**Ares Legal - MedChron Sample**

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| **Patient Name** | John Doe |
| **DOB** | 1987-01-01 |
| **DOI** | 2023-03-20 |

**Narrative Summary**

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| On March 20, 2023, the patient, a 37-year-old male, was involved in a motor vehicle accident (MVA). He subsequently presented with complaints of dizziness of unclear etiology, along with cervical and thoracic pain, headache, and limitations in bending over, driving, and sleeping for more than six hours. He began a course of physical therapy at Apollo Physical Therapy starting on January 12, 2024.During the initial evaluation on January 12, 2024, the patient reported pain levels ranging between 5 and 7 out of 10. Orthostatic hypotension testing showed stable blood pressure measurements across sitting, standing, and supine positions, although one reading suggested a possible machine error. Range of motion was notably restricted in cervical extension and rotation, as well as in thoracic extension. Strength testing revealed a grade of 4 out of 5 for cervical flexion and extension bilaterally, and 3+ out of 5 for shoulder abduction and flexion. Special tests including smooth pursuit, saccadic eye movements, and Dix-Hallpike were negative for nystagmus; however, vertebral artery testing reproduced dizziness on the right, necessitating discontinuation of the maneuver before neurological symptoms developed. No imaging or radiographic studies were documented during this phase or at subsequent visits.Over the following months, the patient engaged in a comprehensive treatment program aimed at improving cervical and thoracic mobility and strengthening the shoulder girdle. This included exercises such as wall clocks, shoulder diagonals, seated thoracic extension, rows, and scapular retraction with external rotation. These interventions led to a gradual reduction in the patient’s reported pain, which decreased to approximately 2–5 out of 10 by the progress note on May 13, 2024. Concurrently, repeat orthostatic hypotension tests continued to show stable blood pressure values. Strength improved from 4 to 5 in cervical flexion and extension bilaterally, and from 3+ to 4+ or 5 in shoulder abduction and flexion. Thoracic extension range of motion also progressed from major loss at the initial evaluation to minimal loss by mid-treatment.By the discharge visit on July 22, 2024, the patient reported feeling back to normal and capable of performing most household activities. He specifically noted improvements in posture, diminished dizziness, and the ability to bend over, drive, and sleep more than six hours without compromise. Outcome measures further substantiated these functional gains, as his Dizziness Handicap Index score decreased from 66 to 36 points. Throughout the course of treatment, diagnoses under consideration included cervicalgia, thoracic fracture, thoracic pain, dizziness, headache, and cervical fracture.Having met his treatment goals, the patient elected to discontinue physical therapy on July 22, 2024. At discharge, he reported significant improvement in pain (maintaining levels under 3 out of 10), increased cervical and thoracic mobility, and restored strength sufficient to support his daily activities. No prescription medications had been utilized, and no additional follow-up or inpatient rehabilitation was documented. The patient was advised to continue home exercises as needed to maintain his functional gains. |

**Past Medical Visits**

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| **Medical Provider** | **Treatment Period** | **Visits** | **Reference** |
| Asclepius Emergency Department | Mar 20, 2023 | 1 | Exhibit 1 - p. 2 |
| Athena Brain and Spine | Mar 29, 2023 - Feb 12, 2024 | 6 | Exhibit 2 - p. 46 |
