

# Maxeiner Chiropractic and Muscle Therapy Clinic LLC

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New Albany, OH 43054-7001  
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## Visit Report

for

**Test Fourneau**  
**December 05, 2021**

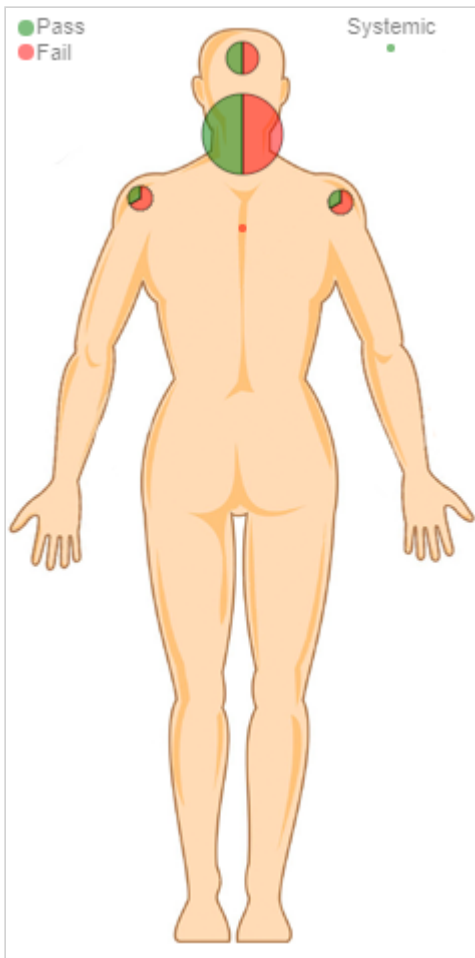
### Chief Complaint/Issues

#### 1. Neck pain

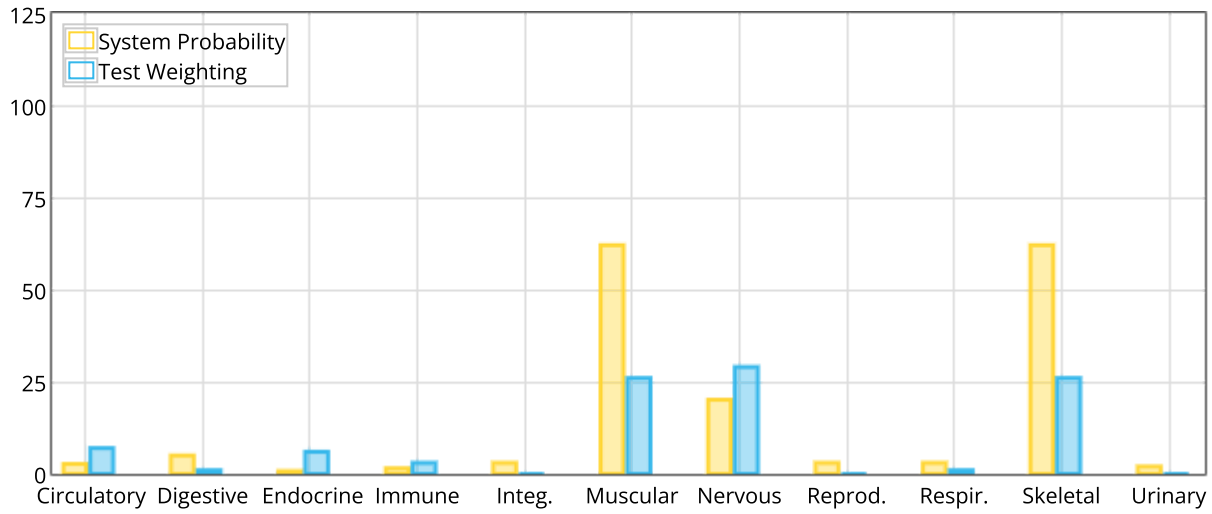
- o Started: Playing volleyball and jumped up for a block. Felt a little tight after the game. on 11-27-2020
- o Better with: Warming up, stretching; Worse With working at desk lifting weights, reaching overhead
- o Quality: ; Timing
- o Testing Performed:
- o Previous Treatments:
- o Other information:
- o Notes: Denies any radiating pain or symptoms

