



FINAL EXAMINATION REPORT

Patient: Marty McFly

Date of Birth: June 12, 1968

Date of Accident: October 21, 2015

Date of Initial Examination: May 14, 2024

Date of Final Examination: August 10, 2026

Date of Report: August 12, 2026

Marty McFly presented to our office for examination on May 14, 2024 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 NFMHC. Since his MVA, he reports difficulty/pain with bending over, driving, getting in/out of a car, twisting, and concentrating.

RECORDS REVIEWED:

In formulating the opinions expressed in this report, the following records and materials were reviewed: patient intake history and questionnaire, clinical examination findings from this office dated May 14, 2024 through August 10, 2026, and diagnostic imaging (MRI of the cervical spine and lumbar spine performed at Twin Pines Diagnostic on May 17, 2024). No prior medical records were available for review, as the patient reported no treatment history related to the neck, upper back, and low back prior to this accident.

CHIEF COMPLAINT(S):

1. Neck pain is graded as a 7 on a 10-point scale utilizing the Visual Analog Pain Scale (VAS) with "10" being the most severe.
2. Neck stiffness is graded as an 8 on a 10-point scale utilizing the Visual Analog Pain Scale (VAS) with "10" being the most severe.
3. Upper back pain is graded as a 5 on a 10-point scale utilizing the Visual Analog Pain Scale (VAS) with "10" being the most severe.
4. Low back pain is graded as a 3 on a 10-point scale utilizing the Visual Analog Pain Scale (VAS) with "10" being the most severe.
5. Headaches are graded as a 7 on a 10-point scale utilizing the Visual Analog Pain Scale (VAS) with "10" being the most severe.

TREATMENT:

- Treatment consisted of chiropractic spinal adjustments in combination with adjunctive physical therapy and physiotherapy.
- Treatment also included at-home use of a TENS unit to reduce muscle spasm and tension, ice packs to reduce inflammation, as well as lumbar orthotic support to protect the lumbar spine while standing, sitting, walking, and lifting.
- He was also seen in the office for a medical evaluation by the attending physician and/or nurse practitioner for prescription anti-inflammatory medications and muscle relaxers as needed for pain.
- Therapeutic exercises and stretching were prescribed to restore range of motion and strengthen supporting musculature.

DIAGNOSTIC TESTING:

Marty McFly received an MRI of his cervical spine and lumbar spine at Twin Pines Diagnostic on May 17, 2024. The results are provided below:

- C4/5 disc herniation
- C5/6 disc herniation
- L4/5 disc herniation
- L5/S1 disc bulge
- L5/S1 grade 1 anterolisthesis

PHYSICAL EXAMINATION:

Motion palpation revealed pain and restricted range of motion of the cervical with restriction in flexion, extension, and left lateral bending, the thoracic with restriction in extension, left lateral bending, and right lateral bending, and the lumbar with restriction in extension, right lateral bending, left lateral bending, and right rotation. There is evidence of paraspinal myofascial pain and facet tenderness in the neck, upper back, mid back, and low back. Muscle strength was documented as a 5/5 in all extremities tested. Sensory testing was grossly intact in all extremities. DTRs were 2+ for the bicep (C5, 6), tricep (C6, 7, 8), and brachioradialis (C5, 6). Positive orthopedic tests included cervical: maximum cervical compression and shoulder depression; thoracic: adam's forward bend; lumbar: straight leg raise, kemp's, yeoman's, patrick's, and faber's.

DIAGNOSES:

The diagnosis, based upon the history of the accident, the symptomatology, the comprehensive examination, as well as diagnostic imaging is provided below:

- Cervical sprain/strain (S13.4XXA)
- Lumbar sprain/strain (S33.5XXA)
- Cervical disc degeneration (M50.3 / M51.36)
- Cervical disc herniation (M50.2 / M51.26)
- Lumbar disc degeneration (M50.3 / M51.36)
- Lumbar disc herniation (M50.2 / M51.26)

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, and low back, and the consistency between the mechanism of injury and the objective examination and diagnostic imaging findings.

IMPAIRMENT:

In my opinion, the patient has reached Maximal Medical Improvement (MMI) in the related areas and further recovery or deterioration is not anticipated. The following is based on the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition.

Using the Combined Values method of calculation, these figures equated to a Whole Person Impairment rating of 15%.

Marty McFly will have functional limitations of his neck, neck, upper back, and low back as a result of this accident. His condition is interfering with certain activities of daily living, including bending over, driving, getting in/out of a car,

twisting, and concentrating. These restrictions are expected to be indefinite and should be considered for any future activities he may engage in.

It is expected that Marty McFly will experience intermittent flare-ups and exacerbations (approximately 1 per year) from his injuries caused by this accident. As a result, he will likely need long-term and ongoing care as exacerbations present themselves.

COST OF FUTURE CONSERVATIVE TREATMENT:

Marty McFly's prognosis is good and as such, he can expect an average of one (1) exacerbation per year, and will require continued medical oversight.

With an average per-visit cost of \$125 for chiropractic care and \$250 for medical care, and an estimated life expectancy of 18 years remaining, the total projection of future care is estimated at \$22,500 based on his ongoing medical needs which can be subject to change on a year-to-year basis.

The calculation supporting this projection is as follows: chiropractic care, 6 visits per year x \$125 per visit = \$750 per year; medical care, 2 visits per year x \$250 per visit = \$500 per year. Combined, that is \$1,250 per year x 18 years of remaining life expectancy = \$22,500 in total projected future care costs.

RECOMMENDATIONS:

1. Discontinue active chiropractic care as scheduled due to PRN status. Patient is to return on an as needed basis.
2. Continue the home therapeutic exercises and stretches shown to him during his treatment at this facility.
3. Continue the use of any orthotic devices supplied during care.

Sincerely,

Adam Bordes, DC
Chiropractic Physician