| Delphi Clinic | Apr 11, 2023 - May 28, 2024 | 14 | Exhibit 3 - p. 278 |
| Olympus Medical Imaging | Apr 18, 2023 - Nov 27, 2023 | 2 | Exhibit 4 - p. 3 |
| Ponos Pain | May 08, 2023 - Dec 18, 2023 | 42 | Exhibit 5 - p. 168 |
| Neurology Consultants of Athens | Aug 30, 2023 - Oct 6, 2023 | 4 | Exhibit 6 - p. 2 |
| Apollo Physical Therapy | Jan 12, 2024 - Jul 22, 2024 | 25 | Exhibit 7 - p. 44 |
| Patho Counseling Associates | Feb 28, 2024 - May 20, 2024 | 12 | Exhibit 8 - p. 3 |

**Diagnostic Highlights**

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| **ICD Code** | **Description** | **First Diagnosed** | **Reference** |
| V892XXA | Person injured in unspecified motor-vehicle accident, traffic, initial encounter | Mar 20, 2023 | Exhibit 1 - p. 2 |
| Y92410 | Unspecified street and highway as the place of occurrence of the external cause | Mar 20, 2023 | Exhibit 1 - p. 2 |
| V4362XA | Car passenger injured in collision with other type car in traffic accident, initial encounter | Mar 20, 2023 | Exhibit 1 - p. 2 |
| S299XXA | Unspecified injury of thorax, initial encounter | Mar 20, 2023 | Exhibit 1 - p. 2 |
| S129XXA | Fracture of neck, unspecified, initial encounter | Mar 20, 2023 | Exhibit 1 - p. 2 |
| S22080A | Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture | Mar 20, 2023 | Exhibit 1 - p. 2 |
| Y9389 | Activity, other specified | Mar 20, 2023 | Exhibit 1 - p. 2 |
| S1202XS | Unstable burst fracture of first cervical vertebra, sequela | Apr 11, 2023 | Exhibit 3 - p. 278 |
| J00 | Acute nasopharyngitis [common cold] | Apr 11, 2023 | Exhibit 3 - p. 278 |
| M47816 | Spondylosis without myelopathy or radiculopathy, lumbar region | May 08, 2023 | Exhibit 4 - p. 168 |
| M47812 | Spondylosis without myelopathy or radiculopathy, cervical region | May 08, 2023 | Exhibit 4 - p. 168 |
| M47814 | Spondylosis without myelopathy or radiculopathy, thoracic region | May 08, 2023 | Exhibit 4 - p. 168 |
| M5412 | Radiculopathy, cervical region | May 08, 2023 | Exhibit 4 - p. 168 |
| D102 | Benign neoplasm of floor of mouth | May 16, 2023 | Exhibit 4 - p. 258 |
| F0781 | Postconcussional syndrome | Aug 30, 2023 | Exhibit 5 - p. 2 |
| R42 | Dizziness and giddiness | Aug 30, 2023 | Exhibit 5 - p. 2 |
| M542 | Cervicalgia | Aug 30, 2023 | Exhibit 5 - p. 2 |
| G4700 | Insomnia, unspecified | Aug 30, 2023 | Exhibit 5 - p. 2 |
| R34 | Anuria and oliguria | Aug 30, 2023 | Exhibit 5 - p. 2 |
| M5481 | Occipital neuralgia | Aug 30, 2023 | Exhibit 5 - p. 2 |
| R202 | Paresthesia of skin | Aug 30, 2023 | Exhibit 5 - p. 2 |
| G43909 | Migraine, unspecified, not intractable, without status migrainosus | Aug 30, 2023 | Exhibit 5 - p. 2 |
| R4189 | Other symptoms and signs involving cognitive functions and awareness | Aug 30, 2023 | Exhibit 5 - p. 2 |
| R4589 | Other symptoms and signs involving emotional state | Aug 30, 2023 | Exhibit 5 - p. 2 |
| M546 | Pain in thoracic spine | Jan 12, 2024 | Exhibit 6 - p. 44 |
| S22009D | Unspecified fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing | Jan 12, 2024 | Exhibit 6 - p. 44 |
| S129XXD | Fracture of neck, unspecified, subsequent encounter | Jan 12, 2024 | Exhibit 6 - p. 44 |
| F4311 | Post-traumatic stress disorder, acute | Feb 28, 2024 | Exhibit 7 - p. 3 |

**Medical Summary**

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| **Date** | **Facility/Provider** | **Treatment** | **Page** |
