



Emmett Brown, DC
Chiropractic Physician

FINAL EXAMINATION REPORT

Patient: Marty McFly
Date of Birth: June 12, 1968
Date of Accident: October 21, 2015
Date of Initial Examination: October 28, 2015
Date of Final Examination: October 1, 2026
Date of Report: October 1, 2026

Mr. McFly presented to our office for an examination on October 28, 2015 for injuries sustained following a motor vehicle accident (MVA) on October 21, 2015. He did not receive medical care related to his auto accident prior to his initial visit at BTTC. Since his MVA, he reports difficulty/pain with sleeping, sitting, lifting, and reaching overhead.

RECORDS REVIEWED:

1. Patient intake history and questionnaire.
2. Clinical records from October 28, 2015 through October 1, 2026.
3. Cervical spine and lumbar spine MRI dated November 5, 2025.

CHIEF COMPLAINT(S):

Pain levels were reported using a 0-10 Visual Analog Pain Scale (VAS), with 10 representing the most severe pain:

1. Neck pain: 7 / 10
2. Upper back pain: 5 / 10
3. Low back pain: 5 / 10
4. Sacroiliac pain: 3 / 10
5. Right shoulder pain: 8 / 10

TREATMENT:

Treatment rendered during the course of care included:

1. Chiropractic spinal adjustments to improve joint mobility and reduce biomechanical dysfunction
2. Medical evaluation and medication management to address persistent symptoms and coordinate care
3. Physical therapy/physiotherapy to restore strength, mobility, and function

DIAGNOSTIC IMAGING:

Mr. McFly received an MRI of his cervical and lumbar spine at Hill Valley Imaging on November 5, 2025. The results are provided below:

1. C2-C3 disc herniation
2. C3-C4 disc bulge
3. C5-C6 disc bulge
4. C6-C7 disc herniation
5. C7-T1 disc bulge
6. L3-L4 disc bulge

7. L4-L5 disc bulge
8. L5-S1 disc herniation

PHYSICAL EXAMINATION:

Restricted/Painful Motion

1. Cervical: restricted and painful flexion and extension
2. Thoracic: restricted and painful extension and left lateral bending
3. Lumbar: restricted and painful left lateral bending, right lateral bending, and left rotation
4. Right shoulder: restricted and painful external rotation, internal rotation, extension, and flexion

Palpation

1. Paraspinal myofascial tenderness and hypertonicity noted at the neck, mid back, low back, right shoulder, upper back, and sacroiliac

Positive Orthopedic Tests

1. Cervical: Cervical Compression (Bilateral), Cervical Distraction (Bilateral), Maximum Cervical Compression (Bilateral), and Shoulder Depression (Bilateral)
2. Thoracic: Soto-Hall (Bilateral) and Schepelmann's (Left)
3. Lumbar: Kemp's (Bilateral), Nachlas (Bilateral), Yeoman's (Left), and Patrick's/FABER (Left)
4. Right shoulder: Empty Can (Right), Apprehension (Right), and Drop Arm (Right)

DIAGNOSES:

1. Cervical Herniated Disc
2. Lumbar Herniated Disc
3. Chronic Sprain/Strain of the Cervical Spine
4. Chronic Sprain/Strain of the Thoracic Spine
5. Chronic Sprain/Strain of the Lumbar Spine
6. Chronic Sprain/Strain of the Right Shoulder

CAUSATION:

It is my opinion, within a reasonable degree of chiropractic probability, that the diagnoses listed above are causally related to the motor vehicle accident on October 21, 2015. This opinion is based on the relationship between the accident and the onset of symptoms, the absence of any prior treatment or complaints involving the neck, upper back, low back, sacroiliac, and right shoulder, and the consistency between the mechanism of injury and the objective examination and diagnostic imaging findings.

MMI & PERMANENT IMPAIRMENT:

Mr. McFly has reached Maximal Medical Improvement (MMI), as his condition has stabilized and no significant further recovery is expected with additional treatment.

