



Musculoskeletal
Central Intake &
Assessment Centre

Phone: 905-521-2100 x48934

Fax: 905-577-1426

MSK CIAC Low Back Request for Spine Surgeon Consultation

Dear Dr. Guha

Mack, Walter David
27/8/1946 (76 yrs) Tel: 905-650-6622
39-5490 Prince Edward Ave.
Niagara Falls ON L2G 5H7
GP: Sidhu, Mondeesh Kaur
MRP: Dos Santos, David
MRN: G10020845 HCN: 6209760310HL



1037181762

SVC DATE: 30/11/22

Date referral sent:

December 1 2022

**Please send appointment details to patient's primary physician AND/OR
patient directly depending on your office protocol.**

Please accept this referral for spine surgical consultation from Dr. David Dos Santos, Practice Lead for the MSK CIAC Low Back program.

**Please fax this form back to 905-577-1426 (Dr. Dos Santos)
with the date and time of the patient's surgical consult.**

Date of Consult: _____ Time: _____

To: Dr. Mondeesh Sidhu

A PL FU - Telephone was performed on 30-11-2022.

RAC-LBP Surgical Consultation Summary

Primary Care Provider: Mondeesh Sidhu

Patient:	WALTER MACK
Address:	39-5490 PRINCE EDWARD AVE. NIAGARA FALLS Ontario L2G5H7 Canada
City:	NIAGARA FALLS
Postal Code:	L2G5H7
Phone(s):	2892963031, 905-650-6622,
DOB:	27-08-1946
MRN:	MRN-000016019
OHIP No:	6209760310
Diagnosis:	left L5 nerve root irritation
Surgical Candidate:	Yes
Further Investigation Required:	None
Recommendations:	Continue with a flexion based self-management program, Lumbo-Pelvic Core Stability Exercises, Take Frequent Breaks from Aggravating Postures, Activity as Tolerated, Physiotherapy, Acupuncture, Other,
Plan of Management:	Referral for Surgical Intervention, Referral to Pain Clinic,

Subjective Summary:

Duration of Symptoms:	3 to 6 months
Location of Symptoms	Left Leg Dominant
Nature of Symptoms:	Intermittent
Symptoms:	Staying the Same
Aggravating Activities:	Sitting
Relieving Activities:	Standing, Walking
Bowel or Bladder Dysfunction:	No
Bowel or Bladder Dysfunction Notes:	
Lower Extremity Weakness:	No
Lower Extremity Weakness Notes:	

Patient Name: **WALTER MACK**

MRN: **MRN-000016019**

DOB: **27-08-1946**

Paresthesia: No

Paresthesia Notes:

Pain Scale at Best: Back: 0 Leg: 6

Pain Scale at Worst: Back: 0 Leg: 9

Previous History of low back pain: No

Previous History of low back surgery: No

Sitting Tolerance: 5 to 10 min

Standing Tolerance: 30+ min

Walking Tolerance: 30+ min

Sleep Comfortably: pain sometimes disturbs sleep

Previous Investigations: MRI

Previous Treatments: Chiropractic: No Benefit
Physiotherapy:
Massage:
Acupuncture: No Benefit
Other: Helpful

Employment Status: Other

Job Demands: None

Significant Medical History:

Previous Surgeries: Yes

Allergies: No

Smoking History: No

Yellow Flags: None

Risk of Chronicity Screen: Moderate (Complex)

Current Medications:

Medication to Manage Pain: Yes

Name	Dose	Duration
Pregabalin	75 mg tid	

Physical Exam:

Observation: slow, reciprocal gait. no supports

Tandem Gait: Normal

Toe Walking: Normal

Heel Walking: Normal

Myotomes:

Dermatomes:

Patellar Reflex: Right - Normal
Left - Normal

Achilles Reflex: Right - Normal
Left - Normal

Patient Name: WALTER MACK

MRN: MRN-000016019

DOB: 27-08-1946

Babinski: Normal
Clonus: Normal
Hoffmans: Normal
Passive SLR: Right - Negative
Left - Positive
Femoral Nerve: Right - NT
Left - NT
Hip Screen: Right - Negative
Left - Negative
Back Range of Motion: Pain Produced With: Neither

Other Testing:

Summary Paragraph:

The follow up today was conducted over the telephone.

I initially saw Mr. Mack for consultation August 9, 2022. In my report I state: "Mr. Mack presents with a complaint of left buttock and leg pain. The onset was about 6 months ago. He characterizes the pain as a burning and as if he's "sitting on a bag of rocks". There is pain in both buttocks and pain in the lateral left thigh. He has had an epidural injection which provided relief for about 24 hours. He also tried chiropractic care (manual therapy and acupuncture) for 2 or 3 visits without relief. He continues with self-directed exercises. The only medication he reports taking is Pregabalin 75 mg tid. His health is otherwise good. He is a non-smoker. Mr. Mack is limited in his daily chores.

The physical examination reveals a slow, reciprocal gait. He could heel and toe walk without difficulty. Muscle stretch reflexes are 2+ at the Patellae and Achilles bilaterally. Sensation is diminished along the left L5 dermatome. Power is graded 5/5 L2 to S1 bilaterally. Muscle tone and bulk is symmetrical. There is a positive straight leg raise on the left. Hip ranges of motion are within normal limits. Upper limb reflexes are 2+. Hoffman's sign is absent bilaterally. There is no spasticity or clonus, or other long tract signs.