| Mar 20, 2023 | Asclepius Emergency DepartmentJason G. Skopelos, PA, Icarus C. Soter, MD, Orion M. Helios, DO, Eudora Demetria, RN, Briseis T. Ionia, RN | **SUBJECTIVE**Patient is a 36-year-old male who arrived on 03/20/2023 via private vehicle after a motor vehicle crash. He was a restrained passenger in a jeep rear-ended by a small car. He complains of moderate midline cervical tenderness as well as mid and low back pain, denies chest pain, shortness of breath, dizziness, weakness, or loss of consciousness. He has no known past medical or surgical history on file. **OBJECTIVE**On initial evaluation in the Emergency Department, vitals included BP 115/75, HR 68, RR 20, Temp 36.7 °C, SpO2 100%. He is awake and alert, well-developed, and not in acute distress. Examination of the neck reveals midline tenderness over C6 and C7 with no step-off or deformities. Mid and low back exam shows tenderness and bony tenderness at T10–T11 and L1–L2 without deformities. Neurologic exam is within normal limits, and he is oriented to person, place, and time. A neurosurgery consult was obtained on 03/20/2023; they agreed imaging suggests a new spinous process fracture at C6 and an older compression fracture at T12. They recommended a cervical collar (c-collar), a TLSO brace, and outpatient follow-up. **IMAGING FINDINGS**• X-ray Thoracic Spine: Anterior wedging at T12 with approximately 40–50% height loss suspicious for acute compression fracture. • CT Cervical, Thoracic, and Lumbar Spine (03/20/2023): Mildly displaced fracture of the C6 spinous process; no acute fracture of the vertebral bodies in the cervical spine. T12 shows approximately 50% anterior height loss with a corticated appearance consistent with a chronic compression fracture. Lumbar spine is normal, with no acute fracture or dislocation. **MEDICATIONS & TREATMENTS GIVEN**In the ED, patient received acetaminophen 1000 mg, ibuprofen 800 mg, methocarbamol 1500 mg, and oxyCODONE 5 mg for pain control, as well as a lidocaine patch. At discharge, he was instructed to take oxyCODONE 5 mg by mouth every 4 hours as needed, ibuprofen 600 mg by mouth every 6 hours as needed, and place a lidocaine 5% patch daily. **ASSESSMENT**• Closed wedge compression fracture of T12 vertebra (chronic in appearance but symptomatic). • Motor vehicle accident, initial encounter. • Closed fracture of spinous process of the C6 vertebra. **PLAN**He was discharged home in stable condition on 03/20/2023 with instructions to wear a cervical collar and TLSO brace. He is advised to follow up with a local neurosurgeon within one week, especially given he resides in Ponos. He was counseled to contact his family care doctor to assist with neurosurgical referral arrangements. He should return to the emergency room for any new or worsening symptoms. **ICD CODES**V892XXA, Y92410, V4362XA, S299XXA, S129XXA, S22080A, Y9389 | [Exhibit 1 (p. 2-3)](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf#page=2)[Exhibit 1 (p. 6-37)](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf#page=6)[Exhibit 1 (p. 50)](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf#page=50)[Exhibit 1 (p. 56-57)](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf#page=56)[Exhibit 1 (p. 59)](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf#page=59) |
| Apr 7, 2023 | Athena Brain and SpineBion Leonidas, MD, Basil Gylippus | **SUBJECTIVE**Patient is a 36-year-old male presenting for neurosurgical consultation with right-sided neck pain radiating to the shoulder, back pain with numbness in the right upper and lower extremities, and a cervical collar in place. He attributes these symptoms to a motor vehicle accident on March 20, 2023, after which Asclepius Hospital informed him of a C6 fracture. He also reports a preexisting T12 fracture from a 2012 motocross injury but states he had no symptoms before this accident. He complains of various issues including disorientation, dizziness, headaches, difficulty with speech, confusion, blurred vision, shortness of breath, sore throat, ear pain, and nausea/vomiting. He rates his current back pain at 3/10 and leg pain at 1/10, with worst pain 5/10 and best 2/10. There is a pending legal case and a worker’s compensation case. **OBJECTIVE**Vital signs: Pulse 52, Blood Pressure 117/73 mm Hg, BMI 24.33. On