

MEDICAL CHRONOLOGY

Patient

DATE/TIME	PROVIDER	COMMENTS
9/30/81		Accident # 1 Hit on Front Passenger window. 5 car collision, front seat passenger.
10/29/89		Accident #2 Hit head hard on windshield. then tboned
12/1/89	Dr. S, M.D.	Neuro Consult <u>Letter to DR., M.D.</u> Thank you for sending pt for neuro eval. She is 17 year old who is student at Univ of C business program who c/o discomfort in her shoulders and neck. Has had a neck problem since an accident in 1987 which more involved her low back. In 9/88 in Dec and Sept she had two accidents, the 1 st putting her head through a windshield, the 2 nd causing the vertex to hit the top of a window frame on a VW Rabbit. These seemed to aggravate the neck situation somewhat and more and more has c/o a tendency to stiffness in her neck, occasional achiness and since Sept of this yr has had a tendency to discomfort across the

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		<p>posterior shoulder regions from side to side, including a tingliness at base of neck. This is particularly present if she drives studies at length with neck flexed, dances, or bicycles on her 10 speed. Pain is not excruciating or sharp but bothersome. Has noted no assoc tingling or numbness in hand, has not lost strength in arms or legs, and occasionally has tenderness in the back of the neck. Very occasionally it will be uncomfortable trying to turn her head. You gave her Flexeril and anti-inflammatory which upset her stomach, and she uses occasional Ibuprofen with relief, although mild sleepiness. Traction has not been used. She has had no concomitant wt loss, fever and finds her back generally ok, although on occasion mildly achy, there also being occasional HA when studying.</p> <p>Has had a relatively benign hx other than these accidents. Is not a smoker. Has allergies to PCN, cats and has hayfever. On exam pt pleasant, cooperative, soft spoken. In no distress. ROM of neck is full and w/o discomfort. Palpation and percussion unremarkable. Same with the shoulders. Straight leg raises normal. Mentation is fine. Left pupil is a trace larger than right. Reaction good. Power is excellent throughout with normal tone. Gait unremarkable. Sensory</p>

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		<p>exam is normal. Impression: Cervical strain syndrome, the possibility of myelopathy to be considered given quite active reflexes. Pt should have MRI of neck and will start on cervical traction of 5 lbs, neck in slight forward flexion. Will cont Flexeril and Ibuprofen during the day. Call next wk for results of studies and give me report of her traction therapy. We will restrict her neck movements.</p>
5/29/92	Dr. S, M.D.	<p>Neurological Re-Evaluation Pt is 22 yo and is seen for re-eval after 2 ½ yrs at the request of Dr. S, as a result of headache and neck problems. HA have been present this year, increasing, are occipital, present a couple of x/wk for 3-4 hours, steady in type w/o throbbing, nausea, vision changes, photophobia, etc. There tends to be some neck stiffness with them and also once or twice/wk, not necessarily related, she has pain & stiffness in her neck passing down to the right elbow lasting a day or longer. No tingling, numbness or weakness in her arm. Left side is not involved. Other than a bad knee, her legs are fine. Is active physically. No recent crashes. In past had MVA's and I saw her in 1989 for neck problems and</p>

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		<p>suspected that she had a strain syndrome with some myelopathic component questioned.</p> <p>Was sent for MRI of neck but there was too much movement for films to be useful. Has been on Flexeril which helped. Also used Advil, a number of times/day with some relief. There have been some low back troubles earlier, but these are relatively quiescent now. Head compression is unremarkable as is traction and there is no tenderness in the neck or the supraclavicular areas.</p> <p>No drift noted. Poser, tone, fine or coordinative movements are normal. Reflexes are 2+ in arms, 3+ at knees and at laced 3+ at the ankles. Left side probably a little bit more active than the right with a beat or so of clonus, and plantar responses mildly flexor. Sensory exam is unremarkable.</p> <p><u>Impression:</u> HA & neck discomfort, as well as right arm pain, likeliest on the basis of cervical spine disease.</p> <p>Regimen has been approp. Would like her back on night time Flexeril for a week or so. She needs imaging of her neck in this setting. At her age MRI is always best but if not possible would do CT as she may have stenosis. Needs to get cervical pillow.</p>

