



**CONFIDENTIAL ATTORNEY WORK PRODUCT**

[REDACTED]

Re: Paramjit Plaha  
Defense Medical Examination

Dear [REDACTED],

Enclosed is the report of the observations for the Defense Medical Examination of [REDACTED], performed by examiners [REDACTED] DC (Chiropractic) and [REDACTED], MD (Neurology) on May 11, 2023, at 10:30 a.m. at [REDACTED] as observed by [REDACTED]

For your convenience, I have included an audio file that contains a recording of the examination. I suggest that we, or someone from your office, compare the observations and the video recording from the third-party videographer with the content of the examiners' reports when they become available. I am available to witness in support of my documentation as well as the audio and video recordings of the examination if there appear to be important inconsistencies noted in the examiners' reports.

Thank you for the opportunity to attend this examination. Please feel free to contact me if you have any questions. I look forward to assisting you with your future cases.

Sincerely,

Karyn Hanken RN, BS, CPN, LNC  
CEO/Owner of Trifecta Legal Nurse Consulting

Re: [REDACTED]  
Defense Medical Examination  
*Confidential Attorney Work Product*

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<b>Client Name</b>	[REDACTED]
<b>Date of DME</b>	[REDACTED]
<b>Body Parts Involved</b>	Head, Neck, Back, Arms, Legs
<b>Examiners' Names</b>	Dr. [REDACTED], DC (DC) Dr. [REDACTED], MD (MD)
<b>Examiners Specialties</b>	Chiropractic Neurology
<b>Nurse Observer Name</b>	[REDACTED]
<b>Exam Location (Address)</b>	[REDACTED]
<b>Time of Appointment</b>	10:30 a.m.
<b>Start/End Time of Exam</b>	10:41 a.m.-12:27 p.m.
<b>Total Time of Exam</b>	1 hour, 46 minutes

***\*\*Please refer to the audio recording for the full account of this defense medical exam. Any important timestamps in the audio recording will be noted in parenthesis.***

### **OMISSIONS/IMPORTANT HIGHLIGHTS**

*(Note: Any stated omissions are provided to audit accurate documentation of the defense report; they are not provided as opinions as to what tests should have been performed by the examiners.)*

- This exam was professionally videotaped by [REDACTED], and the certified medical interpreter was [REDACTED]. Of note, all quotes by [REDACTED] in this report were stated through Ms. [REDACTED] interpretation.
- Gait analysis: Proper assessment requires that the client must be able to take 10 **consecutive** steps without assistance for an effective gait evaluation to be performed. [REDACTED] only took 5 steps in each direction, while pausing and turning during the process.
- DC used a goniometer to measure movements; however, she did not state any measurements out loud for my verification.

- MD only measured upper extremities to assess for muscle atrophy and did not measure lower extremities.