exam, patient is healthy, alert, and in no acute distress. Neck tenderness is noted on palpation; lumbar tenderness is also present. Neurologically, he is alert and oriented to person, place, and time with a Glasgow Coma Scale of 15, intact cranial nerves, normal motor strength (5/5) in all extremities, normal sensation, and intact reflexes (no Hoffmann’s sign, downgoing Babinski). Gait is normal. **IMAGING FINDINGS**A March 2023 CT of the cervical, thoracic, and lumbar spine demonstrates T12-L1 remote compression fractures with focal kyphosis at T12, a C6 spinous process fracture, and increased gap between the joint space at C1-2. **MEDICATIONS & TREATMENTS GIVEN**He is taking Zolpidem 10 mg, Sertraline 100 mg, Dextroamphetamine-amphetamine (10 mg and 20 mg extended release), Methocarbamol 500 mg, and Oxycodone 5 mg. He has used bracing (wearing a cervical collar) and has been on conservative therapy for over six weeks. **ASSESSMENT**Right-sided neck pain radiating into the shoulder, back pain, and numbness down the right upper and lower extremities likely associated with the C6 spinous process fracture and remote T12-L1 fracture, with focal kyphosis noted at T12 and an increased gap at C1-2. **PLAN**Obtain MRI of the cervical, thoracic, and lumbar spine for further evaluation of the patient’s spinal pathology and soft tissues. The patient will follow up in 2–3 weeks once the imaging is complete. Further management will be based on MRI findings given persistent pain despite conservative measures.  | [Exhibit 2 (p. 39-44)](https://medchronai-files.s3.amazonaws.com/55/Athena%20Brain%20and%20Spine.pdf#page=39) |
| Apr 11, 2023 | Delphi ClinicHermes, Rhesus K, MD | **SUBJECTIVE**The patient is a 36-year-old male presenting on 4/11/2023 for follow-up after being rear-ended in a motor vehicle accident on 3/20/2023. He reports an established fracture of the C6 vertebra and has been wearing a cervical collar as advised by his neurosurgeon. He notes constant headaches, difficulty sleeping, vision changes in the left eye, and numbness and tingling in the right upper extremity from shoulder into hands and fingers with some weakness that is improving. He also describes a week of cough and nasal congestion, attributing it to either a viral process or allergies. **OBJECTIVE**Vital signs show BP 102/62, pulse 52, temp 37.2 °C, respirations 18, SpO₂ 99%. He is alert and oriented and in no acute distress. Pupils are equal, round, and reactive, and the neck is supported by a cervical brace. Neurologically, he displays 4/5 grip and triceps strength in the right arm and 5/5 in the left. Bilateral nasal mucosa is erythematous with clear mucus; turbinates are hypertrophied. No other significant abnormalities are noted on exam. **IMAGING FINDINGS**No new imaging studies were performed at this visit. The patient is scheduled for an MRI to assess the healing progress of the C6 fracture and to determine if surgical intervention is necessary.MEDICATIONS & TREATMENTS He reports using extra-strength Tylenol once per day for headaches. Current medications noted in his list include ibuprofen 600 mg as needed for pain, lidocaine 5% patch, methocarbamol 500 mg as needed for muscle spasms, and several other chronic medications (including alprazolam, amphetamine-dextroamphetamine products, and sertraline). For his acute cough, benzonatate 100 mg capsule was prescribed as needed; he was also advised to use a second-generation antihistamine and nasal spray for possible allergy-related symptoms. **ASSESSMENT**1. Fracture Cervical First Unstable Burst Sequela (C6 vertebra) 2. Rhinitis Acute **PLAN**He will remain off full-time work (or work part-time without travel) until he follows up with his neurosurgeon later in the month to determine if surgery is required. He will continue wearing the cervical collar with no lifting. For recent upper respiratory symptoms, he should take daily non-decongestant antihistamines and intranasal corticosteroids. He will message the provider with any short-term disability paperwork needed and possibly schedule another visit if additional documentation or assessment is required. Follow-up is planned for May or sooner if symptoms worsen. **ICD CODES**S1202XS, J00 | [Exhibit 3 (p. 278-291)](https://medchronai-files.s3.amazonaws.com/55/Delphi%20Clinic.pdf#page=278) |