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6/2/92	Baptist Center	<p>MRI Cervical Spine: (We don't have this study)</p> <p>Imaging of the c-spine reveals the presence of a disc bulge at C5-6. A small focal central herniation is difficult to exclude. There is minimal deformity of the ventral aspect of the cord at that level. No evidence of significant alteration of signal intensity w/l the spinal cord. No significant abnormality of the neural foramina noted. Noted incidentally are prominent posterior triangle lymph nodes of questionable significance.</p> <p><u>Impression:</u> C45 herniation</p>
6/4/92	Dr. S, M.D.	<p>OV: Not feeling a lot different, having used the Advil, not having been able to afford the Flexeril or the collar until she gets back to her mother's place. Is planning that trip now. Exam reveals reflexes in legs to be relatively active at 3+, but prob equal in the two sides, at first the left ankle and knee seeming a little more than the right. Plantar responses are neutral, strength good including getting up and down from a low stool. Arm use and neck motion are pretty good.</p> <p>Had cervical scan last night. Report not</p>

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		available.
6/17/92	Dr. S, M.D.	<p>OV: Pt feeling better on Flexeril and pillow. No new complaints. No B/B problems and legs are strong.</p> <p>Has excellent power throughout and normal tone. Reflexes ½+ biceps, 1-1/2 - 2+ triceps, 3+ knees and ankles, with plantar responses neutral.</p> <p>. She is not to do any activity with risk of falling or trauma to her neck. Should see Dr. S for staging. Told her that surgery may be necessary. Since she is better, we won't do anything different now.</p>
8/14/92	Dr. S, M.D.	<p>OV: Pt doing generally well, having occas numbness sensation in right upper arm above the elbow. Exam reveals biceps jerks to be 1-1/2+, triceps jerks 2-1/2+, Knee and ankle jerks 3+, plantar responses neutral to mildly flexor, leg strength normal throughout, tone normal. Pt able to get up and down from low stool w/o help.</p> <p>Saw Dr. S and he did not want her to have surgery at this time, which I agree with. Also warned her about avoiding water skiing, horseback riding, etc. Pt stable at this time, has to my mind more myelopathy than the films suggest, this based on her clinical exam,</p>

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		and will need regular neuro f/u's.
10/1/93		Accident #3 Driver. Tboned
10/4/93	Dr. S, M.D.	<p>Neurological Consult: Pt had misfortune of getting in another accident a couple of days ago and has a number of problems principally involving her neck, subsequently.</p> <p><u>Hx of CC:</u> Saturday about 1:30 am pt was returning home, stopped on Grand attempting to make left onto department Store .Was tboned. She does not specifically remember much of what happened, but has been told by friend, and it's not clear if there was loc.</p> <p>Taken, on board, to the Hosp and kept there until about 2pm Sat during which time x-rays had been done of abd, chest, neck, spine and head. No CT was done. IV places and she was watched for splenic injury with ultimately was felt not to be present. When it was discovered that she already had Flexeril at home, she was told to take this for discomfort along with Advil.</p> <p>On awakening yesterday had considerable pain up and down her spine, but mainly in her neck and this spread out to her shoulder, and for the 1st time has noted tingling in the tips of</p>

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		<p>all fingers of the right hand only. Had no focal weakness but has felt generally tired and out of energy. Her balance has been a bit off walking, and she has had some vertiginous type dizziness for the 1st time. Yesterday had some nausea and vomiting, but today just nausea and anorexia. Her thinking has been ok. Still has some discomfort in her It epigastric and rib regions. Still has some swelling of her nose, but notes the headaches are better. HA is frontal and posterior.</p> <p><u>PMHx:</u> Has had a number of accidents. Tingling and numbness have not been involved with these in the past, but has had a lot of neck discomfort and stiffness, and has been found to have active reflexes and ultimately an MRI was done of c-spine showing C5-6 bulge with a probable herniation and some deformity of the ventral cord, her persistent discomfort plus the development of HA in assoc w/ this problem occasioning a second opinion at Univ w/ Dr. S who felt that she should be managed conservatively and has since that time still had problems with her neck being stiff if she studies too long, or sometimes on awakening even w/o explanation. Would usually take 1/4 of Flexeril tab or a single Advil 2-3x/day.</p>

