

Sample Narrative Report

Patient: Jane Doe
DOI: 8/22/11, motor vehicle accident (MVA)

Mechanism of Injury -

The patient was the driver of a 2011 Honda Accord wearing her seat belt and shoulder harness, stopped due to traffic conditions. She leaned forward and looked to the right with both hands on the steering wheel and right foot on the brake pedal, when she was suddenly rear-ended. She immediately felt pain going from her neck through her entire spine and back to the left hip.

Complaints -

a) Preexisting complaints NOT worsened by this accident -

This patient had left knee and left foot pain prior to this accident that was not worsened by this accident.

b) Preexisting complaints WORSENERD by this accident -

Headaches were one time every 2 months occurring 3-6/10 sinus related with a stuffy nose prior to this MVA, then daily after this MVA 7-9/10 for 3 days, then 1x/week 5-7/10 from then and continuing at the present time correlated with neck pain and middle back pain.

Neck pain was 3-4/10 occurring 2 times every 2months with a little neck stiffness 4/10 prior to this accident, now there is constant neck pain occurring every day 6-7/10 with neck stiffness 6-7/10 and decreased ROM all interfering with sleep (wakes the patient 1-3x/night for about 3 nights/week).

Low back pain was 4-5/10 occurring once per 1 1/2 weeks or so prior to this accident, since this accident it has been 6-8/10 occurring daily and worse with bending and moving, about 1-2 times per week wakes the patient at night.

Sleep interference possibly linked to pre-menopausal symptoms (sleeping fine for 2-3 months, then having restless sleep for about 3-4 weeks)prior to this accident. Since this accident, the patient is now awoken at least three times per week due to various physical pains.

Short term memory occurred prior to this accident only a little bit when not sleeping well, but is now worse after this accident in that the patient forgets where she puts things, can forget what she was going to say, and is getting progressively worse after this accident.

Difficult concentrating especially when headache occurred approximately once every two months, but since this accident now interferes with the patient's work daily.

c) New complaints resulting from this accident -

This patient has the following symptoms which only occurred after and as a result of this accident:

Left arm and proximal 1/2 of forearm deep posterior and lateral pain 6/10
Middle back pain constant 5-6/10 occurring daily, worse with moving neck and middle back
Left and right hip P 5-7/10 daily, constant, worse at night, also stiff upon waking
pubic bone pain occurring 5-6 times per week lasting through the day
numbness 10/10 on bottom of both feet after standing for 20 minutes
difficulty reaching for things
difficult prolonged sitting for more than 30 minutes -
 difficult driving, especially with decreased ROM
difficult prolonged standing for more than 2-3 minutes
fear when driving, especially when stopped at red lights
depression

Radiology -

Please see attached radiology report.

Diagnoses -

The following diagnoses pertain to this patient only as a result of this accident:

- 1) 847.0 Acute moderate to advanced traumatic cervical strain/sprain
- 2) 847.1 Acute moderate to advanced traumatic thoracic strain/sprain
- 3) 847.2 Acute moderate traumatic lumbar strain/sprain
- 4) 846.0 Acute moderate traumatic lumbosacral strain/sprain
- 5) 846.9 Acute moderate traumatic sacroiliac strain/sprain
- 6) 310.02 Traumatic brain injury/post-concussion syndrome
- 7) 839.08 Multiple traumatic cervical subluxations
- 8) 839.21 Traumatic thoracic subluxations
- 9) 839.20 Traumatic lumbar subluxations
- 10) 839.42 Traumatic sacral subluxations
- 11) 839.69 Traumatic pelvic subluxations
- 12) 338.11 Acute new pains due to trauma
- 13) 338.21 Exacerbation of chronic pains due to trauma
- 14) 339.21 Acute post-traumatic headaches
- 15) E812.0 Driver of a motor vehicle impacted by another motor vehicle
- 16) 728.4 Cervical C2/C3 and C5/C6 ligament laxity
- 18) 720.1 Spinal enthesopathy
- 19) 722.4 Cervical C5 and C7 intervertebral disc degeneration
- 20) 722.10 Lumbar L5 intervertebral disc degeneration without myelopathy
- 21) 784.3 Edema