| Apr 18, 2023 | Olympus Medical ImagingLeonidas Delios, MD | **SUBJECTIVE**Patient reports low back pain and cervicalgia following an automobile accident (order indications note cervicalgia and low back pain). **OBJECTIVE**No Emergency Room or inpatient consultation/progress notes appear in these records. The objective findings are limited to radiology reports. **IMAGING FINDINGS**• Cervical Spine MRI (04/19/2023): Mild degenerative change/disc disease. No significant neural foraminal narrowing or spinal canal stenosis except at C5-C6, where there is a small disc protrusion measuring 2.5 mm AP in the right foraminal region resulting in moderate right neural foraminal narrowing. Intact cord signal, no acute fracture, and straightening of normal cervical lordosis (likely due to positioning or muscle spasm).• Thoracic Region: Unspecified kyphosis, thoracic region (mentioned in the imaging notes).• Lumbar Spine MRI (04/18/2023, compared to 02/20/2020): Old mild T12 and L1 anterior compression deformities, no acute fracture. Tiny disc bulges at L3-L4 and L4-L5 with minimal to mild bilateral neural foraminal narrowing and no spinal canal stenosis. At L5-S1, tiny left foraminal zone disc protrusion measuring 2 mm AP with no nerve impingement, no significant neural foraminal narrowing, and no spinal canal stenosis. **MEDICATIONS & TREATMENTS GIVEN**No medications or other treatments are documented in these reports. **ASSESSMENT**Cervicalgia with mild degenerative changes and a small disc protrusion at C5-C6 causing moderate right foraminal narrowing, unspecified thoracic kyphosis, and old mild T12/L1 compression deformities. Lumbar findings include tiny disc protrusions at multiple levels with no acute fracture or nerve impingement. **PLAN**No discharge instructions or follow-up plans are provided in the available records.  | [Exhibit 4 (p. 3-8)](https://medchronai-files.s3.amazonaws.com/55/Olympus%20Medical%20Imaging.pdf#page=3)[Exhibit 4 (p. 12-14)](https://medchronai-files.s3.amazonaws.com/55/Olympus%20Medical%20Imaging.pdf#page=12) |
| May 08, 2023 | Ponos PainPallas Moros, DNP | **SUBJECTIVE**Patient reports being a passenger in a motor vehicle collision on 3/20/2023 with rear impact and no airbag deployment. He was seen at Asclepius Hospital and later evaluated by Bion Leonidas, MD before this visit. Current complaints include constant neck pain radiating into the right upper extremity, described as aching pain with sharpness, numbness, and tingling into the pinky finger (severity 7/10 at worst). He also reports constant axial mid-back pain with intermittent sharpness (severity 8/10 at worst). Patient finds minimal relief from medications (ambien, oxycodone, percocet, ibuprofen, methocarbamol) and notes aggravation with movement, bending, and twisting. He denies numbness or tingling in the mid-back region. **OBJECTIVE**Patient is alert and oriented to person, place, and time with no acute distress. Negative cervical compression test and increased pain with facet loading maneuvers of the cervical and thoracic spine bilaterally. Cardiovascular, respiratory, and abdominal exams are unremarkable. **IMAGING FINDINGS**• C MRI (04/2023): No acute fracture; mild degenerative changes and disc desiccation with a small disc protrusion at C5-C6 measuring 2.5 mm AP in the right foraminal zone causing