

**DOCUMENTATION: REPORTS**  
MOST NOTABLE REPUTATION OF A PHYSICIAN IN TODAY'S  
HEALTHCARE ENVIRONMENT

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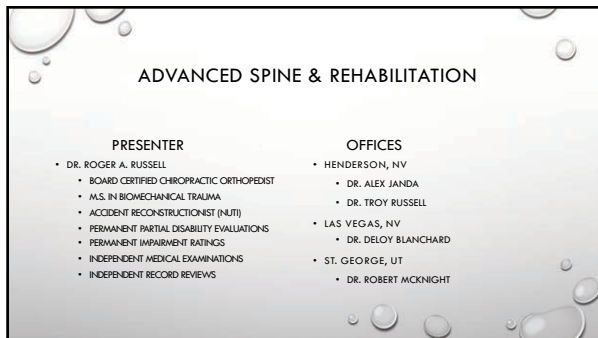
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**ADVANCED SPINE & REHABILITATION**

<b>PRESENTER</b>	<b>OFFICES</b>
<ul style="list-style-type: none"><li>• DR. ROGER A. RUSSELL</li><li>• BOARD CERTIFIED CHIROPRACTIC ORTHOPEDIST</li><li>• M.S. IN BIOMECHANICAL TRAUMA</li><li>• ACCIDENT RECONSTRUCTION (NUTT)</li><li>• PERMANENT PARTIAL DISABILITY EVALUATIONS</li><li>• PERMANENT IMPAIRMENT RATINGS</li><li>• INDEPENDENT MEDICAL EXAMINATIONS</li><li>• INDEPENDENT RECORD REVIEWS</li></ul>	<ul style="list-style-type: none"><li>• HENDERSON, NV</li><li>• DR. ALEX JANDA</li><li>• DR. TROY RUSSELL</li><li>• LAS VEGAS, NV</li><li>• DR. DELOY BLANCHARD</li><li>• ST. GEORGE, UT</li><li>• DR. ROBERT MCKNIGHT</li></ul>

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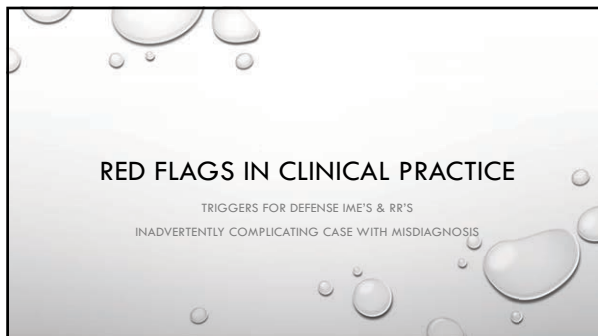
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**RED FLAGS IN CLINICAL PRACTICE**  
TRIGGERS FOR DEFENSE IME'S & RR'S  
INADVERTENTLY COMPLICATING CASE WITH MISDIAGNOSIS

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**LEARNING OBJECTIVE**

- UNDERSTAND THE IMPORTANCE OF DOCUMENTATION IN TODAY'S HEALTHCARE ENVIRONMENT.
- UNDERSTAND PHASES OF HEALING
- DEVELOP AN UNDERSTANDING OF THE BIOMECHANICAL ASPECTS OF NEUROMUSCULOSKELETAL INJURY.

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**LEARNING OBJECTIVE**

- CORRELATE MECHANISM OF INJURY WITH EXAMINATION FINDINGS
- SUPPORT WORKING DIAGNOSES WITH CLINICAL EXAMINATION FINDINGS

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**DOCUMENTATION**

REPORT WRITING  
PHASES OF HEALING  
DEFINITIVE DIAGNOSES  
OUTCOME MEASURES

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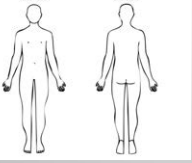
**Pain Drawing** Living A66d and Healthy

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Use the drawings below to draw marked, using the appropriate symbols shown below. Be precise as to both where the pain is located and how the pain is described. Use the symbols in the legend to describe the quality of the pain. Use the symbols in the legend to describe the location of the pain. Use the symbols in the legend to describe the location of the pain.

SYMBOLS			
Intensity	Quality	Location	Other
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**FRONT VIEW** **BACK VIEW**



- PAIN DRAWING
- OUTCOME MEASURE
- REVIEW OF SYSTEMS
- SOCIAL HISTORY
- FAMILY HISTORY

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**MECHANISM OF INJURY**

- 35 YEAR OLD MALE
- FELL OF "WOBBLY" STAIR OF TRAILER HE IS RENTING
- FELL ON OUTSTRETCHED HAND



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Colle's Fracture (Outward)

Smith's Fracture (Inward)

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### MECHANISM OF INJURY

- 45 YEAR OLD MALE
- RIDING HARLEY DAVIDSON MC
- HIT BY PHANTOM VEHICLE
- FRACTURED LEG



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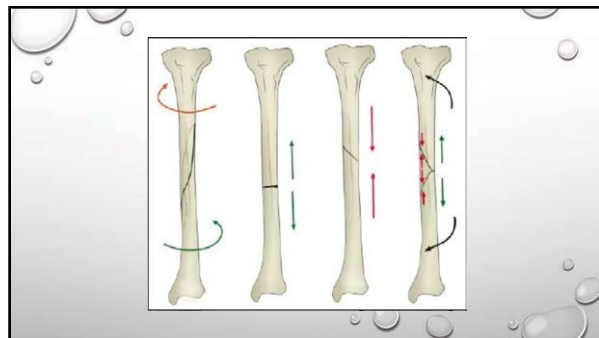
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### LEARNING ACTIVITY

