 No - Unable to hold urine (incontinence)
 No - Urgency
 No - Water retention
 No - Other

Throat/Mouth

No - Bleeding
 No - Blue lips
 No - Braces
 No - Dentures
 No - Difficulty swallowing
 No - Dry mouth
 No - Hoarseness
 No - Mouth pain
 No - Non-healing sores
 No - Redness
 No - Sore throat
 No - Sores on lips or tongue
 No - Swelling
 No - Thrush
 No - Tooth pain
 No - Other

Endocrine

No - Changes in appetite
 No - Cold intolerance
 No - Constipation
 No - Diarrhea
 No - Dry skin
 No - Excessive thirst
 No - Frequent urination
 No - Heat intolerance
 No - Sweating
 No - Other

Musculoskeletal**Vascular/Hematologic****Neurologic**

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No - Feet/leg pain

No - Hip pain

No - Knee pain

Have - Arm/hand pain

No - Back pain

Have - Lower back pain

No - Muscle or joint 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

No - Anxiety

No - Depression

No - Memory loss

No - Nervousness

No - Stress

No - Other

Males Only

No - Discharge

No - Erectile dysfunction

No - Hernia

No - Impotence

No - Low sex drive

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

Subjective Comments

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 (Overweight)
	Temp	Resp			
	98.6 °F	19			

Objective Comments

Objective Comments
<p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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). Palpated spine and located multiple subluxations. All subluxations were adjusted. All adjusted areas had pain, tenderness and asymmetry.</p>

Assessment

Diagnosis

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

Assessment Comments

Assessment Comments
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 of Motion
Instructions:
Percent Achieved: 0%
Notes:

Charges

Charge	CPT Code	Units
Manipulation 3-4 Regions	98941	1
Therapy-Traction/Mechanical	97012	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

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musculature.

Signed by: Dr. Brian DC

A handwritten signature in black ink, appearing to read "Brian DC", is written below the text "Signed by: Dr. Brian DC".