

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd Ste #200
Long Beach, CA, 90807

NAME OF PATIENT: Victoria Sarver
SOCIAL SECURITY NO.: 558-15-3970
DATE OF BIRTH: 11/01/1966
INSURANCE: Brotherhood Mutual Insurance
CLAIM #: 550613
EMPLOYER: Lighthouse Coastal Community Church
OCCUPATION: janitor
WCAB NO.: ADJ11096005;ADJ11096006
DATE OF INJURY: 08/30/2017; CT: 09/01/2013 - 09/01/2017
DATE OF EXAMINATION: 01/11/2018

**Primary Treating Physician's Initial
Evaluation and Report**

To Whom It May Concern:

INTRODUCTION:

Ms. Victoria Sarver presents today, 01/11/2018, for initial evaluation and treatment in my office located at 3711 Long Beach Blvd Ste #200, Long Beach, CA90807.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations.

JOB HISTORY and DESCRIPTION:

The patient worked 4 to 5 hours per shift, 24 to 30 hour per week, and six days per week. She worked as a janitor. She has been employed with Lighthouse Coastal Community Church since 2009. Her job duties included cleaning floors, windows and furniture, sweeping, mopping and scrubbing floors.

The patient is right-hand dominant. The physical requirements while working included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, grasping, gripping, working overhead and lifting of approximately up to 100 pounds.

She states that she was exposed to any toxic chemicals including cleaning supplies. Maxi, and generic brand bleaches. She was provided any information about what is in the cleaning supplies or toxic chemicals. She states that chemical odors are present and headaches occur at work. The _____ INITIALS patient reports she experienced throbbing headaches only when cleaning closed areas. The patient—denies additional or part-time jobs while working for this employer.

HISTORY AND EFFECT OF PRESENT INJURY:

The patient states that throughout the course of his employment at Lighthouse Coastal Community Church as a janitor, she gradually developed pain in her head, arms, low back, abdomen and feet due to repetitive nature of her job. She constantly uses her arms, hands and legs. She also states that she repetitively performed cleaning duties such as sweeping, mopping, dusting and scrubbing for the whole eight-hour shift.

The patient states that she started experiencing sharp pain in her abdomen and low back, with associated bulging sensation in her abdomen around 2013. She did not report the symptoms to her employer. She did not take any pain medication. She continued working on regular duties. The patient reports that through the following months, she developed burning sharp pain in her arms, mostly the right arm, and feet, with associated weakness and soreness. She also experienced occasional headaches at work when exposed to cleaning chemicals in closed areas. She also developed severe stress and anxiety due to the outrageous behavior at her workplace.

Within 2014 the patient sought medical attention through her primary care physician, Dr. Khan. She was prescribed with pain medication, Valium and Paxil, which afforded temporary symptomatic relief. She was then referred to see a specialist.

In 2014, the patient started to see pain specialist Dr. Michael Shahbazian. She reports multiple MRI scan and x-ray from her low back were obtained. She was referred to attend physical therapy for two months. The therapy afforded minimal pain relief. She was prescribed with Norco and soma, which afforded temporary pain relief. She also received approximately six injections to her low back, which afforded temporary pain relief. She continued to follow up on a three-month basis. She was last seen in November 2017. She has a scheduled appointment in February 2018.

Within December 2014, the patient started to see surgeon Dr. Nguyen at Fountain Valley. She was diagnosed with a right abdominal hernia. She was advised to undergo surgery. She underwent hernia repair surgery in December 2014. She followed up twice. She was last seen in late 2014. She was temporarily placed off work.

The patient returned to work on regular duties with the same employer. She continued to experience pain and discomfort in her arms, low back and feet, with associated headaches. She also continued to experience stress anxiety and depression. She continued to take her prescribed medication, which afforded temporary pain relief. She reports she also started to experience pain in her abdominal area similar to the pain when she had the abdominal hernia.

In September 7, 2017, the patient was terminated from her job.