## OBSERVATIONS

- I met with [REDACTED] 30 minutes prior to the exam. With assistance from the certified medical interpreter [REDACTED], I was able to discuss my role, answer his questions and ensure that he felt prepared and comfortable with the process. [REDACTED] translated during the entire CR-35 exam.
- At the beginning of the exam, [REDACTED] clarified that the exam would cover three accidents ([REDACTED]).
- [REDACTED] recalled the details of the three accidents: [REDACTED] (Audio 5:07), [REDACTED] (Audio 9:54), and [REDACTED] (Audio 20:53).
- He stated that with the [REDACTED] accident, he did not go to the hospital because the police told him that COVID was occurring, and he should not go unless it was serious because [REDACTED] (Audio 13:38).
- [REDACTED] that after the [REDACTED] accident, his whole body hurt the next day including his head, back, and neck. After the [REDACTED] accident, his whole body *“felt like it was dislocated or causing pain.”* The arthritis in his left neck increased, and he had pain in his left shoulder and back of head. This pain *“doesn’t stop”* and he has it 24/7. After the [REDACTED] accident, the pain increased to the left side and back of his neck. He was still receiving chiropractic treatment from the [REDACTED] accident and still suffered from memory loss, body, and neck pain when the [REDACTED] collision occurred.
- When asked which collision was the most harmful to him, [REDACTED] felt that the first two accidents were the worst and most dangerous and the third accident was just a hit from the back (Audio 1:00:52).
- [REDACTED] said that any gaps in treatment were due to COVID and that [REDACTED].
- Re: Time loss from work: [REDACTED] said that he did not work for around two months in [REDACTED] after the accident and was not able to work for a *“long time”* after the [REDACTED] collision. After the [REDACTED] accident, he could only work for perhaps 2-3 months. He left [REDACTED] and started his own [REDACTED] but he cannot do it now because of his 24/7 pain and the business has taken a loss for the past two years.
- [REDACTED] self-reported the following current symptoms/pain:
  - **Headaches:** Occur 2-3 days/week and last for 2-3 hours; Rates them a “7” on the 1-10 Pain Scale; Throbbing; Sudden onset; Right foot will go numb and tingle with headaches (Audio 44:53).
  - **Buzzing In Ears:** *“This is the worst symptom I have.”; “Sometimes unbearable.”* and *“Nonstop”*. Started very lightly after the first accident and increased considerably after the second one; Is currently constant and worse in a quiet area; Has seen an ENT (Ear/Nose/Throat) doctor in [REDACTED] who said that there is no treatment for it; He must use white noise to try to drown out the sound (Audio: 48:53).

- **Neck:** Pain is from left side of neck to the back of his left shoulder; Rates pain an “8” on the 1-10 Pain Scale; Initially chiropractic helped but treatment is not helping anymore, and his neck pain has been at this level for one year; Pain is continuous (**Audio 46:31**).
- **Eye Issues:** Started seeing “bubbles” and moving objects in both eyes after the first accident; it became worse after the second accident and even worse after the third; After the 2022 accident, needed glasses; Continues to see “bubbles” in both eyes’ fields of vision (**Audio 42:54**).
- **Numbness/Tingling:** Both hands and right leg: Hands: Comes and goes; Started after the first accident and stayed the same throughout all three accidents; Due to holding onto the steering wheel tightly; Includes both hands “like a glove” (**Audio 1:02:00**). Right Leg: Occurs with exercise and feels like “ants running down”; Starts in right hip and continues down to right calf area (**Audio 1:04:10**).
- **Upper Back/Shoulders:** Feels like his neck pain and pain in this region are associated together (**Audio 50:56**).
- **Lower Back:** Sharp pain that “comes and goes”; Occurs 2-3 times/week; Rates it a “7” on 1-10 Pain Scale; Right foot and upper calf become numb with lower back pain (**Audio 52:03**).
- **Hair Loss:** Provider said he lost his hair “due to tension”; Received 8-10 injections on his head area (**Audio 1:05:19**).
- ■ stated that the arthritis in his neck “bothers me right now.” It worsened after the second accident; He felt that he’s constantly agitated, annoyed, and did not want to play with his children or work due to his neck pain (**Audio 1:07:14**).

### **PHYSICAL EXAMINATION (Started at Audio 1:13:27)**

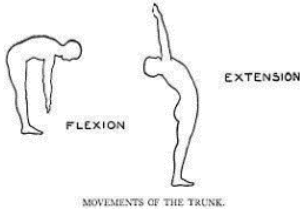
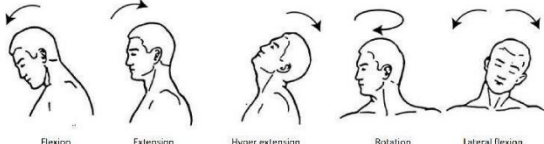
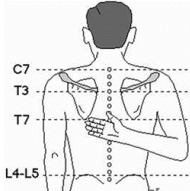
**\*\*\* Please refer to the third-party video recording for a complete visual record of full examination.**

