

**Brandywine Chiropractic Care**  
3411 Silverside Road  
Wilmington Delaware 19810  
Phone (302) 437-7246 Fax (302) 397-2555  
www.BrandywineChiropractic.com

**Narrative Report**

**Celino, Barnaby & Wexman**

925 French Street  
Wilmington Delaware 19803  
ATTN: Mr. John Barnaby

**PATIENT:** Steve Salvuchi  
**SEX:** Male  
**DATE OF BIRTH:** 08/25/1946  
**DATE OF ACCIDENT:** 08/18/2008  
**DATE OF VISIT:** 08/25/2008

Dear Mr. Barnaby,

The patient named above presented to my office on 08/18/2008 for treatment of injuries sustained in a motor vehicle accident on 8/17/2008.

**HISTORY:**

Mr. Salvuchi is a 42 yr. old male who was first seen in my office for injuries sustained in a motor vehicle accident on 8/25/2008. He states that he was the driver of a compact car that was struck in the back end as it was stopped at an intersection. A secondary impact was also reported with a vehicle stopped in front. Visibility at the time of the accident was excellent. Road conditions were dry. The vehicle he was traveling in was equipped with a front and side airbag system. The airbags did not deploy at impact. The patient states that he was unaware of the impending collision and was in a relaxed physical state with his head and neck facing forward. The estimated speed of the impact was approximately 10-20 mph. The headrest was positioned even with the head. Mr. Salvuchi admits to bodily impact within the vehicle. Areas of impact include: patient's head on the steering column; left knee on driver's side door panel. He denies a loss of consciousness following the impact. Mr. Salvuchi went to the Wilmington Hospital ER by ambulance immediately following for evaluation and treatment of his injuries.

**THE FOLLOWING SERVICES AND TREATMENTS WERE REPORTED AT THE HOSPITAL:**

- Medication for pain and spam
- MRI of the lumbar spine

Mr. Salvuchi states that he has been seen by another doctor for this condition. On 8/25/2008 he saw John Barrob, M.D. for a consultation. He remains under the care of this doctor. On 8/25/2008 he saw Marc Grobman, D.O. for a consultation. He is no longer under the care of this doctor. Overall, Mr. Salvuchi feels that his condition has not changed since the time of the accident. His condition currently interferes with his ability to sleep and work. He denies a prior history of injury to his neck and back.

**INITIAL COMPLAINTS:**

**COMPLAINT1:** Constant bilateral cervical pain and spasm. Severity level 10/10 with 10 being the most severe. This complaint is aggravated by bending, twisting and lifting and improved with rest and medication.

**COMPLAINT2:** Constant right-sided lower lumbar pain, aching and spasm. Severity level 10/10 with 10 being the most severe. This complaint is aggravated by bending, twisting and lifting and improved with rest and medication.

**CURRENT COMPLAINTS:**

**COMPLAINT1:** Constant bilateral cervical pain and spasm. Severity level 4/10 with 10 being the most severe. This complaint is aggravated by bending, twisting and lifting and improved with rest and medication.

**COMPLAINT2:** Constant right-sided lower lumbar pain, aching and spasm. Severity level 3/10 with 10 being the most severe. This complaint is aggravated by bending, twisting and lifting and improved with rest and medication.

**EMPLOYMENT HISTORY:**

EMPLOYED BY: Wal-Mart

CURRENT STATUS: Totally Disabled

JOB TITLE: Stock

DISABILITIES:

Totally disabled 8/18/2008 - 8/25/2008

Work Restrictions: Avoid prolonged bending and twisting movements; Avoid prolonged sitting/standing

Totally disabled 8/25/2008 to 9/5/2008

Work Restrictions: Avoid prolonged bending and twisting movements; Avoid prolonged sitting/standing

**PAST MEDICAL HISTORY:**

Hypertension

Heart Disease

GERD

**PAST SURGICAL HISTORY:**

Hernia Repair Inguinal

**CURRENT MEDICATIONS:**

Motrin 800 mg.