The patient is currently not working and is not receiving any kind of benefits. She is currently taking pain and anxiety medication, which afford temporary symptomatic relief. She also reports her social life has been severely affected. She reports much difficulty sleeping due to the stress, anxiety and depression caused by her current medical condition.

SOCIAL HISTORY:

The patient is divorced. She has two children ages 23 and 12. She smokes six cigarettes per day since age 19. She drinks alcoholic beverages occasionally.

HEALTH HISTORY:

Current Illness:

The patient denies history of any medical condition or disease.

Current Medications:

The patient is currently taking the following medications:

1. Valium 2 mg twice daily
2. Paxil 5 mg once per night

3. Norco 10 mg as needed

Prior Industrial Injuries:

The patient denies any previous industrial injuries.

Prior Personal Injuries or Automobile Accidents:

The patient denies previous prior personal or automobile accidents.

Prior Surgeries:

The patient underwent a hysterectomy surgery in 2016 performed by Dr. Rahshani at a medical facility in Fountain Valley. The patient reports full recovery.

Allergies:

The patient reports allergy to Zofran, which causes severe difficulty breathing due to throat swelling.

REVIEW OF SYSTEMS

Constitutional: Has a history of unexpected weight loss and fatigue. She denies any fever, sweat and chills.

Eyes: Has no history of glaucoma, blindness, or blurred vision.

ENT: Has no history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: Has no history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: Has no history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: Has no history of acid reflux, constipation or diarrhea.

Genitourinary: Has no history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: Has no history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: Has a history of occasional difficulty walking. She reports weakness of her right arm and hand.

Skin: Has no history of easy bruising, itching, or rash.

Neurologic: Has a history of intermittent headaches and dizziness.

Psychiatric: Has anxiety, depression, and occasional panic attacks. She denies any suicidal attempts.

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a bath - With difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- With difficulty
4. Comb your hair - With difficulty
5. Eat/Drink without discomfort- Without difficulty

6. Go to the toilet - With some difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably - Without difficulty
9. Type - Without difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand - With difficulty
12. Sit - With difficulty
13. Recline - With difficulty
14. Walk Normally - With difficulty
15. Climb stairs - With difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty
19. Hear - Without difficulty
20. See - Without difficulty

Hand Functions

21. Grasp - With difficulty
22. Differentiate between what you touch - Without difficulty
23. Lift - With difficulty

Travel

24. Ride on land forms of transportation - With some difficulty
25. Drive a vehicle -With difficulty
26. Fly on a plane - N/A

Sexual Function

27. Orgasm -N/A
28. Ejaculate -N/A
29. Lubricate -N/A
30. Achieve an erection --N/A

Sleep

31. Sleep restfully - Unable to perform
32. Sleep normally at night -Unable to perform

sustaining injuries to her. She reported the injury to her supervisor and was referred for medical care. She was evaluated at an industrial clinic and was .

As her painful symptoms persisted, she sought legal help and presents here today for evaluation.

CURRENT WORK STATUS:

The patient is currently not working.

Request Of Medical Records:

Pursuant to Title 8, California Code 9784, the patient's previous medical records were requested for review from the employer.

The records provided were reviewed and incorporated in full within my report.

Physical Examination

Vital Signs:

Height: 5'3

Weight: 105

Blood Pressure: 132/106

Pulse: 96 bpm

General:

The patient is a 51-year-old, Right hand dominant female who is . Her stated height is 5'3 , and stated weight is 105 pounds.

Subjective Complaints:

within normal limits Motor strength is 5/5 Deep tendon reflexes are 2/2 The patient has moderate and forward antalgic gait.

Head: The patient complains of frequent right temporal, sharp, throbbing headache. Exacerbation with stress and activity

Thoracic Spine: The patient complains of constant moderate achy upper/mid back pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Lumbar Spine: The patient complains of constant moderate achy lower back pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Right Elbow: The patient complains of occasional moderate right elbow pain, stiffness and weakness, associated with lifting 10 pounds, reaching, grabbing / grasping, gripping, pushing and pulling repetitively.