A lumbar MRI was performed July 20, 2022. There is a Grade I retrolisthesis at L3-4. There is moderate to severe foraminal stenosis bilaterally at L5-S1. There is facet arthropathy at the same level.

Mr. Mack presents with symptoms and signs commensurate with left L5 nerve root irritation. This is likely related to the foraminal stenosis at L5-S1. To confirm and provide further diagnostic information, I have referred Mr. Mack for a selective left L5 nerve root block. I will follow up with him afterward. He should continue with self-directed exercises, and can consider a course of physical therapy for 4 to 6 weeks."

Mr. Mack reports today that had an injection on October 18, 2022. He says that it provided mild relief for perhaps a few days. He continues to have leg pain. He attends for physical therapy weekly, consisting of massage and stretches, without significant relief. He is taking Pregabalin 75 mg tid which is helping.

My clinical impression remains the same. In view of the persisting leg dominant pain despite conservative care, and MRI findings, I am referring Mr. Mack for spine surgical consultation with Dr. D. Guha. I have encouraged him to continue with self-directed exercises.

Thank you for involving me in the care of this patient

Sincerely

David Dos Santos

Designation: Advanced Practice Provider, Practice Leader



Patient Name: WALTER MACK

MRN: MRN-000016019

DOB: 27-08-1946

Phone:

Address:

237 Barton St. E, Hamilton L8L 2X2

Hospital Report

Patient	MACK, WALTER	Home Phone	2892963031	Work Phone	
Health #	6209760310HL	Sex	M	Patient ID	12329
Age	75 years				
DOB	27-Aug-1946				

Facility Report #:	NDIRPTES2207-0293		
Sent to:	Sidhu, Mondeesh	Reported By:	Facility #3982
Collection Date:	20-Jul-2022	Reviewed:	04-Aug-2022 by MoSidhu
Message Unique ID:	20220722111459583^20220722111459530646^3982^DI^NDIRPTES2207-0293^202207221114^PMF^FO031746/22^118		
Source Author:	^Habdank^Krzysztof^		
Updated On:	04-Aug-2022 9:04 AM		

Flags	Results	Ref Range
DIAGNOSTIC IMAGING (S)		
ZZDI	See Below	22-Jul-2022 11:14 AM
Greater Niagara General Site		

NIAGARA HEALTH SYSTEMf,,,
f, GNG SITE f,,

Diagnostic Services Report

AUG 04 2022

Patient Name: MACK, WALTER DAVID
DOB-Age Sex: 27/08/1946-75 M
Unit# - Account#: F0716789 - F0031746/22
Patient Category: FOPCLR
Ordering Physician: Mondeesh Kaur Sidhu
Date of Exam(s): 20/07/22
Order Date & Time: 20/07/22 1431
Requisition #: 22-0187335
Report #: 2207-0293
Copies to: Mondeesh Kaur Sidhu
Report Status: Signed

Exam(s): MAGNETIC RESONANCE IMAGING; MR SPINE LUMBAR 3D VOL 4 SEQ-S

History: Unexplained weight loss, abnormal reflexes or loss of muscle power or feeling in legs

Technique:

Multiplanar multi-sequence MR of the lumbar spine.

Findings:

No previous.

Lowest lumbar style vertebral body is named L5. Grade 1 retrolisthesis of L3 on L4. Mild straightening of the upper lumbar lordosis. Alignment otherwise satisfactory. Vertebral body heights maintained. Marrow signal maintained..

L1-2: Unremarkable.

L2-3:Disc desiccation. Mild posterior disc bulging which mildly indents the thecal sac and mildly narrows the neural foramina. Mild facet arthrosis and hypertrophy of ligamentum flavum.

L3-4:Mild to moderate loss of disc height. Partial disc desiccation. Mild posterior disc bulging which indents the thecal sac and mildly narrows the lateral recesses. Mild narrowing of the left and moderate narrowing of the right neural foramina. Facet arthrosis with mild hypertrophy of ligamentum flavum...

L4-5:Disc desiccation. Mild posterior disc bulging which mildly indents the thecal sac and narrows the lateral recesses. Hypertrophic facet arthrosis and hypertrophy of ligamentum flavum. Mild narrowing of the right and mild to moderate narrowing of the left neural foramina. Probable left paracentral annular tear.

L5-S1:Disc desiccation. Mild posterior disc bulging which slightly indents the thecal sac and slightly narrows the lateral recesses. Moderate to severe narrowing of both neural foramina. Mildly hypertrophic facet arthrosis and hypertrophy of ligamentum flavum.

Conus at L1-2.

Name:MACK,WALTER DAVID

Acct:FO031746/22

Unit:F0716789

OHCN:6209760310-HL

Opinion:

Multilevel degenerative changes as described above..

Dictated by: Krzysztof Habdank MD, FRCP (C)

Verified Date/Time: 22/07/22 1110

Electronically Signed by: Krzysztof Habdank MD, FRCP (C)

Dictated Date/Time: 22/07/22 1103

Transcribed by: ELETRA

Transcribed by Date/Time: 22/07/22 1103

Name: MACK, WALTER DAVID
Habdank, Krzysztof

Acct: F0031746/22 Unit: F0716789 OHCN: 6209760310-HL

Diagnostic Services Report - 20-Jul-2022 3:00 PM

Principal Author: Habdank, Krzysztof