Skelaxin

**MEDICATION ALLERGIES:**

None Reported

**SOCIAL HISTORY:**

Denies Alcohol, Tobacco and Recreational Drug Use

**PHYSICAL/VITALS:**

BODY TYPE: Developed

DOMINANCE: Right-handed

HEIGHT: 6'0"

WEIGHT: 110 lbs

BP: 120 /80 (Left Arm)

PULSE: 40 bpm

TEMPERATURE: 98.5 degrees

RESPIRATION: 8 bpm

**INSPECTION:**

POSTURE: Abnormal; Anterior Head Translation; Left Head Tilt; Elevated Right Ilium; External Rotation R. Foot

GAIT: Normal

**PALPATION:**

	U-CSP	L-CSP	U-TSP	M-TSP	L-TSP	U-LSP	L-LSP	SAC	CX	PLV	EXT
Abnormal Motion	√							√			√
Muscle Tension	5	5	3	2	2	4	4	2	1	0	1
Muscle Spasm	√	√				√	√				
Trigger Points		√					√				
Edema								√			

\*Muscle tension is graded on a scale of 1-5, with 5 being the most severe.

\* Additional notes can appear here.

**CHIROPRACTIC**

METHOD OF ANALYSIS: DEREFIELD

SUBLUXATIONS: 1. C6 (BL) 2. T4 (BR) 3. L5 (BR)

LEG LENGTH DISCREPANCY: -½" Left

**RANGE OF MOTION:**

METHOD: Goniometry. Norms are based on current AMA guides to the evaluation of permanent impairment fifth edition.

**CERVICAL**

- FLEXION (/50): 45 degrees - Mild pain reported
- EXTENSION (/60): 60 degrees - Mild pain reported
- L LAT FLEX (/45): 45 degrees - Mild pain reported
- R LAT FLEX (/45): 40 degrees - Moderate pain reported
- L ROTATION (/80): 60 degrees - Severe pain reported
- R ROTATION (/80): 70 degrees - Severe pain reported

**LUMBAR**

- FLEXION (/60): 50 degrees - Moderate pain reported
- EXTENSION (/25): 20 degrees - Moderate pain reported
- L LAT FLEX (/25): 20 degrees - Mild pain reported
- R LAT FLEX (/25): 15 degrees - Moderate pain reported
- L ROTATION (/30): 30 degrees - Mild pain reported
- R ROTATION (/30): 30 degrees - Mild pain reported

**ORTHOPEDIC EVALUATION:**

**DISTRACTION TEST: POSITIVE**

With the subject seated, the examiner places one hand under the subject's chin and the other hand around the occiput then slowly distracts the subject's head from the trunk. The finding is positive when existing complaints of pain decrease or disappear during the distraction. This indicates that a nerve root compression may exist or muscular and/or ligamentous damage is present.

**JACKSON COMPRESSION TEST: POSITIVE BILATERAL**

With the subject seated upright and the examiner standing behind, the subject is directed to laterally flex the neck and head in an attempt and without undue discomfort to approximate the ear on the effected side to the shoulder. The examiner then clasps his hands over the subject's head and exerts downward pressure. An exacerbation of cervical and/or radicular pain indicates a positive test and is suggestive of nerve root compression.

**SHOULDER DEPRESSION TEST: POSITIVE BILATERAL**

With the subject seated in an upright position, the examiner laterally flexes the subject's head away from the side being tested while applying traction to the shoulder. Pain is indicative of muscular or ligamentous injury, or dural sleeve adhesions.

**STRAIGHT LEG RAISE TEST: POSITIVE RIGHT AND NEGATIVE LEFT**

The subject is supine with both hips and knees extended. The examiner slowly raises the test leg until pain or tightness is noted. Pain in the leg produced from 0 to 30 degrees indicates nerve root compression. Sciatica produced between 30 and 60 degrees indicates sacroiliac disease. Sciatic pain produced with leg motion beyond 60 degrees points to lumbosacral conditions.

