ILLINOIS ORTHOPEDIC NETWORK
an essential element of healthcare

☒ Physical ☐ Occupational Therapy Prescription

Patient Name: Jamar Little **Date:** 6/18/24

Diagnosis: (L) hip pain, cervicalgia, LBP, (R) shoulder pain

Phone/Office:

Frequency of visits: 3 times per week for 4 weeks

☐ **EVALUATE & TREAT** ☐ **EVALUATE & TREAT** (per therapist's discretion)

EXERCISES
- ☐ Functional Exercise
- ☐ Range of Motion (ROM)
- ☐ Closed Kinetic Chain
- ☐ Progressive Resistive
- ☐ Home Exercise Program (HEP)
- ☐ Myofascial Release
- ☐ Soft Tissue Mobilization
- ☐ Neuromuscular Re-education
- ☐ Gait Training
- ☐ Balance Training
- ☐ Mechanical/Manual Training
- ☐ Orthotic Training
- ☐ Propriceptive Training

MODALITIES
- ☐ Iontophoresis
- ☐ Traction
- ☐ Ultrasound
- ☐ Ultrasound/Cortisone
- ☐ Electrical Stimulation
- ☐ Cold/Hot Packs
- ☐ Photophoresis
- ☐ Sequential Compression
- ☐ Other: _____

SPINAL REHABILITATION
- ☐ Manual Therapy
- ☐ Spine Stabilization
- ☐ Body Mechanics
- ☐ Intermittent Cervical Traction (ICT)

OTHER
- ☐ Work Conditioning
- ☐ Work Hardening
- ☐ Physical Reconditioning
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Vestibular Training
- ☐ Aquatic Therapy
- ☐ Orthotic Fabrication
- ☐ Massage Therapy
- ☐ Activities of Daily Living (ADLs)
- ☐ Custom Splint _____

Special Instructions:

_____

_____

_____

This prescription shall suffice as a letter of medical necessity.

Referring Physician: Poojan Patel, PA-C

Physician Signature: PP, PA
(Required)

MRI Lincoln Imaging Center
The Diagnostic Edge

4941 North Kedzie Ave. Chicago, IL 60625
Phone: (773) 362-5011 Fax: (773) 942-7166

Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Clinical Information: Neck pain, radiculopathy.
Technique: MRI cervical spine without contrast was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.
Comparison: None.

Findings:

Vertebral Body Height: Normal. No compression deformities.
Disc Height and Disc Signal: Low-grade to intermediate grade disc signal changes, mild desiccation with at most mild disc space narrowing from C4-5 through C6-7.
Cord Signal: No abnormal signal changes are demonstrated.
Alignment: Straightening of the cervical lordosis.
Bone Marrow Signal: Normal.
Craniovertebral Junction: Normal. No evidence of a Chiari malformation.
Paraspinal Soft Tissues: Normal.
Other: Normal.

Levels:

C2-3: Intervertebral disc is intact. Central canal and neuroforamen are patent. Facet joints are intact.
C3-4: Intervertebral disc is intact. Bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis. Central canal patent. Facet joints are intact.
C4-5: Intervertebral disc is intact with bilateral uncovertebral spurring and mild to moderate bilateral neuroforaminal stenosis, mild canal stenosis. Facet joints are intact.
C5-6: Less than 1 mm disc endplate borderline spur complex with peripheral endplate-uncovertebral spurring, mild bilateral neuroforaminal stenosis, at most mild canal stenosis. Facet joints are intact.
C6-7: Intervertebral disc is intact, uncovertebral spurring bilaterally with moderate right greater than left neuroforaminal stenosis. Central canal patent. Facet joints are intact.
C7-T1: Uncovertebral spurring bilaterally with moderate bilateral neuroforaminal stenosis. Intervertebral disc is intact. Central canal patent. Facet joints are intact.

CONFIDENTIALITY STATEMENT
This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call (708) 942-6000

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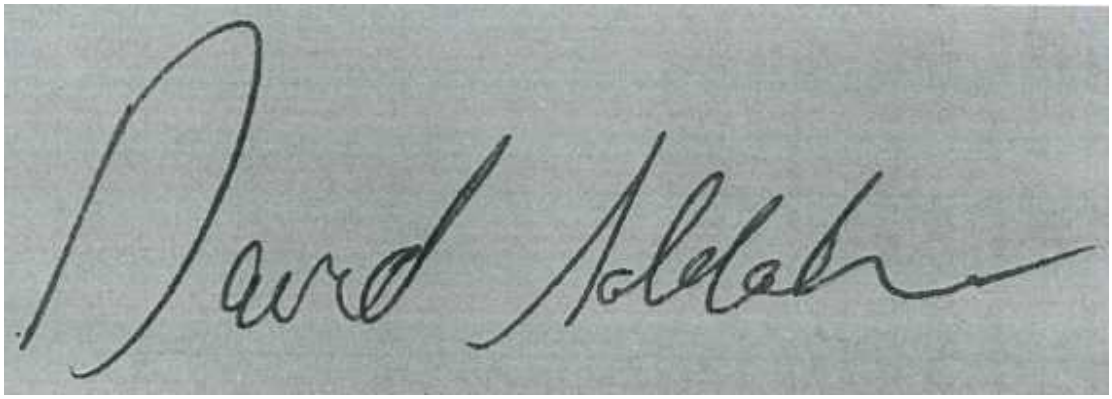
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Final Impressions:

