

**Centerpoint Chiropractic and Natural Health**  
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## **Chiropractic Examination Report**

Patient: Mahendra Trivedi (Male)

Date of Birth: February 20, 1962.

The following is a detailed chiropractic report which summarizes the findings of a physical examination performed on an Indian male (age 43) Mr. Mahendra Trivedi (also referred to as Guruji). This examination was performed in Calgary, Alberta on May 22, 2005 by Dr. Derek A. Pyper.

### **Background**

Mr. Mahendra Trivedi (Guruji) is an extraordinary man and spiritual guru from India who is unique in structure and function. Although he has a history of lower back pain (intermittently over the past ten years), there was no pain present during our examination. No history of spinal trauma was reported, however he reports ligament damage to his left knee (1991), as well as to his right ankle. Mr. Trivedi (Guruji) is a vegetarian (eats no meat and no eggs); non-smoker; does not drink alcohol; and claims to have been generally healthy his entire life with the exception of mild to moderate allergies. Furthermore, Mr. Trivedi (Guruji) does not participate in any regular exercise routine, and tends to be somewhat sedentary. On occasion, Mr. Trivedi (Guruji) has been known to sit in a meditation pose (cross-legged on the floor) for several hours without movement. No family history of illness was reported.

### **Examination Findings (objective)**

Upon presentation, Mr. Mahendra Trivedi (Guruji) had no chief complaint, or specific health concerns. As part of a comprehensive physical examination, Mr. Trivedi (Guruji) was subjected to orthopedic; chiropractic; and neurological testing. The following exam findings were noted during that visit:

#### ***Neurological Exam***

Sensation: Normal to mild hyper sensation in all upper and lower extremities with respect to light touch, vibration, pin-prick-testing, and temperature.

Reflexes: Sluggish (+1/2) bilaterally in the upper extremities (biceps; triceps; brachioradialis); and sluggish (+1/2) bilaterally in the lower extremities (patellar; hamstring; achilles).

Strength: Muscle testing was normal (+5/5, or “full strength against resistance”) in the upper and lower extremities bilaterally.

Cranial nerve testing (nerves I-XII) found no deficits or abnormalities.

Heart sounds were unremarkable; lung fields sounded mildly congested; blood pressure was measured as 136/88 mmHg; pulse rate was 92 beats per minute.

\* No ominous neurological signs or symptoms were present at the time of the examination.

\*\* Subjectively, Mr. Trivedi (Guruji) reported some unique sensations which he experiences on a regular basis; these included:

- seeing different colors than others perceive (e.g. the sky appears dark blue when other witnesses say it is light blue; a pink flower may also be perceived as being blue to Mr. Trivedi (Guruji);
- proprioceptive changes were described as feeling “like my body does not belong to me”;
- frequent sensitivity to auditory stimuli (e.g. household appliances); some days noises are tolerable, and some days intolerable.

### ***Chiropractic/Orthopedic Exam***

#### **Postural Evaluation**

Standing - elevated right occipital base and right shoulder; left iliac crest appeared elevated in comparison to the right; hyperlordosis (moderate) was present in the lumbar spine along with reduced kyphosis in the thoracic spine; no scoliosis was noted; mild internal rotation of both shoulders; pes planus was observed (mild to moderate).

#### **Palpation**

Soft tissues of the cervical spine (including anterior and posterior paraspinal muscles) were remarkably supple and exhibited very little tension; no myofascial trigger points were detected; a step defect was present at the C7-T1 junction; no inflammation was present; joint play was uniquely soft and unrestricted; a 5 cm long and 1 cm wide superficial scar was observed on the skin near the right lower cervical region; no subluxations were detected in the cervical spine.

Palpation of the thoracic spine revealed unusually relaxed muscle tone (tension free yet able to maintain normal posture and movement); relatively little to no movement in the upper ribs was noted during respiration (even deep breathing); costo-sternal joint play exhibited a hard end feel; no thoracic or costovertebral subluxations were noted during motion palpation. Paraspinal muscles were well developed and supple.