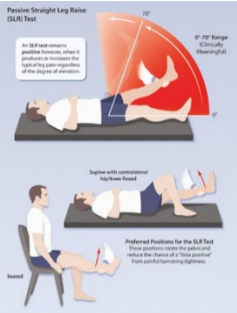
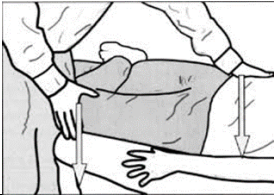


### **Reference Links:**

- [The Neurological Exam](#)
- [Neurological Examination Upper Limb](#)
- [Lower Limb Neurological Examination - OSCE guide \(Latest\)](#)
- [Neurological sensory examination - Light touch and pain \(pin prick test\)](#)
- [One Minute Cranial Nerve Exam](#)
- [Deep Tendon Reflex Exam of the Upper and Lower Extremities](#)
- [Spine Examination - OSCE Guide](#)
- [Modified Spurling's Test](#)
- [Apley's Scratch Tests](#)
- [Straight Leg Raise or Lasègue's Test for Lumbar Radiculopathy](#)
- [Patrick's / Faber / Figure Four Test](#)
- [Reversed Lasègue / Prone Knee Bend Test | Lumbar Radicular Syndrome](#)

POSITION: (S= Sitting, L=Laying down, ST= Standing, WH= Wheelchair)

POSITION	OBSERVATION
ST	<ul style="list-style-type: none"> <li>Gait analysis with only 5 consecutive steps (<i>See Omissions Section</i>); Pain in right leg when walking on heels; Unable to stand on tiptoe with right leg due to pain; could not stand exclusively on right leg due to pain.</li> </ul>
ST	<ul style="list-style-type: none"> <li>When “marching in place”, stomped very gingerly on right leg due to pain.</li> </ul>
ST	<ul style="list-style-type: none"> <li>When [REDACTED] was pressing on his neck and back to assess painful areas, [REDACTED] told examiner that he was touching him “too lightly”. (Audio 1:18:20-1:18:46). <i>Light touch by examiner could produce a false result of minimal or no pain to injured areas.</i></li> </ul>
S	<ul style="list-style-type: none"> <li>With strength tests to both hands (squeeze, make a fist, etc.), [REDACTED] experienced pain on the top and outer part of his right hand; Pain “6” on 1-10 Pain Scale (Audio 1:19:50).</li> </ul>
S	<ul style="list-style-type: none"> <li>Pain to left shoulder with arm strength assessment (Audio 1:20:55-1:21:07).</li> </ul>
S	<ul style="list-style-type: none"> <li>[REDACTED] saw “bubbles” in his field of vision during cranial nerve testing (Audio 1:21:25-1:22:13).</li> </ul>
S	<ul style="list-style-type: none"> <li>Pain to right foot and toe with flexion/extension/strength assessment (Audio 1:23:55).</li> </ul>
S	<ul style="list-style-type: none"> <li>Sensation testing with sharp object (paper clip): Feels more sensation to right arm, right calf, right foot, right forehead compared to left side (Audio 1:25:20-1:29:17).</li> </ul>
S	<ul style="list-style-type: none"> <li><i>Tuning Fork Assessment:</i> Feels more vibration to right hand and right foot (Audio 1:29:20-1:30:38).</li> </ul>
S	<ul style="list-style-type: none"> <li>With eyes closed, [REDACTED] had difficulty touching his left finger to the tip of his nose. MD had him open his eyes to complete the assessment (Audio 1:30:40-1:31:25).</li> </ul>
ST	<ul style="list-style-type: none"> <li>While standing, assessed flexion and extension of back. Examiner used goniometer but did not state any measurements out loud (<i>See Omissions Section</i>). [REDACTED] could only flex and extend minimally due to neck and back pain;</li> </ul>