- 22) 723.3 Cervicobrachial syndrome
- 23) 723.4 Brachial neuritis
- 24) 353.0 Brachial plexus lesion

- 25) 784.0 Headaches
- 26) 719.41 Left shoulder pain

- 27) 719.42 Left arm and forearm pain
- 28) 719.45 Left and right hip pain
- 29) 723.1 Cervicalgia
- 30) 729.1 Myalgia
- 31) 728.85 Muscle spasms/trigger points
- 32) 300.4 Anxiety, depression
- 33) 780.50 Insomnia with sleep disturbance, unspecified

- 34) 729.1 Fibromyalgia
- 35) 737.30 Scoliosis
- 36) 756.12 Spondylolisthesis

Medications prescribed by physicians -

This patient has been prescribed naproxin 50 mg. b.i.d., flexoril 80 mg. t.i.d., and ibuprofen 200 mg. p.r.n. by their medical doctor for this accident.

Referrals made to other health care providers -

This patient has been referred to Dr. ABC, a neurologist for consultation concerning her traumatic brain injury with resultant neurological effects.

Duties Under Duress -

This patient has difficulty performing the following activities as a result of this accident:

- She needs to hold onto something to bend down and pick things up.
- She must carefully bend down to put shoes on or off, or sit down to do it.
- Carrying anything over 10 lbs., such as groceries.
- Daily chores are more difficult and painful (feels like being 80 years old) -
 - cleaning floors and bathroom
 - washing dishes
 - vacuuming floors
- Mowing the yard since 2 1/2 weeks post MVA for 8 weeks
- Lifting her children since three weeks after this accident
- Cutting toenails

Loss of Enjoyment of Life -

This patient could not or cannot do the following activities as a result of this accident:

- Mowing their yard for 2 1/2 weeks following the accident
- Lifting her children since three weeks after this accident until the present time and continuing.

Disability -

- a) **Temporary** Disability -
 - no work for 3 weeks since this accident

no lifting or carrying more than 10 lbs. from 8/22/11 through 9/27/11
no lifting or carrying more than 10 lbs. from 9/28/11 through 11/30/11
no lifting or carrying more than 25 lbs. from 11/31/11 and continuing

b) **Permanent** Disability -

Per the AMA Impairment Ratings Guidelines, 5th edition, as a result of this accident this patient is rated with a 5-8% neck and upper extremity impairment rating, and a 7-12% impairment rating.

Prognoses -

This patient's traumatic brain injury/post-concussion symptoms are approximately 80-90% improved but with residual symptoms of short term memory loss, difficulty with concentration, and headaches still occurring on a fairly regular basis, although to a mild but significant degree. It is likely that these symptoms will continue at least 6 months to one year, but with the distinct possibility of occurring indefinitely based on the persistent presence of these symptoms.

Diagnoses 1-5 and 7-14 listed above are approximately 70-80% resolved with residual headaches occurring approximately one to two times every two weeks lasting for 30-60 minutes per episode, neck stiffness with decreased range of motion occurring two to four times per week worse in the morning and better as the day progresses and in warmth lasting several hours per episode, and muscle spasms and trigger points occurring two to four times per week lasting for several hours per episode. These symptoms are likely to occur indefinitely due to the incomplete healing of torn ligaments, muscles, and tendons (perhaps only approximately 60% as strong as compared to this patient's pre-injury status) with the resultant greater proclivity for the occurrence of subluxations as compared to a typical person.

Diagnoses 16-21 listed above (including C5 and C7 disc degeneration, ligament laxity, spinal enthesopathy, etc.) are approximately 50-60% resolved based on recurrent subluxations, neck pain, and other related symptoms occurring two to three times per week lasting about 20 to 60 minutes per episode (and subluxations lasting until being adjusted). They are likely to occur for the remainder of this patient's life since discs do not generally improve. Furthermore, this patient can expect their disc related symptoms to last long and be present with more intensity over time as the discs worsen, which is a certainty.