Lumbosacral palpation revealed very well developed paraspinal musculature which lacked excess tension, had normal tone, and exhibited no myofascial trigger points. Subluxations were noted at L3-4-5 (right rotation restriction). Moderate hyperlordosis was noted. Thick muscle development (broader and above average density) in this region was unique considering the subject's relatively sedentary lifestyle.

Lower extremity muscle tone was less than normal in the calves bilaterally (similar to the cervical paraspinal muscle tone). Motion palpation revealed abnormal L5-S1 function during forward flexion.

#### Active Ranges of Motion (AROM)

C/spine: full + in all directions; hypermobile (mild) in extension and lateral bending (to the right and left) no pain present;  
T/spine: slightly limited in extension; all other ranges full; no pain present;  
L/spine: full in all directions (L/spine); no pain present; hypomobile SI joints (bilaterally)  
Shoulders: left external rotation and abduction reduced mildly; all other ranges within normal limits; no pain present;

#### Passive Ranges of Motion (PROM)

C/spine: within normal limits; mild hypermobility in extension and lateral bending (to right and left);  
T/spine: mildly reduced in forward flexion;  
L/spine: mildly left lateral flexion;  
Pelvis: hypomobile sacroiliac joint function bilaterally;  
Shoulders: left shoulder external rotation reduced slightly;

#### ***Orthopedic Tests***

- \*George's Test (for vertebral artery compromise): no positive signs;
- \*Vertebral Artery Tension Test (VATT): negative for nystagmus and dizziness;
- \*Cervical compression (maximal and neutral): negative for pain and radiculopathy;
- \*Cervical decompression: no symptoms;
- \*Brachial stretch test: no radiculopathy or neurological symptoms were noted;
- \*Adson's/ Roos' tests (for thoracic outlet syndrome): negative; no symptoms produced;
- \*Straight leg raise: positive for tight hamstrings (bilaterally) at 45°; no radiculopathy;
- \*Hip flexion/abduction/external rotation: no pain (bilaterally)
- \*Yeoman's test (for sacroiliac joint dysfunction): mildly painful on the left SI joint;
- \*Functional Left leg length inequality (1/4") due to left SI joint dysfunction;
- \*Nachla's/Ely's/Hibbs tests (for hip joint dysfunction): were all negative and pain free;
- \*Kemp's test for lumbar facet joint irritation: negative (no pain and no radiculopathy was noted);
- \*Empty can test (for rotator cuff strain/damage): negative bilaterally.

### *Summary*

In conclusion, Mr. Trivedi (Guruji) presented with no obvious symptoms, rather he was evaluated for the purpose of a functional and structural examination. As per the examination findings, I feel that Mr. Trivedi (Guruji) possesses unique structural and functional characteristics. These unique characteristics may be summarized as follows:

- ? paraspinal musculature without appreciable scar tissue, myofascial trigger points, or posture-related tension;
- ? minimal areas of vertebral subluxation complex (V.S.C.) despite no history of chiropractic care or reported regular physical activity/exercise; sluggish deep tendon reflexes (upper and lower extremities bilaterally);
- ? palpable bony changes in the atlanto-occipital region as well as the sacro-coccygeal joint; radiographic studies would be useful in detailing the nature of these structural variants;
- ? lack of movement in the upper ribs/thoracic cage during respiration;
- ? hypermobility in the cervical spine with unusually low muscular tone.

Further physical examination (such as craniosacral examination from a qualified practitioner) and diagnostic imaging (radiographs and/or MRI examination) would be useful in describing the exceptional qualities of Mr. Trivedi, as compared to what is considered to be “normal” human structure and function.

If you have any questions regarding this matter, please contact our office directly at: (403) 901-6088.

Sincerely,

Dr. Derek A. Pyper, B.Sc., D.C.