Right Forearm: The patient complains of occasional moderate right forearm pain, stiffness and weakness, associated with lifting 10 pounds, reaching, grabbing / grasping, gripping, pushing and pulling repetitively.

Right Hand: The patient complains of activity-dependent moderate sharp right hand pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, reaching, grabbing / grasping, gripping, squeezing, pushing and pulling repetitively.

Right Knee: The patient complains of constant moderate achy right knee pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling and twisting.

Left Knee: The patient complains of constant moderate achy left knee pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling and twisting

Abdominal: The patient complains of activity-dependent moderate sharp, stabbing abdominal pain and stiffness radiating to Right Groin .

Sleep: There is complaint of loss of sleep due to pain and fatigue.

Psychological: Patient states that due to prolonged pain and financial hardship is feeling like condition will never improve and is causing anxiety, stress, depression and irritability.

Thoracic Spine: There is tenderness to palpation of the bilateral scapular area, bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. There is muscle spasm of the bilateral Levator Scapulae, bilateral Rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. Kemp's is positive.

Lumbar Spine: There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive.

Right Elbow: There is tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, olecranon process and posterior elbow. There is muscle spasm of the dorsal forearm, lateral forearm, medial forearm and volar forearm. Cozen's is positive.

Right Hand: There is no bruising, swelling, atrophy, or lesion present at the right hand. Patient reported tenderness in the right hand thumb.

Right Knee: There is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. There is muscle spasm of the anterior knee, lateral knee, medial knee, posterior knee and superior border of patella. Valgus is positive. Varus is positive.

Left Knee: There is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. There is muscle spasm of the anterior knee, lateral knee, medial knee, posterior knee and superior border of patella. Valgus is positive. Varus is positive.

Abdominal: Patient reports tenderness and spasms in the right left quadrant.

Diagnoses

- Headache (R51)
- Sprain of ligaments of thoracic spine, initial encounter (S23.3xxA)
- Pain in thoracic spine (M54.6)
- Sprain of ligaments of lumbar spine, initial encounter (S33.5xxA)
- Low back pain (M54.5)
- Pain in right elbow (M25.521)
- Pain in right hand (M79.641)
- Pain in right knee (M25.561)
- Pain in left knee (M25.562)
- Pain in right ankle (M25.571)
- Unspecified abdominal pain (r10.9)
- Sleep disorder, unspecified (G47.9)
- Anxiety disorder, unspecified (F41.9)
- Major depressive disorder, single episode, unspecified (F32.9)
- Acute stress reaction (F43.0)
- Irritability and anger (R45.4)
- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)
- Myositis, unspecified (M60.9)

TREATMENT/THERAPY RECOMMENDATIONS:

MRIs of lumbar spine, left elbow, left knee and right knee.

ACUPUNCTURE () 1 x per week for 6 weeks M54.6 Pain in thoracic spine. ACUPUNCTURE () 1 x per week for 6 weeks M54.5 Low back pain. ACUPUNCTURE () 1 x per week for 6 weeks M25.521 Pain in right elbow. ACUPUNCTURE () 1 x per week for 6 weeks M25.562 Pain in left knee. ACUPUNCTURE () 1 x per week for 6 weeks M25.561 Pain in right knee. ACUPUNCTURE () 1 x per week for 6 weeks M25.571 Pain in right ankle. CHIROPRACTIC () 2 x per week for 6 weeks S23.3xxA Sprain of ligaments of thoracic spine, initial encounter. CHIROPRACTIC () 2 x per week for 6 weeks S33.5xxA Sprain of ligaments of lumbar spine, initial encounter. CHIROPRACTIC () 2 x per week for 6 weeks M25.562 Pain in left knee. CHIROPRACTIC () 2 x per week for 6 weeks M25.561 Pain in right knee. CHIROPRACTIC () 2 x per week for 6 weeks M25.571 Pain in right ankle. CHIROPRACTIC () 2 x per week for 6 weeks G89.21 Chronic pain due to trauma. MRI () to rule out internal derangement. M54.5 Low back pain. MRI () to rule out internal derangement. S33.5xxA Sprain of ligaments of lumbar spine, initial encounter. MRI () to rule out internal derangement. M25.521 Pain in right elbow. MRI () to rule out internal derangement. M25.562 Pain in left knee. MRI () to rule out internal derangement. M25.561 Pain in right knee. MRI () to rule out internal derangement. G89.21 Chronic pain due to trauma. ORTHOPEDIC EVALUATION () to rule out internal derangement. R51 Headache. ORTHOPEDIC EVALUATION () to rule out internal derangement. M54.6 Pain in thoracic