Diagnoses 22-24 and 26-27 listed above are apparently nearly totally resolved on the basis of infrequent symptoms of shoulder, arm, and forearm pain and tingling only when this patient lifts anything over 50 lbs. The patient has been advised not to lift anything over 30 lbs. and to obtain help when necessary so as to avoid exacerbations of these diagnoses.

Diagnoses 25, 29-31, and 33 are approximately 85-95% resolved based on infrequent mild headaches and neck pain occurring together, lasting 30-60 minutes per episode and relieved with chiropractic adjustments. These symptoms are likely to occur for at least the next several

years as a result of this accident due to incomplete healing of the soft tissues of the neck and head, which leaves this patient with a proclivity towards the occurrence of subluxations.

Diagnosis 28 (left and right hip pain) is approximately 70-80% resolved based on the occurrence of pain in both left and right hips when this patient exerts themselves beyond their now limited capabilities, such as exercise. The patient has been instructed to walk, swim, and perform light weight resistive muscle strengthening and range of motion exercise, but to carefully be aware of and not exceed their physical capabilities.

Diagnoses 32 and 33 are apparently completely resolved since approximately two months after this accident as the patient has not reported any anxiety, depression, or sleep disturbances since that point in time.

Diagnoses 34-36 are longstanding pre-existing conditions which are not likely to ever resolve, and are also likely to predispose this patient to exacerbations of their symptoms. Since this patient is an adult with scoliosis, this condition is not likely to change beyond a significant degree, however they have a radiological scoliosis study performed on them every six months for the next year to assess any decline in this condition as related to their pertinent automobile accident.

Disfigurement -

As a result of this accident, this patient suffered a 1 1/2" scar from being cut by a piece of glass on her forehead which required 5 months to heal, apparently becoming as good as it will get. There is a remaining visible scar in this location.

Past/Present Care -

As a result of this accident, this patient required chiropractic care for approximately five months at a cost of \$3,420.00, of which \$2,720.00 has been received, leaving a balanced owed of \$500.00.

I referred her to Dr. XYZ, a neurologist, for consultation and possible treatment for symptoms related to traumatic brain injury. Additionally, I referred her to Dr. RST, an orthopedic surgeon, for consultation and possible treatment for her cervical and lumbar disc injuries. She was also referred to a psychologist due to her fears when driving.

Future Care -

As a result of this accident, this patient is expected to need approximately 2-4 visits per month in order to keep her symptoms at a pre-injury level, plus approximately 6-10 visits per flare up of her symptoms. The cost of this treatment is \$120.00 per visit.

Since this patient is an adult with scoliosis, this condition is not likely to change beyond a significant degree, however standards of care require a radiological scoliosis study be performed

every six months for the next year to assess any decline in this condition as related to their pertinent automobile accident. The cost of this treatment is \$200.00 per scoliosis study.

Susceptibility to Reinjury -

As a result of this accident, this patient's brain is significantly more susceptible to reinjury than a typical person because they have now suffered traumatic brain injury with lasting symptoms of memory loss, difficulty concentrating, and balance problems. Extensive research has shown that each subsequent traumatic brain injury is worse than those previously incurred, and that the effects of multiple traumatic brain injuries are cumulative and greater than the sum of the individual effects of separate such traumatic injuries.

Additionally, this patient is also significantly more susceptible to reinjury of their already injured C5, C7, and L5 discs as compared to a typical person, which have been shown to be symptomatic because a disc does not ever totally heal once injured, and is prone to worse injury once it is injured as compared to prior to a given injury, and eventually can reasonably be expected to require surgery when the benefits of surgery outweigh its risks in light of the significant interference with this patient's life.

Certification Statement -

All procedures performed on this patient and the bills incurred were reasonably necessary to diagnose and treat injuries sustained directly as a result of the automobile accident that occurred on Aug. 22, 2011, and they were performed by myself or at my direction of my staff.

Sincerely,

/s/

Dr. XYZ