

**Examination Notes**  
**Back in Business**  
**Ethan McClendon, D.C.**  
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**Patient: Valentino Rossi**

DOB: 04/26/1981  
Onset: 05/01/2011

**Exam Performed on: 05/02/2011**

**The patient presented the following symptoms: neck pain, headache, low back pain.**

Mr. Rossi indicated his major complaints developed as a result of an auto accident on 05/01/2011 and have persisted for 2 Days. He said these or similar symptoms had been experienced previously on or about 04/13/2010. The symptoms are nearly constant and are worse in the evening. Activities that aggravate the symptoms are bending, exercising, getting up & down, lifting, turning head and twisting injured area. Activities/items that relieve the symptoms are heat, lying down and medication. Mr. Rossi reports he is on medication ( Ibuprofen ). Doctor previously seen for this condition: Dr. Claudio Costa. Additional to the major complaints, Mr. Rossi noted the following symptoms were at times present: concentration loss /confusion, fatigue and light bothers eyes. In the past Mr. Rossi has had back pain, bone fracture, concussion, dislocated joints, headaches, serious injury and neck pain. His last reported physical exam was 01/12/2011. He has been treated by a physician in the last twelve months for Rehabilitation after surgery. Mr. Rossi reports the following surgical history: Compound fracture of right leg - 08/2010. He communicated the following accident history: Thrown from motorcycle(auto) - 08/2010; Head-on collision(auto)(auto) - 04/2010; .

**Physical**

The patient is a 30 year old male; height: 73 in.; weight: 136 lbs; blood pressure (seated): 120 over 80; blood pressure (standing): 124 over 90.

Review of Systems

General: recent weight loss or weight gain - negative; Skin: rashes, hives or lesions - negative; HEENT: hay fever or post nasal discharge - negative; Cardiovascular: chest pain or palpitations - negative; Pulmonary: shortness of breath, wheezing or coughing - negative; Gastrointestinal: nausea, vomiting, or diarrhea - negative; Genitourinary: frequency or urgency - negative; Lymphatic: lymphadenopathy - negative; Endocrine: polyuria or polydipsia- negative and Neurological: history of seizures or headache-negative.

Social History: Tobacco usage - none. Alcohol usage - light. Drug usage - none. Exercise - frequent.

**Inspection**

On inspection, the following was noted:  
head rotated to the left, head tilt to the right, neck side curvature to the right, right scapula high and patient avoids putting weight on right side.

**Range of Motion**

Cervical flexion - normal range of motion is 50 degrees, today's result: decreased, with pain.

Cervical extension - normal range of motion is 60 degrees, today's result: decreased, with pain.

Lumbar passive and active ranges of motion: within normal limits.

**Palpation**

On palpation, Fixation noted in the cervical region at C-2 through C-5... in the lumbar region at L-2, L-4, L-5.... plus in the lumbosacral region at:

Sacroiliac

On palpation, Taut/Tender Fibers noted in the thoracic region at T-5.

On palpation, Muscle Spasm noted in the cervical region at C-3 through C-5.

### **Orthopedic Examination**

Valsalva's Maneuver; causes an increase in both localized and radicular cervical pain: TEST RESULTS: positive with pain radiating into the left shoulder. Valsalva Maneuver is performed by directing the patient to bear down as if straining at stool by way of forcible exhalation effort against the closed glottis thereby increasing intrathoracic pressure. Valsalva's Maneuver indicates a space occupying lesion such as a disc injury. Maximum cervical compression test; the patient laterally bends maximally and then rotates the neck for eliciting radicular pain on the ipsilateral side: positive, with pain. The patient maximally laterally bends their neck and then rotates it. Localized pain on the ipsilateral side would indicate a cervical sprain strain. Radicular pain would indicate on the ipsilateral side would indicate a cervical disc lesion.

### **Neurological Examination**

Deep Tendon Reflexes: Triceps (C7\C8): left: normal; right: normal. Biceps (C5\C6): left: hyperactive (joint moves through active range of motion); right: normal.

### **Pain Sensation Testing**

C4: left: hyperalgesia (increased sensitivity to pain); right: analgesia (absence of pain sensation).

C5: left: normal; right: normal.

### **Treatment Plan - Goals and Objectives**

Symptoms: neck pain, headache, low back pain ( diagnosis: 739.1 cervical segmental dysfunction , 847.0 cervical sprain/strain , 739.4 sacral segmental dysfunction , 739.3 lumbar segmental dysfunction )  
During the relief care phase (acute), which will begin 05/02/2011 and last for approximately 3 weeks, the patient should be treated 15 times. Each visit may include the following treatment:  
spinal manipulation, moist heat, EMS (unattended), massage, therapeutic exercises. The goals during this phase of care are to: decrease pain, decrease swelling/inflammation, decrease muscle spasm, increase range of motion, increase ability to perform activities of daily living, increase function, increase strength, increase flexibility, improve alignment.

Upon completion of this phase of care, reevaluate.

### **Prognosis/Diagnosis**

The cause of the patient's condition was a motor vehicle accident.

The patient's progress is being compromised by previous injuries, physical challenges in the work place, the patient's busy schedule.

The likelihood of nearly complete symptomatic relief within four weeks is high.

The patient should reach maximum chiropractic improvement within 2 months.

Diagnosis:

739.1 Cervical segmental dysfunction

847.0 Cervical sprain/strain

739.4 Sacral segmental dysfunction

739.3 Lumbar segmental dysfunction