moderate right neural foraminal narrowing. Straightening of normal cervical lordosis possibly due to patient positioning or muscle spasm. • X-ray Thoracic Spine (05/2023): T12 mild to moderate compression fracture of indeterminate age; otherwise normal alignment and disc spacing with no other significant findings. • T MRI (04/2023): Healed T12 anterior compression fracture with mild kyphosis; no acute fracture or significant canal or foraminal narrowing. • L MRI (04/2023): Old mild T12 and L1 anterior compression deformities; no acute fracture; tiny left foraminal zone disc protrusion at L5-S1 (2 mm AP) without nerve impingement. MEDICATIONS & TREATMENTS He currently takes Adderall. Conservative measures (home stretching, ice/heat, NSAIDs) have provided limited relief. **ASSESSMENT**1. Cervical radiculopathy (M54.12) 2. Spondylosis of cervical spine (M47.812) 3. Spondylosis of thoracic spine (M47.814) 4. Spondylosis of lumbar spine (M47.816) **PLAN**Recommendation to continue current therapies and follow up with primary care for positive findings. Given persistent symptoms despite conservative treatment, plan includes C7-T1 epidural steroid injections (up to three) to reduce pain and improve function. If insufficient improvement, medial branch blocks at thoracic levels bilaterally followed by radiofrequency ablation may be considered. No contraindications or spinal deformities precluding these procedures were identified. **ICD CODES**M47816, M47812, M47814, M5412 | [Exhibit 4 (p. 168-171)](https://medchronai-files.s3.amazonaws.com/55/Ponos%20Pain%20Relief.pdf#page=168) |
| Aug 30, 2023 | Neurology Consultants of AthensLycus Sylla, MD, Dorus Recion, R.NCS.T. | **SUBJECTIVE**John Doe is a 36-year-old right-handed male who sustained trauma on 03/20/2023 when, as a front-seat passenger on the I-5, his stopped vehicle was rear-ended. He denies loss of consciousness but struck his head on the side window and felt confused for a few days afterward. He was diagnosed with C6 and T12 fractures at the hospital and placed in neck and back braces. Since then, he reports daily headaches with light and noise sensitivity, neck pain, right upper extremity paresthesias (digits 4 and 5), dizziness, balance problems, blurry vision, memory difficulties, amnesia, feeling slowed down, reduced concentration, drowsiness, disturbed sleep, lowered energy, mood changes, irritability, and anxiety/flashbacks. **OBJECTIVE**• Neurological exam on 08/30/2023: Patient is awake, alert, and oriented with normal speech, affect, and cognition. Cranial nerves, motor strength, reflexes, sensory exam, coordination, and gait are normal. • An occipital nerve block was performed for headache. Pre-procedure pain was 6/10, post-procedure pain 4–5/10. • No other focal deficits noted on physical examination of the neck and extremities (no masses, full range of motion, normal capillary refill). IMAGING / DIAGNOSTIC STUDIES • EMG/NCS of bilateral upper extremities (08/30/2023) showed no significant abnormalities. • ImPACT (08/30/2023): Memory composite (verbal) 1%ile, memory composite (visual) <1%ile, visual motor speed <1%ile, reaction time 11%ile, PCSS 61→40. • EyeBOX Score (08/30/2023): 1.4. **MEDICATIONS & TREATMENTS GIVEN**• Current outpatient medications include alprazolam, dextroamphetamine-amphetamine, gabapentin, sertraline, and zolpidem (other listed medications appear unrelated to trauma). • Occipital nerve block, supraorbital nerve blocks, and auriculotemporal nerve blocks were administered with lidocaine on 08/30/2023. • A Medrol Dose Pack (methylprednisolone 4 mg) was prescribed for rescue therapy of posttraumatic headache. **ASSESSMENT**Diagnoses include migraine (unspecified), occipital neuralgia, paresthesias, cervicalgia, dizziness, cognitive/emotional symptoms, insomnia, and postconcussional syndrome. Based