

## Orthopedic Examination #1 Tuesday, July 10, 2012

Chicago Wellness Center

141 W. Jackson Blvd

Chicago, IL 60604

312-939-3400

Arthur Bach

Tuesday, July 10, 2012

A Neurological examination and an orthopedic examination was performed on Arthur Bach on Tuesday, July 10, 2012 over his pelvic region and lumbar region. The lumbar exam consisted of: Nachlas, Valsalva and Straight Leg Raise. The pelvic and sacro-iliac exam consisted of: Yeoman's Test, Hibb's Test and Laguerre's Test. The Neurological examination consisted of dermatomal testing and muscle strength testing.

The patient's vitals were taken, and the following results were obtained: his blood pressure was 120/80, the patient's height was 5 ft 6 inches, Arthur's weight was 160 pounds and his BMI was 25.8. I discussed various weight loss options with the patient.

The following lumbar tests were found to be within normal limits: Straight-Leg Raise Test and Valsalva Maneuver. The Valsalva Maneuver, used for detecting spinal space occupying lesions produced a normal result. The Straight-Leg Raise Test, for sciatica, was within normal limits. However, he has very tight hamstrings.

The patient had a positive finding during his Nachlas Test. The test was performed with the patient in the prone position with his legs fully extended. I then passively flexed each of his heels to their ipsilateral buttocks. When I approximated his left heel to his left buttock, the patient experienced discomfort in his sacroiliac region. This finding suggests a lumbosacral disorder.

The patient had a positive finding on his right during his Yeoman's Test. The test was performed with Arthur in the prone position. I stabilized the patient's right sacroiliac joint with one hand while I flexed his right knee with the other. I then hyperextended his right thigh bringing it off of the table while I maintained pressure over his right sacroiliac articulation. During this maneuver, Arthur experienced an increase in his right sacroiliac pain. This result indicates an injury to the patient's right anterior sacroiliac ligaments.

During his examination, Arthur had a positive Laguerre's Test on his right. The test was performed with the patient in the supine position with his legs fully extended. I then flexed and abducted his right hip while resting his right foot on my forearm. I stabilized his right pelvis by holding down his right anterior superior iliac spine. Next, I laterally rotated his right hip applying overpressure at the end of the range of motion. During this test, Arthur experienced pain in his right sacroiliac joint. This finding suggests a pathologic condition that is of an intraarticular origin.

The patient had a positive Hibb's Test on his right side. The Hibb's test was performed with Arthur in the prone position. I then stabilized the left side of his pelvis with my left hand, and I grasped his right ankle with my right hand bringing his right knee to 90 degrees of flexion. I then flexed the patient's knee as far as possible without elevating his right thigh off of the table. Next, I pushed Arthur's right leg laterally causing internal rotation of his right femoral head. This maneuver produced pelvic pain. This result suggests sacroiliac disease.

Dermatomal testing was performed over the patient. All dermatomes were found

to be within normal limits bilaterally from C5 to S1.

Muscle Strength testing was performed on the patient. The muscles were graded using the following rationale: 5 is complete range of motion against gravity using full resistance, 4 is complete range of motion against gravity with some resistance, 3 is complete range of motion against gravity, 2 is complete range of motion with gravity eliminated, 1 is evidence of contraction with no joint motion, and 0 is no evidence of contraction. The findings are below

right (tibialis anterior) L4: +5

During a postural analysis of the patient, I found: a low left ear, anterior cervical translation, a low right shoulder, a low right iliac crest, a low right knee and a posterior pelvic tilt. The patient stood in his neutral position on scales that were shoulder width apart. The patient exerted 70 pounds of force on the left and 90 pounds on the right.

The patient's smoking status was addressed. The patient is a current every day smoker, and he was advised to quit.



Dr. Michael L. Silbert  
NPI: 1063509727