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		<p>Has found traction helpful in the past. Last time was in August after returning from Europe. Also had flare up there and took some Tylenol #3 as she had forgotten her Flexeril.</p> <p><u>PE:</u> Has some tightness in the trapezius muscles bilat, has lost about 50% of the expected rotation of her neck, not doing to well with neck flexion, finding compression not that bad but traction uncomfortable, there being no blood behind her tympanic membranes. Nose will swell.</p> <p>Reflexes are 2-1/2+ at the biceps and brachial radialis, 2+ at the triceps, 2=1/2+ knees and ankles, with plantar responses flexor. Gait normal. Arm swing on right is not as prominent as on the left.</p> <p><u>Impression:</u> Auto accident with exacerbation of known cervical strain and disc disease with post traumatic headache, post traumatic vertiginous syndrome, and probable right sided cervical radiculopathy.</p>
10/7/93	Dr. S, M.D.	<p>OV: Pt is doing better in all regards save one, that being the emergence of a discomfort in the mid dorsal region, slightly to the left, this when bending more than 30 degrees. She is</p>

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		<p>on her meds still w/o complaint. Looks better today. Has better color, is brighter, moves a lot faster, moves her neck in lateral rotation about 75% of the expected, has good strength, normal reflexes, plantar responses, but cannot forward flex more than 30 degrees. There is a little tenderness to percussion around the mid dorsal area, and the midline and laterally.</p> <p>Has appt to see Dr. S next Tuesday and I will xerox her consult to take with her.</p>
10/15/93	Dr. S, M.D.	<p>OV: Not feeling any better, in fact in some regards is worse. Has been trying to study and this causes her neck, trapezius areas and upper dorsal region to tense up. These complaints all seem to be part of the same problem as opposed to manifestations of different areas of complaint.</p> <p>Looks better today and gives good effort, has normal power, has 2+ biceps, 1+ triceps, 2+ knee and ankle reflexes, flexor plantar responses. Neck motion lacks just a few degrees in rotation to the two sides, and there is mild tenderness in the upper dorsal area. There is a little spasm still in her trapezius region, but it is modest.</p> <p>I am not going to get any scans at this point, would concur on PT and have suggested PT Assoc for this and want to see her in about a wk.</p>
10/21/93	Dr. S, M.D.	<p>OV: Has not gotten better, has found that Flexeril though helpful, makes her very groggy during the day & it's difficult for her to study. As a result she does not take it at night much of the time, but has to take it later after already having going to bed because the pain is great. It continues to go down the right arm. Advil is taken 600 mg at least 3-4x/day and the relief is temporary. There is some discomfort passing up the back of the neck to the occipital area.</p>

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		<p>On exam has good effort, normal power, reflexes 1- ½+ biceps, 1+ triceps, 1-1/2 + knees, 1+ ankles, with plantar responses mildly flexor. She is depressed and a bit tearful.</p> <p>Her supervisors at school tell her that she must either return full time or take a leave of absence. It appears given the current course that she will have to take a leave because I don't find it probable that she will be able to get back to normal function and concentration abilities in the next day or so, but would feel it likely going to be in a matter of a week or weeks.</p> <p>. We need to get MRI of neck and I will ask Dr. S to do this at Baptist. Is scheduled to start her PT, will be on Flexeril now day and night since she will be getting full rest, and will hold Advil to 1800-2000 mg /day and has not had stomach side effects from that. F/U 1 wk.</p>
10/26/93	Baptist Outpatient Center Dr. J , M.D.	<p>MRI Cervical Spine: (We don't have this study)</p> <p>There is a mild bulge at C5-6. No evidence of herniation is identified. The spinal canal is intact and unremarkable. Spinal cord is normal.</p> <p>Previous studies performed at Baptist dated 6/3/92 have been signed out by the pt.</p> <p><u>Impression:</u></p>
10/27/93	Dr. S, M.D.	<p>OV: Pt off school and into therapy now 3 days/ wk and has had some benefit. Has headaches which are in the back of the head and can be sharp beginning at the neck, has a little less stiffness in her neck, no tingling, numbness or weakness of her extremities.</p> <p>Her thinking is clear now that she is on a little less meds. She was told to put up or shut up as regards school and had to take a leave of absence, and I will give her a letter to cover in that regard and feel that really has been necessary at this point.</p> <p>Her trapezius areas do still have spasm but it</p>