# Subjective Summary

## Body Map - Subjective Results

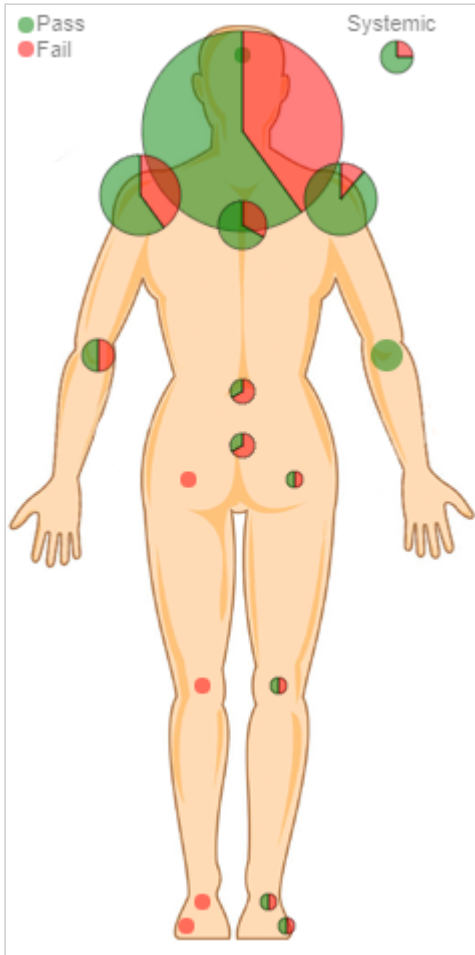


## Subjective - System Probability

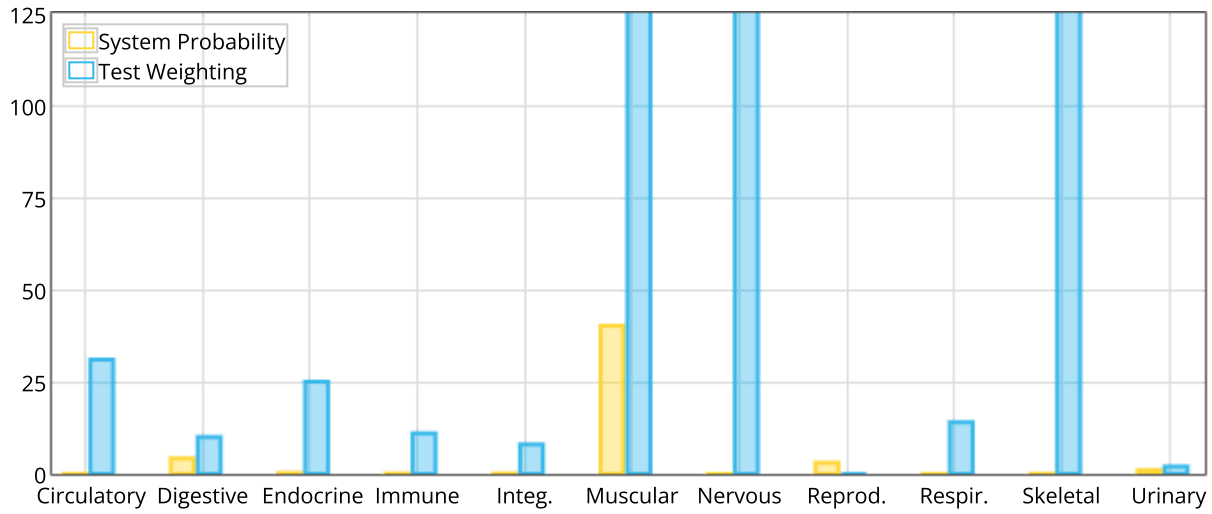


# Objective Summary

## Body Map - Exam Results



## Objective - Probability



## Subjective Detail

Grade color: Red indicates pain. Background color: Green indicates Pass, yellow indicates Fail.

Question	Side	Answer(score)
Pain Intensity		<b>Fail : The pain comes and goes and is moderate. (2)</b>
Personal Care (Washing, Dressing, etc.)		<b>Pass : I can look after myself normally without causing extra pain (0)</b>
Lifting		<b>Fail : I can lift heavy weights but it gives extra pain (1)</b>
Reading		<b>Fail : I can read as much as I want to with slight pain in my neck (1)</b>
Headaches		<b>Pass : I have no headaches at all (0)</b>
Concentration		<b>Pass : I can concentrate fully when I want to with no difficulty (0)</b>
Work		<b>Fail : I can only do my usual work, but no more (1)</b>
Driving		<b>Pass : I can drive my car without any neck pain (0)</b>
Sleeping		<b>Pass : I have no trouble sleeping. (0)</b>
Recreation		<b>Fail : I am able to engage in all my recreation activities, with some pain in my neck (1)</b>

Pain Intensity: The pain comes and goes and is moderate. - Fail

Personal Care (Washing, Dressing, etc.): I can look after myself normally without causing extra pain - Pass