on history, physical exam, DoD/VA TBI criteria, and cognitive testing, he meets criteria for traumatic brain injury related to the 03/20/2023 accident. The physician opines to a reasonable degree of medical certainty that his current symptoms and conditions stem from that trauma. **PLAN**• Imaging and evaluations: MRI Brain (TBI protocol), routine EEG, neurovascular ultrasound with VMR protocol, HRV evaluation, VEP, VNG + Rotary Chair battery. • Headache management: Medrol Dose Pack as rescue therapy, repeat supratrochlear/auriculotemporal nerve blocks as needed. • Cervical management: Continue neurosurgical and pain management follow-up. • Cognitive/fatigue/sleep monitoring: DCAT evaluation, repeat ImPACT testing, EyeBOX testing. • Anxiety/mood: Refer to trauma psychologist for post-traumatic anxiety/depression. • The patient understands the diagnosis, treatment plan, and potential side effects. All questions were addressed. **ICD CODES**F0781, R42, M542, G4700, R34, M5481, R202, G43909, R4189, R4589 | [Exhibit 5 (p. 2-7)](https://medchronai-files.s3.amazonaws.com/55/Neurology%20Consultants%20of%20Athens.pdf#page=2)[Exhibit 5 (p. 13)](https://medchronai-files.s3.amazonaws.com/55/Neurology%20Consultants%20of%20Athens.pdf#page=13) |
| Jan 12, 2024 | Apollo Physical TherapyLycus Sylla, MD, Melina Rhodon, PT | **SUBJECTIVE**John Doe, age 36, reports dizziness, cervical and thoracic pain, and headaches stemming from an MVA on 3/20/2023, in which he was a restrained passenger and was rear-ended. He was diagnosed with a C6 fracture and T12 fracture, has had epidural injections and medial nerve branch blocks, and notes prior numbness into the right arm’s ring and pinky finger (now rare). Current complaints include daily headaches, difficulty sleeping more than six hours, intermittent nausea, and dizziness triggered by position changes (sometimes lasting seconds to minutes, occasionally with feelings of room-spinning). He denies difficulty swallowing but mentions occasional double vision. **OBJECTIVE**On 1/12/2024, Dizziness Handicap Index total score was 66. VR-12 scores were Physical Component Summary 27 and Mental Component Summary 35. Physical therapy evaluation shows decreased ROM in cervical and thoracic regions, decreased strength, and increased pain. Cervical flexion was Nil; thoracic extension was noted as major loss. Orthostatic blood pressure readings revealed a possible machine error (72/58) but stabilized on retake. Special tests: Dix-Hallpike produced symptoms on the right without nystagmus; Vertebral Artery test caused increased dizziness on the right. Palpation found mild-moderate tenderness at C1 and moderate-significant tenderness at C7–T11. Balance testing showed dizziness with feet together, eyes closed. **IMAGING FINDINGS**Patient underwent a recent CT scan of the cervical/lumbar spine but does not yet know the results. **MEDICATIONS & TREATMENTS GIVEN**He reports taking Zoloft 100 mg daily, Adderall 30 mg as needed, Xanax 0.5 mg as needed, Nebivolol 5 mg daily, and Eletriptan 40 mg as needed. Planned physical therapy is twice weekly for six weeks with therapeutic exercises, manual therapy, neuromuscular re-education, therapeutic activities, and modalities (cold/heat, ultrasound, traction, and electrical stimulation). Epleys maneuvers and patient education on dizziness, BPPV, and vascular considerations were initiated. **ASSESSMENT**Diagnoses include cervicalgia, cervical fracture, thoracic fracture, dizziness, and headache, with decreased ROM, strength, and balance. BPPV is suspected based on dizziness characteristics and neurologist input. Prognosis may be affected by multi-site involvement and pre-existing conditions. **PLAN**Short-term goals by three weeks include decreasing pain to 0/10, improving shoulder strength, and achieving favorable Hallpike