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		<p>is less that it has been before, and her neck rotation is perhaps 10-20% better that it was on the last visit. Effort is good and strength is normal throughout, reflexes 1+ biceps, trace triceps, 1+ knee and ankles, plantar responses flexor.</p> <p>I want her to 8 therapy to daily for the next wk and then go back to 4x/wk then 3days/wk and will expect to see her in about 3 wks. Advils are now at a max and she will try to taper this. We expect her MRI results tomorrow and will call her.</p> <p>Letter to Dean: Pt has been under my care for her neck re-injury, & as you know has not responded quickly enough to allow her to return to her studies unmolested by medication and pain. For this reason we all have agreed that a leave of absence for this semester would be approp. She is a bit better but still has significant problems.</p>
11/17/93	Dr. S, M.D.	<p>OV: Pt loves her therapy but on the weekends when she doesn't get it she slips back. She hurts more in the right than left trapezius and does have spasm palpable there more on the right but the neck motion is good, strength good, reflexes on the active side throughout at 2-1/2 - 3+ but equal, and with flexor plantar responses. Strength is excellent. Is using 6-8 Advil/day. Would like to see her cut this down, cont therapy and return in 3 ½ wks.</p>
12/13/93	Dr. S, M.D. (Copy sent to atty)	<p>I can find strength and effort are excellent and her reflexes are equal.</p> <p>Is looking forward to going back to school in Jan and I would support her fully in this. Is using no medicines at all at this point.</p> <p>Letter to Dean (Univ) She is doing beautifully with her therapy and is just about back to normal & for this reason I am suggesting to her that she return to her studies in Jan.</p>
10/21/94	Dr. S, M.D.	<p>OV: Pt has completed another semester, is</p>

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		<p>still lagging behind because of the setback from the accident but I think made the right decision to return.</p> <p>With regards to pain, she is using Advil a couple of x/wk and this is for posterior cervical and occipital discomfort similar to that which she had before. She's avoiding anything stronger. She's bright and looks good, has no spasm now and has good neck motion. Effort is excellent. Strength is normal, reflexes about 1+ and equal and plantar responses are mildly flexor. She's obviously reached the point of maximal medical improvement and that's been the case likely for a number of months. I will see her prn.</p>
2/9/95	MRI Scan Center Dr. S, M.D.	<p>Outside Review of films.</p> <p>Scan provided by Date of scan: 6/3 Scan reviewed on 2/9 Referring Physician: Dr. S</p> <p><u>Clinical Hx:</u> MVA 9/30 and 10/29. No other hx available at the time of this interpretation.</p> <p>On the midline sagittal slices (5/10, 6/10) the spinal cord is visualized from the cervical medullary junction to the T4 level. The cord is normal diameter and has homogeneous signal intensity. There is no impingement on the cord by extradural structures. The cervical canal is of normal diameter. There is no evidence of extruded disc material or free disc fragments. There is no evidence of encroachment on the lateral recesses or intervertebral foramen. All the cervical discs are of normal size and shape and show a hydration state commensurate w/ the pt's age. There is a normal cervical lordotic curve. There is no evidence of central canal, lateral recess or foraminal stenosis.</p> <p>Imp:</p> <ol style="list-style-type: none"> 1. Small left posteriocentral focal protrusion C5/6 disc. 2. No evidence of extruded disc material or

