



March 4th 2019

Dr. Smith
Family Medicine Centre
123 Rideau Street
Ottawa, Ontario
K1A 2B3

Re: Mrs. Jane Doe
DOB: 01/01/1960

Dear Dr. Smith,

A patient of yours, Mrs. Jane Doe presented to our clinic on 03/03/2019 with a complaint of chronic neck pain ongoing for the past 3 years, progressively worse in the last 2 months. Mrs. Doe rates her pain 6/10 and it is worse with movement. She does feel occasional numbness and tingling into her right hand. Mrs. Doe also has a secondary complaint of low back pain, worse in the morning and better as the day goes on. Her low back pain has been off and on for years but got worse after some light shoveling this winter. She rates her low back pain a 4/10 and it is localized over the buttocks and feels achy. Mrs. Doe is concerned that her pain complaints are affecting her ability to stay active and will affect her gardening this spring. Mrs. Doe has not sought any treatments for her current complaints.

Cervical Examination:

- Decreased Ranges of Motion: Right Lateral Flexion and Rotation
- Tenderness: Bilaterally at C4, C5 and C6
- Restrictions: C4-C5, C5-C6
- Anterior head carriage is noted.
- Facet compression's test positive bilaterally.

Thoracic Examination:

- Tenderness: T4-T8
- Restrictions: T4-T6
- Hypertonicity and shortening of the pectoralis major muscles is noted bilaterally with internal rotation of both shoulders and corresponding weakness of bilateral rhomboid muscles.

Lumbo-pelvic Examination:

- Decreased Ranges of Motion: Flexion and bilateral Rotation

- Tenderness: Bilaterally at L3-L5, over the Right SI joint.
- Restrictions: L5 and Sacrum
- SLR negative bilaterally

Neurological Examination:

- No abnormalities were found during the motor exam. No abnormalities were found during the sensory exam. No abnormalities were found during the deep tendon reflex exam. Valsalva's manoeuvre was negative.

Radiological Examination:

- Alordotic Cervical Spine with anterior head carriage. Mild DDD/DJD is noted at C5-C6, C6-C7
- Hypolordotic Lumbar spine with mild osteopenia. Mild DDD/DJD are noted L4L5, L5S1

My clinical impression is that Mrs. Doe is suffering from cervical and thoracic facet syndrome secondary to upper cross syndrome. Mrs. Doe is also suffering from lumbar facet syndrome. I am recommending an initial course of chiropractic care that will include: spinal adjustments, mobilizations, and home care rehabilitation. A progressive evaluation will be conducted at the end of the treatment plan and I will follow up with a report at that time. If I can provide any further details regarding Mrs. Doe's care, please do not hesitate to contact my office.

Sincerely,