spine. ORTHOPEDIC EVALUATION () to rule out internal derangement. M54.5 Low back pain. ORTHOPEDIC EVALUATION () to rule out internal derangement. M25.521 Pain in right elbow. ORTHOPEDIC EVALUATION () to rule out internal derangement. M25.562 Pain in left knee. ORTHOPEDIC EVALUATION () to rule out internal derangement. M25.561 Pain in right knee. ORTHOPEDIC EVALUATION () to rule out internal derangement. M25.571 Pain in right ankle. ORTHOPEDIC EVALUATION () to rule out internal derangement. G89.21 Chronic pain due to trauma. HERNIA SPECIALIST () to rule out internal derangement. r10.9 Unspecified abdominal pain. HERNIA SPECIALIST () to rule out internal derangement. G89.21 Chronic pain due to trauma. Medical records are requested. Refer: Ortho and Hernia specialist. There have been 1 chiropractic visits to date. Number of treatments: 1.

WORK STATUS

The patient is placed on temporary total disability.

CAUSATION:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomatology is a result of the specific work-related injuries that occurred on 08/30/2017; CT: 09/01/2013 - 09/01/2017, during the course of her employment for Lighthouse Coastal Community Church as a janitor.

APPORTIONMENT:

Apportionment is not an issue at this time, but will be discussed at the time of discharge.

AFFIDAVIT OF COMPLIANCE:

I, Iseke, Harold D.C., D.C., declare in compliance with WCAB Rules & Regulations of the State of California Consistent with Rule 10606, I certify by my signature that the preliminary history was provided by the patient who completed a history form, when necessary with the assistance of an interpreter who has been identified in the initial portion of this report. The initial history was taken by myself. The patient's examination was performed solely by me.

Consistent with Labor Code Section 4628, this evaluation was performed on the date listed above at the Long Beach office location. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the administrative director pursuant to paragraph (5) of Subdivision (1) of Section 139.2.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and except as noted herein, that I believe it to be true.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. The contents of this report are true and correct to the best of my knowledge.

Sincerely,



Iseke, Harold D.C., D.C.
Signed in the County of Los Angeles

Cc:

Additional pages attached

State of California
Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or IMC 81556.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

Patient:

Last	Sarver	First	Victoria	Middle	Sex F
Address	666 W. 18th St. Apt. 4	City	Costa Mesa	State	CA Zip 92627
Date of Injury	08/30/2017; CT: 09/01/2013 - 09/01/2017		Date of Birth	11/01/1966	
Occupation	janitor	SS #	558-15-3970	Phone	

Claims Administrator:

Name	Brotherhood Mutual Insurance		Claim Number	550613
Address	PO Box 2228	City	Fort Wayne	State IN Zip 46825
Phone	(800) 333-3735		Fax	
Employer:	Lighthouse Coastal Community Church		Employer Phone:	

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Please see attached page.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Please see attached page.

Diagnosis:

1. Please see attached page.

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?)

MRIs of lumbar spine, left elbow, left knee and right knee.

Patient reports therapy decreased pain. However, prolonged activity causes exacerbation of pain.