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		<p>free disc fragments. 3. Normal cord and cervical canal. 4. No evidence of central canal, lateral recess or foraminal stenosis.</p>
5/31/95	Dr. S, M.D.	<p>Letter to Mr. Doe Thank you for sending MRI on pt of cervical spine done 6/92. These films show a C5-6 an area which on sagittal view appears as a herniation, small but definite, axial views not as revealing.</p>
6/7/95	Dr. S, M.D.	<p>OV: This is 25 yo c/o low back pain. <u>PMHx and PSHx:</u> Pt had some neck problems from that accident but really did not have too much in the way of lower back problems. Pt over the past 4-6 wks has noticed pain in lower back primarily in the thoracolumbar junction. Has been doing quite a bit of studying for final exams and thought it was related to sitting. No neuro symptoms in LE or changes in bowel or bladder function. Exam reveals decreased lumbar flexibility to lumbar flexion. There is some pain with extension past neutral. Medical and lateral tilting was normal. Had some localized tenderness over the thoracolumbar junction particularly in the paraspinal muscle region. Exam of lower extremities symmetric DTR's. X-rays of lumbar spine obtained. They are essentially normal. (We don't have this study) <u>Imp:</u> Lumbar & thoracic strain. I suggest she try some Naprosyn and a short course of PT. F/U 3-4 wks.</p>

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9/30/81		Accident # 1 Hit on Front Passenger window. 5 car collision, front seat passenger.
10/29/89		Accident #2 Hit head hard on windshield. then tboned
12/1/89	Dr. S, M.D.	<p>Neuro Consult <u>Letter to DR., M.D.</u> Thank you for sending pt for neuro eval. She is 17 year old who is student at Univ of C business program who c/o discomfort in her shoulders and neck. Has had a neck problem since an accident in 1987 which more involved her low back. In 9/88 in Dec and Sept she had two accidents, the 1st putting her head through a windshield, the 2nd causing the vertex to hit the top of a window frame on a VW Rabbit. These seemed to aggravate the neck situation somewhat and more and more has c/o a tendency to stiffness in her neck, occasional achiness and since Sept of this yr has had a tendency to discomfort across the posterior shoulder regions from side to side, including a tingliness at base of neck. This is particularly present if she drives studies at length with neck flexed, dances, or bicycles on her 10 speed. Pain is not excruciating or sharp but bothersome. Has noted no assoc tingling or numbness in hand, has not lost strength in arms or legs, and occasionally has tenderness in the back of the neck. Very occasionally it will be uncomfortable trying to turn her head. You gave her Flexeril and anti-inflammatory which upset her stomach, and she uses occasional Ibuprofen with relief, although mild sleepiness. Traction has not been used. She has had no concomitant wt loss, fever and finds her back generally ok, although on occasion mildly achy, there also being occasional HA when studying. Has had a relatively benign hx other than these accidents. Is not a smoker. Has allergies to PCN, cats and has hayfever.</p>

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		<p>On exam pt pleasant, cooperative, soft spoken. In no distress. ROM of neck is full and w/o discomfort. Palpation and percussion unremarkable. Same with the shoulders. Straight leg raises normal. Mentation is fine. Left pupil is a trace larger than right. Reaction good. Power is excellent throughout with normal tone. Gait unremarkable. Sensory exam is normal.</p> <p>Impression: Cervical strain syndrome, the possibility of myelopathy to be considered given quite active reflexes.</p> <p>Pt should have MRI of neck and will start on cervical traction of 5 lbs, neck in slight forward flexion. Will cont Flexeril and Ibuprofen during the day. Call next wk for results of studies and give me report of her traction therapy. We will restrict her neck movements.</p>
5/29/92	Dr. S, M.D.	<p>Neurological Re-Evaluation</p> <p>Pt is 22 yo and is seen for re-eval after 2 ½ yrs at the request of Dr. S, as a result of headache and neck problems.</p> <p>HA have been present this year, increasing, are occipital, present a couple of x/wk for 3-4 hours, steady in type w/o throbbing, nausea, vision changes, photophobia, etc. There tends to be some neck stiffness with them and also once or twice/wk, not necessarily related, she has pain & stiffness in her neck passing down to the right elbow lasting a day or longer. No tingling, numbness or weakness in her arm. Left side is not involved. Other than a bad knee, her legs are fine. Is active physically. No recent crashes. In past had MVA's and I saw her in 1989 for neck problems and suspected that she had a strain syndrome with some myelopathic component questioned.</p> <p>Was sent for MRI of neck but there was too much movement for films to be useful. Has been on Flexeril which helped. Also used</p>

