



Patient Suffering from a Fall: Pain & Inflammation Relief

by Eli Cummings, D.C.

PRODUCT: SALIZAIN™

INTRODUCTION

The following is a report concerning the injuries of Miss X and her treatment using Salizain as part of the therapy. Miss X a 35-year-old female, sustained a fall at HEB on 7/9/2011. Miss. X was seen in this office today for a final history and evaluation.

HISTORY

She reports falling at 4pm at Heb on a concrete floor landing on her right knee and landing in an awkward position. She did not go to the hospital for her injuries, she instead went home to drink water and rest hoping the pain would go away. On her initial evaluation on 7/19/2011, the patient presented to our facility seeking proper medical attention for un-resolving injuries sustained in a fall on 7/9/2011. The patient complained of headaches, lumbar, cervical and thoracic pain post accident. No cuts reported. Patient had right knee bruising over the patella and medial knee. Cervical spine and thoracic spine pain, rated 6/10 on the analog verbal scale. Lumbar spine pain, rated 10/10 on the analog verbal scale. Headache pain, rated 8/10 on the analog verbal scale. Aggravating factors include prolonged sitting, walking, bending, lifting, repetitive movement, and sustained muscle tension. The patient states that as a result of this injury, she is experiencing increased fatigue and limited amounts of movement due to pain. In addition, she has difficulty sleeping secondary to the pain.

EXAMINATION

The following muscle groups were palpated in which hypertonicity was found in all of the following muscle groups that are an involuntary response to her injury. **Evaluation performed on 7/19/2011 reveals reflexes are as follows:**

Bilateral Upper Trapezius Muscles	Moderate spasm & guarding	Bilateral Sternocleidmastoid Muscles	Severe spasms & guarding
Bilateral Levator Scapulae Muscles	Severe spasm & guarding	Supraspinatous Muscle, Right	Guarding
Bilateral Rhomboid Muscles	Moderate spasm & guarding	Lumbar Paraspinal Muscles	Moderate spasms & guarding

ORTHOPEDIC EXAMINATION:

Foraminal Compression	Positive	As the patient is seated, the doctor depresses on top of the head eliciting pain in the neck or upper extremities. This indicates nerve root encroachment in the cervical spine.
Foraminal Distraction	Positive	The doctor distracts, or lifts the head. The patient should experience decrease in pain for a positive nerve root encroachment. This test is different then the other cervical tests as the patient does not expect a positive test to show less pain.
Spurling's	Positive	The patient rotates the head and the doctor "hammerfists" the top of the head. Pain radiating down the arm indicates nerve root encroachment.
Braggard	Positive bilaterally	The patient does a SLR to the point of pain, then dorsiflexes. An increase in radicular pain with the dorsiflexion.
Bounce Home	Positive right knee	While the patient is lying supine, the doctor holds up the leg (of the affected side) from the ankle & lifts the knee into flexion. The doctor then suddenly drops knee. Pain in the Knee if it does not drop cleanly & smoothly reaching full extension.
Knee Drop	Positive right knee	The patient will lie prone with knee flexed. The doctor places his fist under the affected knee then drops knee into extension. Pain in the Knee if it does not drop cleanly & smoothly as compared to the other side.
McMurray's	Positive right knee	The patient will lie supine and the doctor flexes the knee & hip. Then while palpating the joint line, the doctor stresses the knee into EXTERNAL ROTATION while fully extending the knee (testing the MEDIAL MENISCUS). Repeat the maneuver substituting INTERNAL ROTATION (in order to test the LATERAL MENISCUS) while extending the knee. Pain or a Palpable or Audible Clicking at the joint line. INDICATION: Meniscal Tear





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DIAGNOSIS & TREATMENT

Chiropractic therapy and myofascial release performed on Miss X and Salizain 1/day

- 1. 723.4 Bilateral cervical radiculopathy
- 2. 723.8 Cervicogenic Headache
- 3. 308.3 Post Traumatic Stress Disorder
- 4. 728.4 Ligamentous Laxity
- 5. 739.1 Cervical Subluxation
- 6. 739.2 Thoracic Subluxation
- 7. 739.3 Lumbar Subluxation
- 8. 719.06 Edema of Knee
- 9. 719.56 Stiffness of Knee

RESPONSE TO CARE

It is my opinion, within a reasonable degree of medical/chiropractic certainty that the above objective and quantitative findings as described above had caused consequential limitations, as a direct result of the injury caused on 7/9/2011. The patient has progressed surprisingly well and is now pain free and has regained full range motion throughout her affected areas. The patient stated, "I love the Salizain it allows me to move and feel better, I noticed a difference in my pain and inflammation upon taking it the 1st day."

THE ANABOLIC DIFFERENCE

Anabolic Laboratories' nutritional products are made in a registered, licensed and inspected pharmaceutical facility. Our in-house laboratories and manufacturing facilities are routinely inspected by the United States Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA). We also maintain a Good Manufacturing Practice (GMP) certification from the Natural Products Association.

As a pharmaceutical manufacturer, the standards used for raw materials, production and finished product testing exceed FDA requirements for the nutritional products industry. Our pharmaceutical requirements for manufacturing are the foundation for the guaranteed quality of our nutritional products. Anabolic Laboratories sets the nutritional supplement industry standard for label accuracy, potency and purity as dictated by the FDA for pharmaceutical and nutritional products.