**KEMP'S TEST: POSITIVE BILATERAL**

With the patient seated in an upright position, the examiner stands behind the patient and puts him or her into a combined position of rotation, lateral bending and extension while stabilizing the sacrum. Low back pain radiating into the lower extremity indicates a positive test and may be suggestive of a disc pathology. If this is the case, the nuclear material of the disc may lie in a medial, lateral or inferior position relative to the nerve root. In disk material medial to the nerve root, the patient will lean into the side of the disk compression and the test will be primarily positive when leaning away from the side of the lower extremity dermatogenous pain and mildly positive when leaning into the side of pain. In disk material lateral to the nerve root, the relief position of the patient will be away from the side of the pain and negative when leaning away. In an inferiorly placed disk, the patient resists bending to either side and prefers to stay in a strict flexed attitude of the lumbar spine. Local pain in the low back does not constitute a positive test, but rather is indicative of a strain or sprain of the posterior articular facets and their pericapsular tissue.

**VALSALVA'S MANEUVER: NEGATIVE**

The examiner asks the subject to take a deep breath and hold while bearing down, as if having a bowel movement. Increased pain due to intrathecal pressure is a positive finding and may be reflective of a space-occupying lesion, herniated disc, tumor, or osteophyte in the cervical spine.

**DIAGNOSTIC STUDIES:**

STUDY1: X-RAY                      DATE: 8/25/2008                      REGION: C-SPINE                      SERIES: DAVIS SERIES

IMPRESSION 1: LIPPING & SPURRING                      LEVEL: C2-C7

IMPRESSION 2: SUBLUXATION                      LEVEL: C5-C6

IMPRESSION 3: DEGENERATIVE JOINT DISEASE                      LEVEL: C2-C7

COMMENTS: Additional notes can appear here.

STUDY2: MRI                      DATE: 8/25/2008                      REGION: L-SPINE                      SERIES: N/A

IMPRESSION 1: DISC HERNIATION                      LEVEL: L5-S1

COMMENTS: Additional notes can appear here.

**ASSESSMENT:**

LONG-TERM PROGNOSIS: FAIR. Mr. Salvuchi has made less than favorable progress and is not expected to fully recover from his condition. He continues to report ongoing subjective complaints and exhibit positive objective findings as documented in this report. Complicating factors in this patient's recovery include advanced age and a narrow spinal canal. There is a very high likelihood that he will continue to exhibit residual symptomatology, develop a long-term dependence on medication and require future surgical intervention. Definitive opinions regarding future surgical intervention should only be made by a qualified specialist. Second opinions are highly recommended. For these reasons, it can be said with a reasonable degree of chiropractic probability that the patient has sustained a mild impairment as a direct result of the injuries sustained on 8/25/2008.

1. 847.0 Cervical Sprain /Strain

2. 846.0 Lumbosacral Sprain/Strain

**DISCUSSION:**

It can be said with a reasonable amount of chiropractic probability that the patient's condition is a direct result of the accident described in this report. The mechanism of injury is entirely consistent with the clinical presentation. The patient had no prior history of neck or low back injury or complaints. The patient sustained severe trauma to the supporting musculature of the cervical and lumbar regions of the spine. This trauma results in vertebral misalignments, stretching and tearing of muscles and ligaments, nerve irritation and soft tissue inflammation. Injuries of this nature, and the body's response to them, tend to persist for years, despite subjective improvement and lack of objective findings during examination. The ligamentous and capsular structures of the spine possess limited elasticity and tensile strength. When they are subjected to forces beyond their functional capacity, as in this case, they never regain their original size and shape. Repair is usually slow and occurs by the formation of scar tissue. These scars are less elastic and less functional than the original tissues they replace, resulting in reduced intersegmental motion. I do believe the treatment this patient has received was medically appropriate and necessary as related to this accident.

**FUTURE PLAN OF CARE**

RECOMMENDED TREATMENTS: Chiropractic Care and Physical Modalities once weekly for 6 months, then re-evaluate for improvement.

ADDITIONAL RECOMMENDATIONS: Aqua Therapy; Cervical Collar; Cervical Pillow.

ESTIMATED COST OF FUTURE CARE: \$2,000.00

COMMENTS: Additional comments can appear here.

If you have any further questions relating the care of this patient, I encourage you to contact my office at your earliest convenience.

Respectfully Submitted,

*John Maywood*

Dr. John Maywood, D.C., M.S.