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		<p>Advil, a number of times/day with some relief. There have been some low back troubles earlier, but these are relatively quiescent now. Head compression is unremarkable as is traction and there is no tenderness in the neck or the supraclavicular areas.</p> <p>No drift noted. Poser, tone, fine or coordinative movements are normal. Reflexes are 2+ in arms, 3+ at knees and at laced 3+ at the ankles. Left side probably a little bit more active than the right with a beat or so of clonus, and plantar responses mildly flexor. Sensory exam is unremarkable.</p> <p><u>Impression:</u> HA & neck discomfort, as well as right arm pain, likeliest on the basis of cervical spine disease.</p> <p>Regimen has been approp. Would like her back on night time Flexeril for a week or so. She needs imaging of her neck in this setting. At her age MRI is always best but if not possible would do CT as she may have stenosis. Needs to get cervical pillow.</p>
6/2/92	Baptist Center	<p>MRI Cervical Spine: (We don't have this study)</p> <p>Imaging of the c-spine reveals the presence of a disc bulge at C5-6. A small focal central herniation is difficult to exclude. There is minimal deformity of the ventral aspect of the cord at that level. No evidence of significant alteration of signal intensity w/l the spinal cord. No significant abnormality of the neural foramina noted. Noted incidentally are prominent posterior triangle lymph nodes of questionable significance.</p> <p><u>Impression:</u> C45 herniation</p>
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		<p>mother's place. Is planning that trip now. Exam reveals reflexes in legs to be relatively active at 3+, but prob equal in the two sides, at first the left ankle and knee seeming a little more than the right. Plantar responses are neutral, strength good including getting up and down from a low stool. Arm use and neck motion are pretty good.</p> <p>Had cervical scan last night. Report not available.</p>
6/17/92	Dr. S, M.D.	<p>OV: Pt feeling better on Flexeril and pillow. No new complaints. No B/B problems and legs are strong.</p> <p>Has excellent power throughout and normal tone. Reflexes ½+ biceps, 1-1/2 - 2+ triceps, 3+ knees and ankles, with plantar responses neutral.</p> <p>. She is not to do any activity with risk of falling or trauma to her neck. Should see Dr. S for staging. Told her that surgery may be necessary. Since she is better, we won't do anything different now.</p>
8/14/92	Dr. S, M.D.	<p>OV: Pt doing generally well, having occas numbness sensation in right upper arm above the elbow. Exam reveals biceps jerks to be 1-1/2+, triceps jerks 2-1/2+, Knee and ankle jerks 3+, plantar responses neutral to mildly flexor, leg strength normal throughout, tone normal. Pt able to get up and down from low stool w/o help.</p> <p>Saw Dr. S and he did not want her to have surgery at this time, which I agree with. Also warned her about avoiding water skiing, horseback riding, etc. Pt stable at this time, has to my mind more myelopathy than the films suggest, this based on her clinical exam, and will need regular neuro f/u's.</p>
10/1/93		Accident #3 Driver. Tboned
10/4/93	Dr. S, M.D.	<p>Neurological Consult: Pt had misfortune of getting in another</p>

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		<p>accident a couple of days ago and has a number of problems principally involving her neck, subsequently.</p> <p><u>Hx of CC:</u> Saturday about 1:30 am pt was returning home, stopped on Grand attempting to make left onto department Store .Was tboned. She does not specifically remember much of what happened, but has been told by friend, and it's not clear if there was loc.</p> <p>Taken, on board, to the Hosp and kept there until about 2pm Sat during which time x-rays had been done of abd, chest, neck, spine and head. No CT was done. IV places and she was watched for splenic injury with ultimately was felt not to be present. When it was discovered that she already had Flexeril at home, she was told to take this for discomfort along with Advil.</p> <p>On awakening yesterday had considerable pain up and down her spine, but mainly in her neck and this spread out to her shoulder, and for the 1st time has noted tingling in the tips of all fingers of the right hand only. Had no focal weakness but has felt generally tired and out of energy. Her balance has been a bit off walking, and she has had some vertiginous type dizziness for the 1st time. Yesterday had some nausea and vomiting, but today just nausea and anorexia. Her thinking has been ok. Still has some discomfort in her It epigastric and rib regions. Still has some swelling of her nose, but notes the headaches are better. HA is frontal and posterior.</p> <p><u>PMHx:</u> Has had a number of accidents. Tingling and numbness have not been involved with these in the past, but has had a lot of neck discomfort and stiffness, and has been found to have active reflexes and ultimately an MRI was done of c-spine showing C5-6 bulge with a probable</p>

