

Confid	ential Attorney Work Product
Dear	
	llowing is my review of the final report from defense examiner MD. dated , regarding the CR-35 exam of on I focused on the portion of report that related to the exam (Pages 7-11) and compared the examiner's observations and ns with my written documentation and the video and audio recordings:
Interv	<u>riew</u>
•	(Page 7, #2, #3): Dr described Mr. lower back pain as "recurrent" during the stated time; however, Mr. stated that he may have had "back stuff here and there" and he couldn't "think of anything specific." (Page 8, #7): Dr. said that Mr. stated that he "lost consciousness for a few minutes" during the car accident on 9/16/2020; however, when asked if he lost consciousness Mr. stated," I think I did, but I don't really have a way to confirm that." and that he was "Unsure, but I think I did." When asked how long he could have potentially been unconscious if that did

Physical Examination

• Head and Neck (Page 10):

occur, Mr. said "No clue."

- Neck has "normal range of movement.": Dr. did not measure Mr. neck range of motion by using a goniometer or inclinometer (standardized tools used in an orthopedic exam); therefore, his conclusion of "normal" range of motion is purely subjective (Video: 51:25). In addition, he only asked Mr. to move his head in four positions (cervical flexion (bend down), cervical extension (bend back), cervical rotation (left and right). Cervical side-bending (ear to shoulder) was not assessed.
- "The Spurling's Sign is absent bilaterally": The Spurling's test is a well-recognized
 provocative test that is routinely used to assess the cervical spine when looking for
 nerve root compression that causes neck pain and tingling/numbness/weakness in arm,

- shoulder, hand, and fingers https://youtu.be/JT0SvAVY96g. Dr. did not apply axial compression (pressing down on the top of the head) when just simply rotating Mr. neck did not elicit symptoms (Video: 51:50).
- "The Adson's Test is negative bilaterally": The Adson's Test is used to test for Thoracic Outlet Syndrome, a group of disorders that occur when the blood vessels or nerves are trapped between the collarbone and first rib. Symptoms include neck and shoulder pain and numbness in fingers. A positive test result is a loss of the radial (wrist) pulse or eliciting of symptoms https://youtu.be/can46yHaJps. Dr. did not have Mr. neck in the proper position, nor did he have Mr. hold his breath to potentially elicit symptoms (Video: 49:55).

Musculoskeletal (Page 10):

- "The resting muscle tone is normal throughout all 4 limbs and there is no atrophy...": Dr. did not measure all four limbs with measuring tape to accurately assess for muscle atrophy and differences in limb size; therefore, his conclusion of "no atrophy" is purely subjective.
- o "The spinal column is nontender.": Dr. did not properly palpate Mr. entire spinal column to assess for spinal column tenderness https://youtu.be/5 txE56X2-8?t=79. (Video: 52:12). While Mr. was seated, Dr. leaned over the exam table and had Mr. lift his shirt to expose his back. Dr. spent less than 15 seconds pressing on a few areas of Mr. spinal column.
- "The Patrick's Test is negative bilaterally.": The Patrick's/FABER Test is used to evaluate for issues in the sacroiliac joint (hip) region. https://youtu.be/nFza4MJv2Uo. Dreference this assessment while Mr. was in a sitting position, but the proper position of the client should be in a supine (laying down) position.
- o "The straight leg raise test is negative bilaterally...": There are two types of straight leg raise tests: sitting and supine (laying down), and it is a fundamental maneuver during a physical examination of a client with lower back pain. It aims to assess for lumbosacral nerve root irritation. This test can be positive in a variety of conditions, though lumbar disc herniation is the most common. Drespective performed the **seated** straight leg raise test (**Video: 48:10**). Research has shown that the **supine** straight leg raise test is a much better provocative test to assess for lower back injuries and issues.

https://eorthopod.com/news/seated-or-supine-straight-leg-raise-test-does-it-matter/.

Gait (Page 10):

"His gait is normal...": A proper gait assessment requires that a client take ten (10) consecutive and unassisted steps. Mr. took two (2) steps (Video: 54:40).

• Cranial Nerves (Page 11):

o "The pupils are equal, symmetric and reactive to light.": Dr. describes this result for his assessment of the Cranial Nerves 111, IV, VI. A proper assessment of the pupils involves the utilization of a penlight or other device that shines a bright light directly into the eyes to assess for the reactivity of the pupils. Dr. did not use any such device for this assessment. https://youtu.be/iTncbhfbl6A.

•	Sensory	(Page	11):
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0	"The pinprick s	ensation is intact throughout the face, neck, shoulders, torso, arms, and
	legs.": In a typi	cal sensation assessment using a pinprick, the client should have their
	eyes closed .	had his eyes open for the test and could visually see when and
	where Dr.	was pricking him, which makes the test results invalid.
	https://youtu.l	be/XVOVpq-41BY?t=68. (Video: 44:20). Furthermore, Dr. did not
	pinprick Mr.	on his upper legs, torso, or face.

This concludes my review of defense examiner Dr. observations/opinions during the CR-35 examination of Mr.

I certify under penalty of perjury under the laws of the state of Washington, that the information contained here per my observations is true and correct.

Executed on March 9, 2023, in Federal Way, Washington.