ACUPUNCTURE () 1 x per week for 6 weeks M54.6 Pain in thoracic spine. ACUPUNCTURE () 1 x per week for 6 weeks M54.5 Low back pain. ACUPUNCTURE () 1 x per week for 6 weeks M25.521 Pain in right elbow.

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Medical records are requested. Refer: Ortho and Hernia specialist. There have been 2 chiropractic visits to date. There have been 2 acupuncture sessions to date. Number of treatments: 4.

Work Status: This patient has been instructed to:


Remain off-work until 04/12/2018

Return to *modified* work on _____ with following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: _____ (original signature, do not stamp) Date of exam: 02/26/2018

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature:  Cal. Lic. #DC30855

Executed at: Long Beach, CA Date: 02/26/2018
 Name: Iseke, Harold D.C. Specialty: Chiropractor
 Address: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 Phone: (562) 980-0555
 Next report due no later than 04/12/2018

DWC Form PR-2 (Rev. 06/05) (Use additional pages, if necessary)

Subjective Complaints:

within normal limits Motor strength is 5/5 Deep tendon reflexes are 2/2

Head: The patient complains of frequent right temporal, sharp, throbbing headache. Exacerbation with stress and activity

Thoracic Spine: The patient complains of constant moderate achy upper/mid back pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Lumbar Spine: The patient complains of constant moderate achy lower back pain and stiffness becoming sharp

severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Right Elbow: The patient complains of occasional moderate right elbow pain, stiffness and weakness, associated with lifting 10 pounds, reaching, grabbing / grasping, gripping, pushing and pulling repetitively.

Right Forearm: The patient complains of occasional moderate right forearm pain, stiffness and weakness, associated with lifting 10 pounds, reaching, grabbing / grasping, gripping, pushing and pulling repetitively.

Right Hand: The patient complains of activity-dependent moderate sharp right hand pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, reaching, grabbing / grasping, gripping, squeezing, pushing and pulling repetitively.

Right Knee: The patient complains of constant moderate achy right knee pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling and twisting.

Left Knee: The patient complains of constant moderate achy left knee pain and stiffness becoming sharp severe pain with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling and twisting

Abdominal: The patient complains of activity-dependent moderate sharp, stabbing abdominal pain and stiffness radiating to Right Groin .

Patient self-assessment: Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576) I. PAIN (Rated 0-10; 0-None & 10-Excruciating) a. Pain now – 4 b. Pain at its worst – 8 c. Pain on the average – 5 d. Pain aggravated by activity – 8 e. Frequency of pain – 10 II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform) a. Pain interfere with your ability to walk 1 block – 3 b. Pain prevent you from lifting 10 lbs. – 7 c. Pain interfere with ability to sit for ½ hour – 7 d. Pain interfere with ability to stand for ½ hour – 7 e. Pain interfere with ability to get enough sleep – 8 f. Pain interfere with ability to participate in social activities – 10 g. Pain interfere with ability to travel 1 hour by car – 10 h. Pain interfere with general daily activities – 8 i. Limit activities to prevent pain from getting worse – 8 j. Pain interfere with relationships with family/partner/significant others – 10 k. Pain interfere with ability to do jobs around home – 9 l. Pain interfere with ability to shower or bathe without help – 8 m. Pain interfere with ability to write or type – 2 n. Pain interfere with ability to dress yourself – 8 o. Pain interfere with ability to engage in sexual activity – 10 p. Pain interfere with ability to concentrate – 4 III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad) a. Overall mood – 9 b. Over past week, how anxious or worried have you been due to pain – 10 c. Over past week, how depressed have you been due to pain – 8 d. Over past week, how irritable have you been due to pain – 10 e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 10