testing indicating BPPV resolution. Long-term goals by 02/23/2024 include reducing pain to 3/10 for sleep >6 hours, restoring cervical rotation for driving, and increasing cervical extension strength for bending over. The patient will advance in therapy, receive a comprehensive home exercise program, and follow up with a physician due to positive depression screening. **ICD CODES**M546, R42, S22009D, M542, S129XXD | [Exhibit 6 (p. 44-51)](https://medchronai-files.s3.amazonaws.com/55/Apollo%20Physical%20Therapy.pdf#page=44)[Exhibit 6 (p. 55)](https://medchronai-files.s3.amazonaws.com/55/Apollo%20Physical%20Therapy.pdf#page=55) |
| Feb 28, 2024 | Patho Counseling AssociatesKalliane Rhea, LMSW, Petros Deimos, LCSW | **SUBJECTIVE**The patient is a 37-year-old male evaluated on 02/28/2024 following a motor vehicle accident on 03/20/2023, in which he was a passenger and rear-ended by another vehicle. He reports post-accident symptoms of neck and spine pain, constant headaches, anxiety, intrusive thoughts and distressing memories of the accident (especially when driving), nightmares about accidents, hypervigilance (constantly checking mirrors and locks), easy startle response, difficulty focusing, trouble sleeping, feelings of depression, suicidal ideation without plan, and reduced motivation. He mentions prior counseling in 2019 for relationship issues and reports a history of anxiety disorder and ADHD diagnosed about 10 years ago. **OBJECTIVE**Mental status exam shows the patient is oriented to person, place, and time, with appropriate affect, calm mood, good attention/concentration, and intact memory. He expresses suicidal ideation but denies any intention or plan. **IMAGING FINDINGS**No imaging studies were discussed. **MEDICATIONS & TREATMENTS GIVEN**He is currently prescribed 100 mg Zoloft daily, 20 mg Adderall as needed, and 0.25 mg Xanax as needed to address anxiety, depression, and ADHD symptoms. **ASSESSMENT**The diagnosis is F43.11 – Post-traumatic stress disorder, acute. Clinical opinion states that the patient’s subjective complaints and objective findings are consistent and causally related to the motor vehicle accident within a reasonable degree of medical probability. **PLAN**The patient will undergo Cognitive Processing Therapy (CPT) to address anxiety, depression, and PTSD symptoms stemming from the 03/20/2023 accident. Follow-up therapy sessions are recommended. **ICD CODES**F4311 | [Exhibit 7 (p. 3-5)](https://medchronai-files.s3.amazonaws.com/55/Patho%20Counseling%20Associates.pdf#page=3) |

**References**

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| **Exhibit** | **Reference Link** |
| Exhibit 1 | [https://medchronai-files.s3.amazonaws.com/55/Asclepius Emergency Department.pdf](https://medchronai-files.s3.amazonaws.com/55/Asclepius%20Emergency%20Department.pdf) |
| Exhibit 2 | [https://medchronai-files.s3.amazonaws.com/55/Athena Brain and Spine.pdf](https://medchronai-files.s3.amazonaws.com/55/Athena%20Brain%20and%20Spine.pdf) |
| Exhibit 3 | [https://medchronai-files.s3.amazonaws.com/55/Delphi Clinic.pdf](https://medchronai-files.s3.amazonaws.com/55/Delphi%20Clinic.pdf) |
| Exhibit 4 | [https://medchronai-files.s3.amazonaws.com/55/Ponos Pain Relief.pdf](https://medchronai-files.s3.amazonaws.com/55/Ponos%20Pain%20Relief.pdf) |
| Exhibit 5 | [https://medchronai-files.s3.amazonaws.com/55/Neurology Consultants of Athens.pdf](https://medchronai-files.s3.amazonaws.com/55/Neurology%20Consultants%20of%20Athens.pdf) |
| Exhibit 6 | [https://medchronai-files.s3.amazonaws.com/55/Apollo Physical Therapy.pdf](https://medchronai-files.s3.amazonaws.com/55/Apollo%20Physical%20Therapy.pdf) |
| Exhibit 7 | [https://medchronai-files.s3.amazonaws.com/55/Patho Counseling Associates.pdf](https://medchronai-files.s3.amazonaws.com/55/Patho%20Counseling%20Associates.pdf) |