

**Home Physician Assistant Services, PC**

540 E Fordham Road, Suite 2B, Bronx, NY 10458

**Phone:** 347 284-4131 | **Email:** 540fordham@gmail.com

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**Patient Information**

- **Encounter:** Initial ☐ / Follow Up ☐
  - **Date:**
  - **Name:**
  - **DOB:**
  - **Sex:** Male ☐ / Female ☐
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**Accident History**

- **Type:** MVA, Work Related, Slip and Fall, Other:
- **Was a:** Pedestrian, Passenger, Driver, Other:
- **Details:** Traveling in the: Front Seat / Rear Seat; Seat Belt: Y ☐ / N ☐
- **Injury Happened:** At Work or at other MVA Locations:
- **ER Treatment:** Y ☐ / N ☐; Hospital:
- **Hospital Dates:** Date Admitted: ; Date Discharged:
- **Status:** Patient was treated and released.
- **Employment Status:** The patient is an unemployed ☐ / full-time student ☐.
- **Employment History:** The patient has been employed previously to the accident and returned to

work on:  on light, regular duties, or has not been able to return to work since the accident.

- **Prior Accidents:** Has the patient been in a prior accident? Y ☐ / N ☐. Type & When: MVA, WC.
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### Chief Complaints

- **General Symptoms:** Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring of Vision / Balance Disturbance / Fever / Chills / Others.
  - **Chest/Respiratory:** Chest Pain RT ☐ /LT ☐ / Difficult Breathing. ☐
  - **Cervical/Upper Back:** Neck pain with/without radiating to upper extremity and/or paresthesia. ☐
  - **Upper Extremities:** Tingling sensation and/or numbness/weakness in the right/left/both arms/ forearms/ fingers. Upper back pain.
  - **Lumbar/Lower Back:** Lower back pain with/without radiating to lower extremity and/or paresthesia. ☐
  - **Lower Extremities:** Tingling sensation and/or numbness/weakness to the right/ left/ both legs/feet/ toes. Pain in the scalp, Face, Abdomen upper/lower/RT/LT. ☐
  - **Localized Pain:** Shoulder RT/LT, Elbow RT/LT, Wrist RT/ LT, Hand RT/LT, Hip RT/LT, Knee RT/ LT, Ankle RT/ LT, Foot RT/LT.
  - **Other:** .
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### Pain Description & Impact

- **Pain Descriptive:** Sharp, stabbing, shootings, burning, aching, tingling, numbness, pulsating, constant, intermittent, occasional .
- **Frequency:** How many hours per day the patient has pain: .

How many days per week patient has pain: .

- **Affected Activities:** What activities are most affected by pain: .
  - **Activity Level:** Unchanged ☐ / diminished ☐ / significantly restricted ☐.
  - **Functional Limits:** Pain with manual labor ☐ / unable to perform daily household chores ☐.
  - **Worst Pain Area:** Where is the pain worst? .
  - **Pain Scale (1-10):** (0 No pain, 1-3 Minimal, 4-6 Moderate, 7-9 Intense, 10 Severe).
    - Neck:  | Back:  | Shoulder RT/LT:  |  
Elbow RT/LT:
    - Wrist/hand RT/LT:  | Hip RT/LT:  |  
Knee RT/LT:  | Ankle/foot/ RT/LT:
  - **Aggravating Factors:** Standing, lack of sleep, reaching overhead, sitting, laying down, coughing , walking, lifting, sneezing, bending, weather, tension, driving, House Activity, arising from chairs. ☐
  - **Night Pain:** Severe night/morning time pain: Y ☐ / N ☐.
  - **Sleep Disturbance:** Waking up in the middle of the night because of pain: Y ☐ / N ☐;  
if yes how many times: .
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## Medical & Surgical History

- **Past Medical History:** There is no significant past medical history OR there is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: .
- **Medication:** .
- **Past Surgical History:** There is no significant past medical history OR there is a history of: .