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		<p>strength, normal reflexes, plantar responses, but cannot forward flex more than 30 degrees. There is a little tenderness to percussion around the mid dorsal area, and the midline and laterally.</p> <p>Has appt to see Dr. S next Tuesday and I will xerox her consult to take with her.</p>
10/15/93	Dr. S, M.D.	<p>OV: Not feeling any better, in fact in some regards is worse. Has been trying to study and this causes her neck, trapezius areas and upper dorsal region to tense up. These complaints all seem to be part of the same problem as opposed to manifestations of different areas of complaint.</p> <p>Looks better today and gives good effort, has normal power, has 2+ biceps, 1+ triceps, 2+ knee and ankle reflexes, flexor plantar responses. Neck motion lacks just a few degrees in rotation to the two sides, and there is mild tenderness in the upper dorsal area. There is a little spasm still in her trapezius region, but it is modest.</p> <p>I am not going to get any scans at this point, would concur on PT and have suggested PT Assoc for this and want to see her in about a wk.</p>
10/21/93	Dr. S, M.D.	<p>OV: Has not gotten better, has found that Flexeril though helpful, makes her very groggy during the day & it's difficult for her to study. As a result she does not take it at night much of the time, but has to take it later after already having going to bed because the pain is great. It continues to go down the right arm. Advil is taken 600 mg at least 3-4x/day and the relief is temporary. There is some discomfort passing up the back of the neck to the occipital area.</p> <p>On exam has good effort, normal power, reflexes 1- ½+ biceps, 1+ triceps, 1-1/2 + knees, 1+ ankles, with plantar responses mildly flexor. She is depressed and a bit</p>

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		<p>tearful. Her supervisors at school tell her that she must either return full time or take a leave of absence. It appears given the current course that she will have to take a leave because I don't find it probable that she will be able to get back to normal function and concentration abilities in the next day or so, but would feel it likely going to be in a matter of a week or weeks.</p> <p>. We need to get MRI of neck and I will ask Dr. S to do this at Baptist. Is scheduled to start her PT, will be on Flexeril now day and night since she will be getting full rest, and will hold Advil to 1800-2000 mg /day and has not had stomach side effects from that. F/U 1 wk.</p>
10/26/93	Baptist Outpatient Center Dr. J , M.D.	<p>MRI Cervical Spine: (We don't have this study) There is a mild bulge at C5-6. No evidence of herniation is identified. The spinal canal is intact and unremarkable. Spinal cord is normal. Previous studies performed at Baptist dated 6/3/92 have been signed out by the pt. <u>Impression:</u></p>
10/27/93	Dr. S, M.D.	<p>OV: Pt off school and into therapy now 3 days/ wk and has had some benefit. Has headaches which are in the back of the head and can be sharp beginning at the neck, has a little less stiffness in her neck, no tingling, numbness or weakness of her extremities. Her thinking is clear now that she is on a little less meds. She was told to put up or shut up as regards school and had to take a leave of absence, and I will give her a letter to cover in that regard and feel that really has been necessary at this point. Her trapezius areas do still have spasm but it is less that it has been before, and her neck rotation is perhaps 10-20% better that it was on the last visit. Effort is good and strength is normal throughout, reflexes 1+ biceps, trace</p>