	<p>Bending his torso to the right produced pain on his right side; Bending to his left side produced right lower back pain (<b>Audio 1:32:40-1:34:34</b>).</p>  <p style="text-align: center;">MOVEMENTS OF THE TRUNK.</p>
S	<ul style="list-style-type: none"> <li>● Neck range of motion assessment: Neck flexion: Pain from left neck to left shoulder; Neck Hyperextension: Pain in the middle neck; Rotation to left: Left neck pain; Rotation to right: Pain in both sides of neck; Lateral Flexion Left or Right: Unable to complete this movement due to high degree of pain (<b>Audio 1:34:43-1:36:50</b>).</li> </ul> 
ST	<ul style="list-style-type: none"> <li>● Left shoulder range of motion: Could only raise left arm to shoulder height and minimal range in back rotation; Could not perform <a href="#">Apley's Scratch Tests</a> due to pain (<b>Audio 1:38:05</b>).</li> </ul>
ST	<ul style="list-style-type: none"> <li>● Right shoulder range of motion: Could not perform Apley's Scratch Test due to pain (<b>Audio 1:39:00</b>).</li> </ul>  <p style="text-align: center;">Figure 15-52</p>
S	<ul style="list-style-type: none"> <li>● [REDACTED] had to sit down because of an increased headache and “a lot of pressure” in his head (<b>Audio 1:39:42</b>).</li> </ul>
S	<ul style="list-style-type: none"> <li>● Measurements to assess for muscle atrophy (<i>stated out loud by MD but not verified visually by nurse advocate</i>): <ul style="list-style-type: none"> <li>○ Left forearm: 30.5 cm.</li> <li>○ Right forearm: 30.5 cm.</li> <li>○ Right bicep: 35 cm.</li> <li>○ Left bicep: 35 cm.</li> </ul> </li> <li>● No measurements were done to lower extremities to assess for muscle atrophy (<b>See Omissions Section</b>).</li> </ul>
L	<ul style="list-style-type: none"> <li>● <i>The Straight Leg Raise Test</i>: DC measured for leg range of motion; right leg raise produced pain in right hip (<b>Audio 1:44:15</b>).</li> </ul> <p><a href="#">Straight Leg Raise or Lasègue's Test for Lumbar Radiculopathy</a></p>

	
L	<ul style="list-style-type: none"> <li>● <b>Faber's Test:</b> This assessment elicited a high degree of pain in the right hip; [redacted] unable to perform maneuver on the left side due to very high level of pain in left hip (<b>Audio 1:44:50</b>).  <a href="#">Patrick's / Faber / Figure Four Test</a></li> </ul> 
L (Prone Position)	<ul style="list-style-type: none"> <li>● Prone position (laying on stomach): DC used reflex hammer to tap down [redacted] spinal column; [redacted] stated that pain occurred down his entire spine (<b>Audio 1:45:35</b>).</li> </ul>
L (Prone Position)	<ul style="list-style-type: none"> <li>● <b>Prone Knee Bend Test:</b> Right leg produced “sharp pain” on right hip and [redacted] asked the examiner not to “pull” his leg due to pain; Left leg produced “sharp pain” across lower back (<b>Audio 1:46:12</b>).  <a href="#">Reversed Lasègue / Prone Knee Bend Test   Lumbar Radicular Syndrome</a></li> </ul> 
S	<ul style="list-style-type: none"> <li>● <b>Modified Spurling's Test:</b> Produced a high degree of pressure and pain to entire neck (<b>Audio 1:47:50</b>).  <a href="#">Modified Spurling's Test</a></li> </ul> 

Upon receipt of the written reports by Dr. [redacted] and Dr. [redacted] I am available to review them and provide a supplemental report noting any omissions, inaccuracies, or discrepancies as compared to my observations/notes/recordings of the examination.

I certify under penalty of perjury under the laws of the state of [REDACTED], that the information contained here per my observations is true and correct. This exam was audio recorded by me and video recorded by a third-party videographer.

Executed on [REDACTED]

[REDACTED]