

Wellness Chiropractic
Tim Thompson, DC
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5/11/2010

Mike Johnson
MJ Medical Group
123 First Street, Ste 100
Altoona IA 50009

RE: John Chiro
DOB: 1/19/1976
DOI: 5/5/2009

Dear Dr. Johnson,

John Chiro presented at my office on 5/11/2010 for an automobile independent medical examination. The following is a narrative report based on review of Patient's history and medical records before, during and after his motor vehicle accident on 5/5/2009 as well as orthopedic and neurological testing which I performed on 5/11/2010. Please be advised the following is my professional opinion based on my findings as it relates to the chiropractic discipline.

History of the Injury/Accident:

The accident occurred on 5/5/2009. Patient reported the following details about the accident:

- Driving Role: A passenger in the front seat
- Vehicle Status: Driving in parking lot
- Impact Area: Front driver side corner
- Lighting Conditions: Dusk
- Road Conditions: Dry
- Visibility: Fair
- Opposing Vehicle Type: Full Size Car
- Opposing Vehicle Speed: 10
- Vehicle Speed: 5
- Headrest Position: Low

Injury Locations: Front of Face, Left Hip.
Problems that caused the accident: darkness.

Headaches. The symptoms are bilateral. John reports severe pain today. John says the pain is stabbing and tightness. The pain is rated at 3. Symptoms are getting better. Ice make(s) the pain better. Pushing/Pulling with feet and Pushing/Pulling with hands is making the pain worse.

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Neck Pain. His condition started on 4/1/2009. The symptoms appear bilaterally. The pain is rated as mild. He says the pain is sharp and stabbing. John rates the pain at 4. Symptoms are getting better. Ice and pain medicines make(s) the pain better. Exercise/Sports, General Mobility and Holding onto objects make the pain worse.

Examination:

Subluxation, swelling was found in left C1-2, T3-4, L2-3.

Diagnosis:

1: Lumbar subluxation (839.20), 2: Dizziness, vertigo (780.4), 3: Headache (784.0), 4: Neck pain (723.1).

Assessment:

After today's assessment patient's progress is noted as evidence by decreasing pain, patient's progress is noted as evidence by increased ROM. At this time Patient's prognosis is fair.

Proceedures:

Manipulated/Adjusted: C3 - PLS, C5 - PLS, C6 - PRS, T2 - PRS and T3 - PRS.

CMT 1-2 Spinal Regions (98940)
Manual Therapy (97140) was performed for 8 minutes

Plan:

Spinal manipulation 2x times per week for 3 weeks, Modality/Therapy: Hot packs - .
Improving the ADLs (as listed above): housework and shopping 50% within 5 weeks.

X-ray findings/Radiographic/Imaging Interpretation:

Abnormal XRay Findings: DJD: Moderate degenerative joint disease is displayed at the c1-c4 vertebrae level.

Causal Relationship:

Based solely upon the history provided by the examinee, including the mechanism of injury described, the stated subsequent clinical course of treatment history identified, as well as the available records, and if the evidence is true and accurate as presented, there appears to be, to a reasonable degree of chiropractic probability, casual relationship between the spinal related injuries reportedly sustained and the motor vehicle related accident of 5/5/2009 with exacerbation of underlying degenerative findings.

Opinion/Conclusions:

At this point in time, I acknowledge and reiterate the claimant's indication of his subjective complaints as described and will begin treatment plan consisting of: 98940, 97140.

I note, however, that although subjective complaints are important to ascertain what an individual is purporting to be experiencing, recommendation for treatment, especially

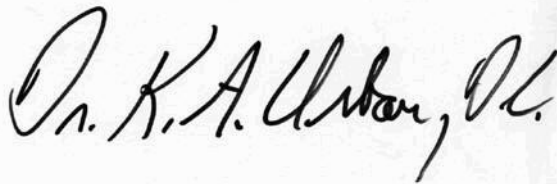
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chiropractic type treatments, need to be predicated upon the presence of relevant objective examination findings. Eradication of complaints is certainly a goal of treatment and certainly, when recommending ongoing treatment there should be suggestion that the treatment has historically provided both objective and symptomatic benefit, and that the individual's clinical status is being reasonably improving, but treatment really needs to be directed at the objective findings, which are responsible for producing the subjective complaints.

As such, upon reviewing the results of this physical examination as delineated, I am unable to objectively substantiate the necessity for additional chiropractic treatment secondary to the apparent injuries sustained in the above accident.

If you have questions about the opinions expressed in this report, please call our office.

Sincerely,

A handwritten signature in black ink, reading "Dr. K. A. Upton, D.C." The signature is written in a cursive style with a large, prominent initial 'D'.