Lifting: I can lift heavy weights but it gives extra pain - Fail

Reading: I can read as much as I want to with slight pain in my neck - Fail

Headaches: I have no headaches at all - Pass

Concentration: I can concentrate fully when I want to with no difficulty - Pass

Work: I can only do my usual work, but no more - Fail

Driving: I can drive my car without any neck pain - Pass

Sleeping: I have no trouble sleeping. - Pass

Recreation: I am able to engage in all my recreation activities, with some pain in my neck - Fail

### Subjective Notes

Patient presents for evaluation of neck pain which started after playing volleyball and jumping up for a block. He was able to finish the game but felt a little stiff afterwards. He still has some stiffness and occasional pain when he lifts heavier weights and does things overhead. He notes it feels better as work out and warms up. The patient does not report any symptoms into the arms or hands. He does not report any similar symptoms in the past. He has received chiropractic and massage therapies in the past but not for this injury. He reports seeing a PT a couple of years ago for some knee pain he had from soccer. Patient is not currently taking any medication and has no surgical or significant medical history.

# Objective Detail

## Objective Notes

### Exam Findings

Grade color: Red indicates pain. Background color: Green indicates Pass, yellow indicates Fail.

Test Name	Side	Today
Cervical Palpation - Joints		Fail, Tender Left CS.
Cervical Palpation - Soft Tissue		Fail, Hypertonic CS ES B.
Cervical Flexion Standing		Fail : 40/45 °, pull left side.
Cervical Extension Standing		Pass : 30/30 °, Full ROM but slight pinch.
Cervical Rotation	L	Fail : 45/90 degrees.
	R	Fail : 75/90 degrees.
Cervical Distraction - radicular		Pass.
Arm Squeeze Test	L	Pass.
	R	Pass.
Maximal Cervical Compression	L	Fail, Ache in left upper arm.
	R	Pass.
Upper Limb Tension Test - Median Nerve	L	Pass.
	R	Pass.
Skin Inspection - Neck		Pass.
Lymph Node Palpation	L	Pass.
	R	Pass.
Overhead Squat		Fail, Heels off ground, forward lean.
Cervical Flexion - Active Supine		Fail.
Supine Occipito-Atlantal Flexion Test	L	Pass.
	R	Pass.
Active Supine Cervical Rotation	L	Fail.
	R	Pass.
Passive Supine Cervical Rotation Test	L	Fail.
	R	Pass.
Supine Cervical Extension Test		Fail.
Cervical Flexion - Passive Supine		Pass.
Upper Extremity Pattern 1	L	Fail, T9.
	R	Pass, T5.

Upper Extremity Pattern 2	L	<b>Pass.</b>
	R	<b>Pass.</b>
MultiSegmental Rotation	L	<b>Fail.</b>
	R	<b>Pass.</b>
Active Prone Shoulder Extension	L	<b>Pass.</b>
	R	<b>Pass.</b>
Active Prone Shoulder Adduction - Internal Rotation	L	<b>Fail.</b>
	R	<b>Pass.</b>
Passive Prone Shoulder Adduction-Internal Rotation	L	<b>Pass.</b>
	R	<b>Pass.</b>
Active Prone Shoulder Internal Rotation	L	<b>Fail.</b>
	R	<b>Pass.</b>
Passive Prone Shoulder Internal Rotation	L	<b>Pass.</b>
	R	<b>Pass.</b>
Height	<b>Pass : 72 inches.</b>	
Weight	<b>Fail : 197 lbs..</b>	
Respiratory rate	<b>Pass : 12 breaths/min.</b>	
Blood Pressure	L	<b>Pass : 115/78 mm/Hg.</b>
	R	DNP
Heart rate Cardiac Apex Auscultation	<b>Pass : 58/60 bpm.</b>	

Cervical Palpation - Joints: Palpation of the cervical spine joints - Fail, Tender Left CS.

Cervical Palpation - Soft Tissue: Palpation of the cervical soft-tissues. - Fail, Painful, Hypertonic CS ES B.

Cervical Flexion Standing: Stand and bring your chin to your chest - Fail, Painful: 40/45 °, pull left side.

Cervical Extension Standing: Stand with the feet together and arms at their sides. Extend the head back and look at the ceiling. - Pass: 30/30 °, Full ROM but slight pinch.

Cervical Rotation: Cervical rotation is measured. Left - Fail, Painful: 45/90 degrees°, . Right - Fail: 75/90 degrees, .

Cervical Distraction - radicular: Examiner lifts head of subject and decreases pain or radicular symptoms. - Pass, .

Arm Squeeze Test: Clinicians squeezes middle third of upper arm. Left - Pass, . Right - Pass, .

Maximal Cervical Compression: Downward pressure on head with rotation and lateral bending. Left - Fail, Ache in left upper arm. Right - Pass, .

Upper Limb Tension Test - Median Nerve: Tension test of the median nerve. Left - Pass, . Right - Pass, .