Experiential Learning Concept



- GROUPS OF 4-5
- 15 MINUTES PREPARATION
- ONE SPOKESMAN PER GROUP
- 2-3 MINUTE PRESENTATION
- DISCUSSION / QUESTIONS

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TREATMENT ALGORITHMS



- GROUP ACTIVITY
  - TREATMENT PLAN FOR PATIENT WHO WAS PARASAILING IN JAMAICA.
  - DIAGNOSTICS
  - TREATMENT TO BE RENDERED
  - TIME FRAMES
  - ANYTHING ELSE PERTINENT TO YOUR TREATMENT PLAN

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DOCUMENTATION



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DIAGNOSES

MUST BE SUPPORTED

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### TYPES OF DIAGNOSES

- SYMPTOM / PSEUDOANATOMICAL
  - E.G., CERVICALGIA, LUMBAGO, FEVER
- SYNDROMES
  - CLUSTERS OF SYMPTOMS.
- ANATOMICAL
  - NORM FOR MUCH OF GENERAL MEDICINE.
  - ORGAN OR TISSUE RELATED DIAGNOSES CAN HAVE MULTIPLE ETIOLOGIES.
- ETIOLOGICAL
  - BASED ON CAUSES, NOT MANIFESTATIONS.




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### DIAGNOSES VS



**ICD-10:** M51.86-Other intervertebral disc disorders, lumbar region;S33.5XXS-Sprain of ligaments of lumbar spine, sequela

**DIAGNOSES:**

*Related to the 09/03/13 Motor Vehicle Collision (MVC):*

1. Status post motor vehicle versus scooter collision.
2. Cervicothoracic spine:
  - a. Muscoligamentous injury with mild chronic myofascial pain.
  - b. Clinical evidence of facet mediated pain, resolved.
3. Lumbosacral spine:
  - a. Per MRI dated 4/4/14:
    - i. L4-L5: Disc Protrusion (6mm) with annular tear.
    - ii. L5-S1: Disc protrusion (3mm) with annular tear.
  - b. Status post left L4-L5 discectomy (Dr. Hansen, 06/26/14)
  - c. Residual episodic right sciatica.
  - d. Obtain updated lumbar MRI.
  - e. Permanent Impairment.

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### INJURY PATTERNS / DIAGNOSES

- DIAGNOSES MUST BE SUPPORTED BY:
  - MECHANISM OF INJURY
  - SUBJECTIVE COMPLAINTS
  - ORTHOPEDIC / NEUROLOGIC FINDINGS




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### DEFINITIVE DIAGNOSES

- IMPORTANCE CANNOT BE OVEREMPHASIZED
- GENERIC DIAGNOSES
  - CERVICALGIA / LUMBAGO (SYMPTOMS)
  - SPRAIN / STRAIN (GENERIC)
- FACET MEDIATED / DISCOGENIC PAIN GENERATORS
- RADICULOPATHY / BRACHIAL PLEXOPATHY / PERIPHERAL NEUROPATHY / REFERRED PAIN



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### NEIGHBOR CONSULT

- ACUTE ONSET OF RUX PAIN
  - RT LAT ARM, RT THUMB, RT INDEX
- NO INJURY
- PRIOR CHIROPRACTOR TOOK AP & LAT CERVICAL X-RAYS
- RECOMMENDED CERVICAL MRI



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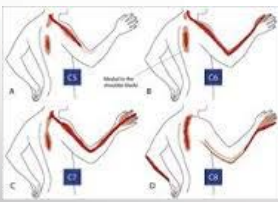
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### INJURY PATTERNS / DIAGNOSES



- C6 RADICULOPATHY?
  - CERVICAL ROM VNL'S
  - BAKODY'S SIGN NOT PRESENT
    - AGGRAVATES RUX PAIN
  - SPURLING'S (-)
  - NEUROLOGICALLY INTACT

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### THORACIC OUTLET SYNDROME?



Thoracic Outlet

- Middle Scalene m.
- Anterior Scalene m.
- Clavicle
- First Rib
- Subclavian a.
- Subclavian v.
- Brachial Plexus

- REVERSE BAKODY'S SIGN (+) ?
- ADSON'S (-)
- COSTOCLAVICULAR (-)
- WRIGHT'S (-)

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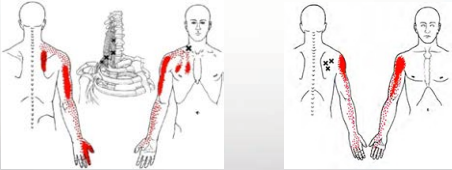
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### ACTIVE TRIGGER POINTS



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### INJURY PATTERNS / DIAGNOSES



- TIMING OF DIAGNOSES?
- MYOFASCIAL PAIN SYNDROME
- TRIGGER POINTS

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### TREATMENT ALGORITHMS

- CONSERVATIVE 2-16 WEEKS (80%)
  - PHYSIOTHERAPY
  - MANIPULATION / MOBILIZATION
  - PHARMACOLOGIC
  - REHABILITATION / STRENGTHENING
- APPROPRIATE DIAGNOSTIC STUDIES (30%)
  - MRI, CT, NEURODIAGNOSTIC
- INTERVENTIONAL PAIN MANAGEMENT (20%)
- SURGICAL CONSIDERATIONS (2%-3%)



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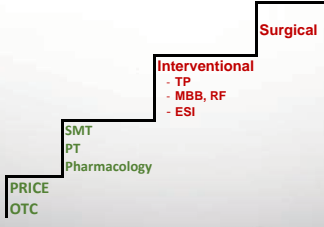
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### TREATMENT CASCADE



PRICE  
OTC

SMT  
PT  
Pharmacology

Interventional  
- TP  
- MBB, RF  
- ESI

Surgical

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### OTHER CONSIDERATIONS TO FOLLOW...

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