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		<p>triceps, 1+ knee and ankles, plantar responses flexor.</p> <p>I want her to 8 therapy to daily for the next wk and then go back to 4x/wk then 3days/wk and will expect to see her in about 3 wks. Advils are now at a max and she will try to taper this. We expect her MRI results tomorrow and will call her.</p> <p>Letter to Dean: Pt has been under my care for her neck re-injury, & as you know has not responded quickly enough to allow her to return to her studies unmolested by medication and pain. For this reason we all have agreed that a leave of absence for this semester would be approp. She is a bit better but still has significant problems.</p>
11/17/93	Dr. S, M.D.	<p>OV: Pt loves her therapy but on the weekends when she doesn't get it she slips back. She hurts more in the right than left trapezius and does have spasm palpable there more on the right but the neck motion is good, strength good, reflexes on the active side throughout at 2-1/2 - 3+ but equal, and with flexor plantar responses. Strength is excellent. Is using 6-8 Advil/day. Would like to see her cut this down, cont therapy and return in 3 ½ wks.</p>
12/13/93	Dr. S, M.D. (Copy sent to atty)	<p>I can find strength and effort are excellent and her reflexes are equal.</p> <p>Is looking forward to going back to school in Jan and I would support her fully in this. Is using no medicines at all at this point.</p> <p>Letter to Dean (Univ) She is doing beautifully with her therapy and is just about back to normal & for this reason I am suggesting to her that she return to her studies in Jan.</p>
10/21/94	Dr. S, M.D.	<p>OV: Pt has completed another semester, is still lagging behind because of the setback from the accident but I think made the right decision to return.</p> <p>With regards to pain, she is using Advil a</p>

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		<p>couple of x/wk and this is for posterior cervical and occipital discomfort similar to that which she had before. She's avoiding anything stronger. She's bright and looks good, has no spasm now and has good neck motion. Effort is excellent. Strength is normal, reflexes about 1+ and equal and plantar responses are mildly flexor. She's obviously reached the point of maximal medical improvement and that's been the case likely for a number of months. I will see her prn.</p>
2/9/95	MRI Scan Center Dr. S, M.D.	<p>Outside Review of films. Scan provided by Date of scan: 6/3 Scan reviewed on 2/9 Referring Physician: Dr. S <u>Clinical Hx:</u> MVA 9/30 and 10/29. No other hx available at the time of this interpretation. On the midline sagittal slices (5/10, 6/10) the spinal cord is visualized from the cervical medullary junction to the T4 level. The cord is normal diameter and has homogeneous signal intensity. There is no impingement on the cord by extradural structures. The cervical canal is of normal diameter. There is no evidence of extruded disc material or free disc fragments. There is no evidence of encroachment on the lateral recesses or intervertebral foramen. All the cervical discs are of normal size and shape and show a hydration state commensurate w/ the pt's age. There is a normal cervical lordotic curve. There is no evidence of central canal, lateral recess or foraminal stenosis. Imp: 1. Small left posteriocentral focal protrusion C5/6 disc. 2. No evidence of extruded disc material or free disc fragments. 3. Normal cord and cervical canal. 4. No evidence of central canal, lateral recess or foraminal stenosis.</p>

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5/31/95	Dr. S, M.D.	<p>Letter to Mr. Doe Thank you for sending MRI on pt of cervical spine done 6/92. These films show a C5-6 an area which on sagittal view appears as a herniation, small but definite, axial views not as revealing.</p>
6/7/95	Dr. S, M.D.	<p>OV: This is 25 yo c/o low back pain. <u>PMHx and PSHx:</u> Pt had some neck problems from that accident but really did not have too much in the way of lower back problems. Pt over the past 4-6 wks has noticed pain in lower back primarily in the thoracolumbar junction. Has been doing quite a bit of studying for final exams and thought it was related to 8 sitting. No neuro symptoms in LE or changes in bowel or bladder function. Exam reveals decreased lumbar flexibility to lumbar flexion. There is some pain with extension past neutral. Medical and lateral tilting was normal. Had some localized tenderness over the thoracolumbar junction particularly in the paraspinal muscle region. Exam of lower extremities symmetric DTR's. X-rays of lumbar spine obtained. They are essentially normal. (We don't have this study) <u>Imp:</u> Lumbar & thoracic strain. I suggest she try some Naprosyn and a short course of PT. F/U 3-4 wks.</p>