- **Allergies:** Y ☐ / N ☐.
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## Review of Systems

Constitutional Symptoms (fever, weight loss), Eyes, Ears, Nose, Mouth, Throat, Cardiovascular, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary (skin, breast), Neurological, Psychiatric,

Endocrine, Hematologic/Lymphatic, Allergic/Immunologic, Other.

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## Physical Examination

- **Vital Signs:** BP, WT, HT, Temp, RR, Pulse, SPO2%. .
  - **HEENT:** Head is normocephalic; full range of extraocular muscle and a normal light reflex; no nystagmus noted. External canals and tympanic membranes are normal; hearing is normal; tongue protrudes in the mid-line.
  - **Skin:** Intact; no bruises ecchymosis/laceration or abrasions are noted. ☐
  - **Chest & Lungs:** Heart size seemed normal; PMI was normal; no murmur, gallop, thrill, or rub was noted. Rhythm was regular; pulses were synchronous and equal bilaterally. ☐
  - **Abdomen:** Flat; no scar was noted; palpitation was normal, non-tender in all quadrants; no organomegaly noted. ☐
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## Spinal & Joint Examination

- **Cervical Spine (NORMAL ☐ / ABNORMAL ☐ ):** Showed loss of normal lordosis. Tenderness, spasm, and stiffness noted on palpitation of the posterior occipital, paraspinal and trapezius muscle; range of motion was limited restricted and painful .

- **Cervical ROM (Normal ☐ /Patient ☐ ):**  
Flexion (50°), Extension (60°), R/L Lateral Flexion (45°), R/L Rotation (80°).  
  
Severe ☐, Mild ☐, Moderate ☐
- **Tests:** Tender points at C3, C4, C5, C6, and C7. Soto Hall test elicited pain. Cervical distraction test positive. Muscle testing positive; decreased sensation over arm.
- **Thoracic Spine (NORMAL ☐ / ABNORMAL ☐ ):** Pain/No pain on deep inspiration; tenderness/no tenderness on palpation; ROM limited/not limited. Hypersensitive bundle nodule, "jump sign," or twitch response present.
- **Lumbar Spine (NORMAL ☐ / ABNORMAL ☐ ):** Muscle spasm noted; diffuse tenderness over paraspinal muscles radiating to sciatic notches, hip, and lower extremities  
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- **Spinal ROM (Normal ☐ / Patient ☐ ):**  
Pelvic Sacral Angle (45°), Flexion (90°), Extension (30°), R/L Lateral Flexion (35°).  
  
Severe ☐, Mild ☐, Moderate ☐
- **Tests:** Tender points at L2, L3, L4, L5-S1; straight leg raising test positive.
- **Shoulder (NORMAL ☐ / ABNORMAL ☐ ):** Painful, spastic, and restricted; crepitation at acromioacetabular joints. Trigger points at supraspinatus, infraspinatus, deltoid, and biceps brachii.
  - **Shoulder ROM (Normal ☐ /R ☐ /L ☐ ):** Abduction (180°), Forward Flexion (180°), Extension (60°), Internal/External Rotation (90°).
  - **Tests:** Hand to shoulder blade and Apley's scratch test positive. ☐
- **Hip (NORMAL / ABNORMAL):** Swelling/hematoma noted over thigh ☐; tenderness at sacroiliac area ☐. Ely's and Thomas tests positive ☐.
  - **Hip ROM (Normal ☐ /R ☐ /L ☐ ):**  
Flexion (120°), Extension (35°), Abduction (50°/30°), Internal/External Rotation (35°/45°).  
Severe ☐, Mild ☐, Moderate ☐

