

DATE: OCT 12, 2013

RE:

DOI : 9/20/13

Dear Dr. John Doe,

On September 26th, 2013 Ms. Jane Doe was seen in this clinic for treatment of injuries reportedly sustained in a motor vehicle accident (MVA) which occurred on 9/20/13. The following narrative report of her treatment and present condition is submitted per your request.

HISTORY OF THE INJURY

Ms. Jane related that on the morning of 9/20/13 she was behind the wheel of her 2001 Volvo station wagon when she was rear ended at the intersection of Queen Ka'ahumanu Hwy (19) and Akoni Pule Hwy (270) in the town of Kawaihae. EMTs responded to the scene and assessed Ms. Jane where she reported back and neck sprain/strain but refused to be escorted to the hospital for further treatment. Hours later, however, due to increased pain levels she sought medical treatment from Dr. Smith, D.C. a chiropractor practicing in Waimea, Hi. Dr. Smith's assessment and treatment failed to sufficiently address Ms. Jane's pain levels, so he referred her to my clinic for acupuncture treatment.

SOCIAL HISTORY

Ms. Jane is a 34 y.o. woman of medium build. She has not been able to perform her duties as a yoga dance instructor since the accident occurred. She is an avid hiker, swimmer, and walker. She only rarely smokes cigarettes and partakes in the consumption of alcohol. Her diet consists of whole foods, with nourishing good fats, and maybe a bit too much sugar.

PAST MEDICAL HISTORY

The patient's history prior to this MVA is insignificant related to her current injuries. She is not currently taking any medications. She has had no prior accidents or operations and has never been hospitalized.

CHIEF COMPLAINT

1. Sharp pain originating at the subocciput and radiating down her left arm, resulting in

numbness and tingling of her left upper extremity. On a scale of 1-10, with 10 being the most severe pain, she rated an 8/10.

2. Dull, intermittent low back pain which worsens when sitting for long periods of time, but decreases with slow movements. ROM of the waist is compromised by 10 degrees. There is some radiation to the left sacro-iliac joint. This pain was rated a 6/10.

3. Her neck pain worsens with movement and her range of motion is compromised by 10 degrees on right side rotation and normal on left side rotation. The numbness and tingling of her left arm is severe enough to wake her up at night.

INITIAL PHYSICAL EXAMINATION

Ms. Jane presented as a young and cooperative 34 y.o. female of slender build who recounted a straightforward explanation of her injury and present complaints. Her stated weight was 140 lbs and her stated height was 5'9'.

PALPITORY EXAMINATION

Upon palpation severe muscle spasms were detected throughout the scalenes, rhomboids, and paraspinals from the occiput to the sacrum.

RANGE OF MOTION

Patient presents with a decreased in ROM of right side neck rotation by 10 degrees. ROM of the waist is decreased by 10 degrees when bending forward.

OVERALL DIAGNOSTIC IMPRESSIONS

1. Ms. Jane has restrictions of both cervical and lumbar ROMs. Which are about 10% compromised.
2. Moderate to severe sprain/strain of the cervical vertebrae.
3. Moderate to severe compression of the lumbar vertebrae.

PROGNOSIS

Ms. Jane is young, healthy, and optimistic and has never before been injured in this manner.

She is a good candidate for acupuncture treatment, including needles, tuina, and cupping for relief of her symptoms and signs. It is expected this patient will require functional continuing care to treat her main complaints of pain and ROM concerns until such point as she returns to her original state of mobility.

This treatment should average 3-4 acupuncture visits monthly. Calculated at an average office visit fee of \$150, her treatment over the next 4 months is estimated to be up to \$2,800.

She has a good chance to recover from her injuries as complicating factors are not expected.

RECOMMENDATIONS

The patient is prevented from work including prolonged posturing of the neck and waist, as well as any work involving forceful pushing, pulling, or lifting. Her work classification would be considered between sedentary and light work with a minimum of physical demands and an ability to walk and stand as needed.

Due to the symptoms presented and if improvement isn't forthcoming as expected she may need to be referred out to her primary care provider for X-rays and/or MRI scanning that might provide evidence of disk herniation in either the cervical or lumbar spine.

Please feel free to contact me personally with any questions/ concerns.

Sincerely,

Dr. Wai Low, DAOM, L.Ac.