Skin Inspection - Neck: Visual inspection of the neck. - Pass, .

Lymph Node Palpation: Cervical lymph node palpation. Left - Pass, . Right - Pass, .

Overhead Squat: Assess mobility or spine, hips knees and ankles. (Proceed to breakout if needed) - Fail, Heels off ground, forward lean.

Cervical Flexion - Active Supine: Actively flex the chin to chest. - Fail, .

Supine Occipito-Atlantal Flexion Test: Place patient supine and have them maximally rotate the head to one side and perform a chin tuck. Left - Pass, . Right - Pass, .

Active Supine Cervical Rotation: Patient is supine on table with arms at sides and actively rotates head to each side as

far as possible. Goal of 80 degrees. Left - Fail, . Right - Pass, .

Passive Supine Cervical Rotation Test: Patient lays supine on the table with their arms at their sides. The patient's head is passively rotated by the physician to either side. Left - Fail, . Right - Pass, .

Supine Cervical Extension Test: Patient is supine on table with arms at sides and head and neck off the end of the table. Patient's head and neck are passively placed into extension as far as possible. - Fail, .

Cervical Flexion - Passive Supine: Clinician passively flexes the head while patient is supine. - Pass, .

Upper Extremity Pattern 1: Patient reaches behind their back to touch the opposite scapula. Left - Fail, T9. Right - Pass, T5.

Upper Extremity Pattern 2: Patient reaches behind their head to touch the opposite scapula. Left - Pass, . Right - Pass, .

MultiSegmental Rotation: Stand with feet together and rotate to either side as far as possible Left - Fail, . Right - Pass, .

Active Prone Shoulder Extension: Patient lets prone with arms at sides. Patient actively extends shoulder and elbow. Goal is 50 degrees. Left - Pass, . Right - Pass, .

Active Prone Shoulder Adduction - Internal Rotation: Patient lies prone with arms at sides. Instruct patient to touch inferior angle of opposite scapula from behind their back Left - Fail, . Right - Pass, .

Passive Prone Shoulder Adduction-Internal Rotation: Patient lies prone with arms at sides. Clinician passively moves patients hand to touch inferior angle of opposite scapula from behind their back. Left - Pass, . Right - Pass, .

Active Prone Shoulder Internal Rotation: Patient lies prone with their shoulder and elbow at 90 degrees. Patient attempts to internally rotate the shoulder as far as possible. Goal > 60 degrees. Left - Fail, . Right - Pass, .

Passive Prone Shoulder Internal Rotation: Patient lies prone with their shoulder and elbow at 90 degrees. Clinician internally rotates the shoulder as far as possible. Goal > 60 degrees. Left - Pass, . Right - Pass, .

Height: Measure of height. - Pass: 72/ inches, .

Weight: Record patients weight. - Fail: 197/ lbs., .

Respiratory rate: Ventilation rate - Pass: 12/ breaths/min, .

Blood Pressure: Using a stethoscope and a blood pressure cuff. It is the maximum pressure (systolic) over minimum pressure (diastolic). Left - Pass: 115/78/ mm/Hg°, . Heart rate Cardiac Apex Auscultation: Auscultate the heart rate. - Pass: 58/60 bpm, .

## Assessment

### Assessment Notes

It appears the patient has a mild strain of the left cervical musculature. There also seems to be some mild compensatory dysfunction of the cervical spine.

There also appears to be some minor shoulder weakness which may have contributed to the cervical strain.

### Diagnosis

	ICD Code	Description
A	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
B	M99.01	Segmental and somatic dysfunction of cervical region

### Procedure/Treatment

From	To	CPT Code	Description	Modifiers	Pointers	Units
12-05-2021	12-05-2021	99203	New Patient Exam- Detailed		AB	1

### Procedure Notes

Neck Disability index was gathered along with patient injury and medical history.

A focused exam was performed on the cervical spine and shoulders.

Post isometric relaxation was performed to the following areas to restore proper muscle function (length and strength):

Cervical Erector spinae

Levator Scapula

Active Release Technique was performed at the following areas to reduce soft-tissue adhesions:

Cervical Erector spinae

Levator Scapula - left

Manual therapy mobilizations were performed on the cervical spine at the level of C3-6

Patient was instructed on home cervical stretches and mobilizations.

Medications

Name	Dose/Frequency	Treating	Prescribed By on Date	Discontinued	Notes
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## Plan

Plan Notes

Phases of care:

Acute Pain Management: Day 1-4 manual therapy and dry needling to cervical spine

Foundational Kinematics/Motion: Day 3-6

Motor Control/Stability: Day 3-6

Functional Strength Integration: Day 7-21

Progressive Kinematics: Day 21-32

Fundamental Capacity: Day 33-56