Activities of Daily Living Questionnaire: Self Care 1. Take a bath – Unable to do 2. Brush your teeth – Without Difficulty 3. Dress yourself – With Difficulty 4. Comb your hair – No answer 5. Eat/Drink without discomfort – With some Difficulty 6. Go to the toilet – With Difficulty 7. Urinate normally – Without Difficulty Communication 8. Write comfortably – With some Difficulty 9. Type – don't type 10. Speak – Without Difficulty Physical Activity 11. Stand – With Difficulty 12. Sit – With Difficulty 13. Recline – With some Difficulty 14. Walk Normally – With some Difficulty 15. Climb stairs – With some Difficulty Sensory Function 16. Feel contact your skin – With Difficulty 17. Taste – Without Difficulty 18. Smell – Without Difficulty 19. Hear – Without Difficulty 20. See – With some Difficulty Hand Functions 21. Grasp – With Difficulty 22. Differentiate between what you touch – With Difficulty 23. Lift – unable to do Travel 24. Ride on land forms of transportation – no answer 25. Drive a vehicle – With Difficulty 26. Fly on a plane – unable to do Sleep 27. Sleep restfully – unable to do 28. Sleep normally at night – unable to do 29.

Sleep: There is complaint of loss of sleep due to pain and fatigue.

Psychological: Patient states that due to prolonged pain and financial hardship is feeling like condition will never improve and is causing anxiety, stress, and depression.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Height: 5'3, Weight: 110, Temp.: 97.5° F, B.P.: 120/95, Pulse: 82 bpm, Right hand dominant Girth: Biceps Right 21 cm, Left 20 cm; Arm Right 17 cm, Left 16 cm; Thigh Right 33 cm, Left 33 cm; Calf Right 26 cm, Left 26 cm;

JAMAR Grip Strength results, second notch: Right: 4, 4, 3 Kg, Left: 5, 6, 7 Kg.

Thoracic Spine:

Flexion 35°/45°

Left Rotation 20°/30°

Right Rotation 20°/30°

There is tenderness to palpation of the bilateral scapular area, bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. There is muscle spasm of the bilateral Levator Scapulae, bilateral Rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. Kemp's is positive.

Lumbar Spine:

Extension 15°/25°

Flexion 50°/60°

Left Lateral Bending 20°/25°

Right Lateral Bending 20°/25°

There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive.

Right Elbow:

Extension 0°/0°

Flexion 120°/140°

There is tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, olecranon process and posterior elbow. There is muscle spasm of the dorsal forearm, lateral forearm, medial forearm and volar forearm. Cozen's is positive.

Right Forearm:

Pronation 70°/80°

Supination 70°/80°

Right Hand: There is no bruising, swelling, atrophy, or lesion present at the right hand. Patient reported tenderness in the right hand thumb.

Right Knee:

Extension 0°/0°

Flexion 120°/140°

There is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. There is muscle spasm of the anterior knee, lateral

knee, medial knee, posterior knee and superior border of patella. Valgus is positive. Varus is positive.

Left Knee:

Extension 0°/0°

Flexion 120°/140°

There is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. There is muscle spasm of the anterior knee, lateral knee, medial knee, posterior knee and superior border of patella. Valgus is positive. Varus is positive.

Right Ankle:

Eversion 15°/20°

Extension 15°/20°

Flexion 30°/40°

Inversion 22°/30°

Abdominal: Patient reports tenderness and spasms in the right left quadrant.

Diagnoses

- Headache (R51)
- Sprain of ligaments of thoracic spine, initial encounter (S23.3xxA)
- Pain in thoracic spine (M54.6)
- Sprain of ligaments of lumbar spine, initial encounter (S33.5xxA)
- Low back pain (M54.5)
- Pain in right elbow (M25.521)
- Pain in right hand (M79.641)
- Pain in right knee (M25.561)
- Pain in left knee (M25.562)
- Pain in right ankle (M25.571)
- Unspecified abdominal pain (r10.9)
- Sleep disorder, unspecified (G47.9)
- Anxiety disorder, unspecified (F41.9)
- Major depressive disorder, single episode, unspecified (F32.9)
- Acute stress reaction (F43.0)
- Irritability and anger (R45.4)
- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)
- Myositis, unspecified (M60.9)