- **Knee (NORMAL ☐ / ABNORMAL ☐):** Swelling/hematoma/bruises noted ☐; tenderness on medial/lateral aspects ☐.
    - **Knee ROM (Normal/R/L):**  
Flexion (135°) ☐, Extension (10°) ☐, Internal/External Tibial Rotation (30°/45°) ☐.
    - Severe ☐, Mild ☐, Moderate ☐
  - **Ankle (NORMAL ☐ / ABNORMAL ☐):** Swelling/hematoma noted; tenderness on medial/lateral aspect.
    - **Ankle ROM (Normal ☐/R ☐/L ☐):**  
Dorsi Flexion (20°) ☐, Plantar Flexion (50°) ☐, Inversion/Eversion (15°) ☐.
    - Severe ☐, Mild ☐, Moderate ☐
  - **Foot (NORMAL ☐ / ABNORMAL ☐):**.
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### Diagnostic Impression

- **Head & Spine:** Headaches (R51), Post-traumatic headache (G44.3), Acute post-traumatic headache (G44.31), Concussion (S06.0X0A/S06.0X9), Cervical sprain (S13.4XXA), Thoracic sprain (S23.3XXA), Lumbar sprain (S33.5XXA/S33.8XXA).
  - **Back & Pain:** Other dorsalgia (M54.89), Low back pain (M54.5), Cervicalgia (M54.2), Lumbago with sciatica (M54.4), Sciatica (M54.3), Radiculopathy (M54.10-M54.18), Spine fusion (M43.22-M43.27), Dorsopathy (M53.9).
  - **Joints & Extremities:** Chest Pain (R07.9), Joint derangements of Shoulder (M24.81), Elbow (M24.82), Wrist (M24.83), Hand (M24.84), Hip (M24.85), Ankle/Foot (M24). Pain in Shoulder (M25.51), Elbow (M25.52), Wrist (M25.53), Hip (M25.55), Knee (M25.56), Ankle/Foot (M25.57). Shoulder sprain (S43.4). Knee injuries (S83.4, S83.5, S83.8, S83.3, S83.2). Internal derangement of knee (M23), Upper arm synovitis (M65.82).
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### Treatment Plan & Referrals

- **Physical Therapy:** Advised 3-5 times a week. ☐
  - **Avoidance:** Avoid physical activity. ☐
  - **Home Use Equipment:** Bed board, Cervical collar/pillow, Cold/Hot Pack, Car Seat, Cane/Crutches, Egg Crate Mattress, Infra-red Lamp, Lumbar support/cushion, Arm support/orthosis, Traction, Elbow support/orthosis, LSO APL, Knee support/orthosis, Massager, Thermophore, TLSO, TENS/EMS, Walker, Whirlpool, Ankle support/orthosis, Shoulder support, Wrist support/orthosis, Water Circulating Heat Pad.
  - **Referrals (X-Rays):** Cervical, Thoracic, and Lumbar Spine; Knee, Shoulder, Wrist, Ankle, Hip, Elbow R/L. ☐
  - **Referrals (MRIs):** Cervical, Thoracic, and Lumbar Spine; Knee, Shoulder, Wrist, Ankle, Hip, Elbow R/L.
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#### Treatment Note & Procedure

- **Pain Rating:** Average pain scale 0 to 10 (0 No comfort to 10 Well).
  - **Applied Modalities:** Nerve block injections, Trigger Point Injections, Trigger Point Dry Needling, Intra-articular Injections, Epidural Steroid Injection. ☐
  - **Procedure Details:** Ultrasound-guided technique used after verbal consent. ☐
  - **Medication Used:** Injection 2% Lidocaine 2-3 cc; Injection Triamcinolone 10 mg/ml. ☐
  - **Technique:** Sterile field created; skin cleaned with alcohol and sprayed with ethyl chloride; 1-1/2 x 25G sterile hypodermic needle used to block nerve roots of lumbar paravertebral nerves. Trigger point injection done for muscle spasms. ☐
  - **Outcome:** Patient tolerated procedure well; no complications or complaints. ☐
  - **Follow-up:** Next visit advised in 4 weeks if pain does not subside. ☐
  - **Billing/CPT:** Initial consultation – 99204. ☐
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## **Provider Information**

**Nick N Nicoloff, PA LIC#:** 009001-1 | **NPI#:** 1992769632 | **DEA#:** MN0809410