

EXHIBIT C



**COMPREHENSIVE
ORTHOPEDIC & SPINE CARE™**

Name: Stephanie Bertrand

Date: 6/15/2020

Chief Complaint- neck pain, low back pain

History of present illness- patient is a 35-year-old female was injured in a motor vehicle accident on 1/21/2020. Patient complains of pain and stiffness in cervical spine and lumbar spine. Patient states that the issue is worsening and the pain keeps her up at night. Any exercise, sitting, standing, walking, repetitive motion causes the pain to become worse. Patient states that she has never had any problems with the neck or low back prior to this injury. Patient rates the pain as a 8 out of 10. Patient is currently not working. The patient has been in physical therapy since the accident, taking anti-inflammatories without relief.

Past Medical History-denies

Past Surgical History denies

Medication- anti-inflammatories

Allergies- no Known drug allergies

Social/Family History- denies alcohol tobacco or drug abuse

Review Of systems- the patient denies any fever, chills, fatigue, chest pain, palpitations, shortness of breath, nausea, vomiting, diarrhea, constipation, or ataxia.

Physical Exam-

Mental status- alert and oriented x3

Eyes- clear reactive to light

Dr. Joseph Weinstein
Neck- supple

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68-15 Main Street
Flushing, New York 11367

Phone: 718.313.0766
Fax: 347.507.5553
www.coscny.com

Musculoskeletal- cervical spine-skin is clean dry and intact. There is pain to palpation at the paraspinal musculature of the cervical spine. Power is 5 out of 5. Sensation is decreased C4-5 distribution. Reflexes are brisk and symmetrical. Negative Hoffmann's. Positive sparlings exam.

Attending Orthopedic

Cervical Spine	Degree on Exam	Normal Range of Motion
Flexion	40°	50°
Extension	40°	60°
Right Lateral Bending	25°	45°
Left Lateral Bending	30°	45°
Rotation to the right	60°	80°
Rotation to the left	55°	80°

Lumbar spine- skin is clean dry and intact. There is pain to palpation at the paraspinal musculature of the lumbar spine. Power is 5 out of 5. Sensation is decreased bilateral L4-L5 distribution. Reflexes are brisk and symmetrical. Negative clonus, downgoing Babinski. Patient is able to heel walk and toe walk. Positive straight leg raise test on the left and right.

Lumbar Spine	Degree on Exam	Normal Range of Motion
Flexion	50°	90°
Extension	10°	20°
Right bending	5°	25°
Left Bending	10°	25°

Radiology cervical spine AP and lateral flexion and extension shows no gross fractures or dislocations. There is reversal of the normal cervical lordosis

Impression loss of normal cervical lordosis

Lumbar spine AP and lateral flexion and extension shows no gross fractures.

Impression no gross fractures lumbar spine

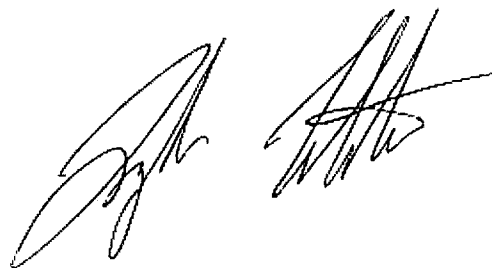
Diagnosis cervical radiculopathy, lumbar radiculopathy

Plan 1 options for treatment and nontreatment, possible risks and complications, and alternative treatments were discussed. Current medications and allergies were reviewed. Patient understood the therapeutic options and the potential risk for having a treatment for the procedure performed. If the history given by the patient is accurate, then within a reasonable

degree of medical certainty the above noted injuries were directly the result of the event/accident of this record.

2. After extensive conversation regarding her diagnosis and prognosis recommend anti-inflammatories as needed for pain. Recommend Flexeril.
3. Recommend pain management consultation with epidural injection.
4. Patient to follow up after pain management. Patient told that if her pain or symptoms get worse return immediately.

I am a Physician duly licensed to practice medicine in the State of New York and affirm the truth of the forgoing under the penalty of perjury. Pursuant to CPLR 2106. This report was prepared by me and is based on my observation and treatment of the patient and contains my opinions, which are made within a reasonable degree of medical certainty.



Joseph Weinstein D.O.

Dictated by Not Proofread

**COMPREHENSIVE
ORTHOPEDIC & SPINE CARE™**

Name: Stephanie Bertrand

Date: 8/3/2020

Chief Complaint- neck pain, low back pain

History of present illness- patient is a 35-year-old female was injured in a motor vehicle accident on 1/21/2020. Patient complains of pain and stiffness in cervical spine and lumbar spine. Patient states that the issue is better and the pain keeps her up at night. Any exercise, sitting, standing, walking, repetitive motion causes the pain to become worse. Patient states that she has never had any problems with the neck or low back prior to this injury. Patient rates the pain as a 6 out of 10. Patient is currently not working. The patient has been in physical therapy since the accident, taking anti-inflammatories without relief.

Past Medical History-denies

Past Surgical History denies

Medication- anti-inflammatories

Allergies- no Known drug allergies

Social/Family History- denies alcohol tobacco or drug abuse

Review Of systems- the patient denies any fever, chills, fatigue, chest pain, palpitations, shortness of breath, nausea, vomiting, diarrhea, constipation, or ataxia.

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Attending Orthopedic

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