Reaching MMI does not mean his condition is resolved or that treatment is no longer necessary. Mr. McFly's residual pathology is permanent, and it is my opinion that periodic exacerbations will continue indefinitely, requiring ongoing palliative and supportive treatment to manage his symptoms and maintain function.

Basis and Methodology: Impairment was rated using the AMA Guides to the Evaluation of Permanent Impairment, applying the Diagnosis-Based Impairment (DBI) method for the spine and the diagnosis-based approach for the extremities. For each region rated (Cervical Spine and Lumbar Spine), the diagnosis-based class is established before Functional History, Physical Exam, and Clinical Studies modifiers are used to select a value within that class. Imaging alone does not establish radiculopathy or move a spinal rating above Class 1. When multiple regions are rated, the values are combined using the

AMA Guides' Combined Values Chart, $A + B(1 - A)$, rather than added directly, ensuring the total does not exceed 100% whole-person impairment.

Cervical Spine	8%
Lumbar Spine	3%
Whole Person Impairment	11%

Rating Basis: Cervical Spine: Class 2 (radiculopathy): Radiating pain into the right shoulder/arm. Suggested 8% Whole Person Impairment.

Rating Basis: Lumbar Spine: Class 1 (pain only): L3-L4 disc bulge on November 5, 2025; no confirmed radiculopathy documented. Suggested 3% Whole Person Impairment.

PROGNOSIS / FUTURE LIMITATIONS:

As a result of this MVA, Mr. McFly is expected to have lasting functional limitations related to the injuries described above, including interference with previously-noted daily activities. The underlying damage is permanent as injured discs, joints, and soft tissues do not fully return to their pre-injury state. Resulting biomechanical changes and scar tissue leave the affected areas prone to recurring inflammation and pain.

For these reasons, it is my opinion that Mr. McFly will continue to experience periodic flare-ups and require ongoing palliative and supportive care indefinitely, as outlined in the projected future care below.

PROJECTED FUTURE CARE:

Based on the permanent nature of these injuries and a reasonable expectation of approximately 1 flare-up per year, Mr. McFly will require the ongoing care outlined below. Because the disc, joint, and soft-tissue damage is permanent, future treatment will more likely than not focus on controlling symptoms and maintaining function rather than curing the underlying condition.

To a reasonable degree of medical probability, future care includes:

- 1. Chiropractic / Physical Therapy:** to address the recurrent segmental restriction, muscular guarding, and loss of range of motion documented on examination.
- 2. Medical Visits:** providing periodic medical evaluation for re-examination and medication management.
- 3. Epidural Steroid Injection (ESI):** medically-indicated when the documented disc pathology and nerve root irritation produce radicular symptoms that do not respond to conservative care.

The frequencies and costs set forth below do not represent a fixed treatment schedule. They reflect reasonably anticipated, average utilization for the purpose of projecting the cost of future care. Actual treatment in any given year may be greater or lesser and will depend upon the patient's symptoms, response to care, functional status, and medical necessity as determined at the time of treatment.

Treatment	Estimated Utilization	Cost	Annual Cost
Chiropractic / Physical Therapy	An average of 6 visits per year (6 per exacerbation x 1)	\$125 per visit	\$750
Medical Visits	An average of 2 visits per year (2 per exacerbation x 1)	\$250 per visit	\$500
Epidural Steroid Injection (ESI)	An average of 3 procedures per year	\$1,000 per procedure	\$3,000
Total Annual Care			\$4,250
<i>Remaining Life Expectancy (average life expectancy for men: 76.5 years – current age: 58 years)</i>			<i>18.5 years</i>
Projected Lifetime Care			\$78,625

RECOMMENDATIONS:

1. Active care has been discontinued and the patient is released to return on a PRN basis, continuing the home exercises, stretches, and any orthotic support provided during care, with re-evaluation should symptoms exacerbate.

Sincerely,

Emmett Brown, DC
Chiropractic Physician