1. **Straightening of the cervical lordosis. Low-grade to intermediate grade disc signal changes, mild desiccation with at most mild disc space narrowing from C4-5 through C6-7.**
2. **No disc herniation in the cervical spine.**
3. **C3-4, bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis.**
4. **C4-5, bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis, mild canal stenosis.**
5. **C5-6, less than 1 mm disc endplate borderline spur complex with peripheral endplate-uncovertebral spurring, mild bilateral neuroforaminal stenosis, at most mild canal stenosis.**
6. **C6-7, uncovertebral spurring bilaterally with moderate right greater than left neuroforaminal stenosis.**
7. **C7-T1, uncovertebral spurring bilaterally with moderate bilateral neuroforaminal stenosis.**

End of Report

Referring physician: The radiologist can be reached at 800. 695. 8191 if you would like to discuss the findings.



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Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Signature Text: Saldanha, David F M.D.

Electronically Signed by:

Saldanha, David F M.D.

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Phone: (773) 362-5011 Fax: (773) 942-7166

Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF R/SHOULDER W/O	Date of Study:	07/10/2024 7:00 PM

Clinical Information: pain

Study Technique: routine protocols utilizing multiple sequences in the axial/coronal/sagittal planes

_____

ROTATOR-CUFF TENDONS
Supraspinatus: intact with normal thickness and normal signal, no tear
Infraspinatus: intact with normal signal
Subscapularis: intact with normal signal
Teres minor: intact

BICEPS & LABRUM
Biceps tendon: intact
Labrum: grossly intact

BONES & JOINTS
Humeral head & Glenoid: intact with normal shape/contour; normal marrow signal, no focal bony lesion
Gleno-humeral joint: preserved and in alignment; no significant arthritis or effusion
Acromio-clavicular joint: preserved and in alignment; no significant arthritis. Distal acromion curved (type II).

OTHER
Bursae: none
Muscles: normal size and signal

_____

IMPRESSION = *UNREMARKABLE MRI SHOULDER*

Signature Text: Pai, Eugene M.D.

Electronically Signed by:

Pai, Eugene M.D.

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ILLINOIS ORTHOPEDIC NETWORK, LLC

712 North Dearborn Street
Chicago, IL 60654
Fax (800) 499- 1936

FOLLOW-UP NOTE

CONFIDENTIAL PATIENT INFORMATION – FOR MEDICAL USE ONLY

ATTENDING PHYSICIAN:	Shoeb Mohiuddin, M.D.
NURSE PRACTITIONER:	Dan Clemente, NP-C
PATIENT NAME:	Jamar Little
DOB:	06/13/1986
DOI:	04/16/2024
DOS:	08/06/2024

CHIEF COMPLAINT: Neck pain, right upper extremity pain with paresthesias, low back pain, right shoulder pain, left hip pain.

HISTORY/INDICATIONS: This is a pleasant Spanish-speaking male who presented for followup evaluation in the clinic in regard to injuries sustained from an MVA dated 04/16/2024. The patient was last evaluated by my colleagues, Poojan Patel, PA, on 06/18/2024 wherein an MRI of the cervical spine and MRI of the right shoulder was ordered. This was done and will be discussed in today's encounter. The patient continues to report left hip pain that is constant. This is rated as 7/10 in pain intensity. This radiates to the left leg. This is aggravated by movement. The patient also continues to have low back pain with a 7/10 intensity. This is constant and radiates to the left leg with some paresthesias. This is aggravated by movement. The patient also continues to have neck pain with a 4/10 intensity. This is constant. It is pain that radiates to the left upper extremity, likely following the C8 and C7 dermatomes with numbness and tingling also along this dermatome. This is also aggravated by movement. Lastly, the patient is complaining of right shoulder pain that is constant. There is numbness and tingling along this area. The pain radiates to the arm. This is aggravated by movement. The patient denies any other symptoms, any other focal neurological deficits such as weakness, numbness, tingling, gait instability, bowel or bladder issues, saddle anesthesia, etc, other than what was reported above.

PHYSICAL EXAMINATION: This is a pleasant male who is sitting in the exam room in no moderate distress. He appears to be nontoxic. His breathing is regular and nonlabored. Abdomen is nondistended. Head is normocephalic and atraumatic. Alert and oriented x3. Glasgow Coma Scale is 15. Cranial nerves II-XII are grossly intact. Extraocular movements are intact. Visual inspection of the left hip, the thoracolumbar area, posterior neck, and the right shoulder does not show any obvious ecchymosis, erythema, or swelling. There is, however, minimal-to-moderate tenderness to palpation on the midline along maybe from C6 to C7 area. There is also facet and paraspinal pain along the right more than the left area along this area. The patient has limited range of motion, especially rotation and lateral bending, right more than the left, and also hyperextension. The patient is lightly positive on Spurling on the right side, negative on the left. No Lhermitte's sign. The patient also has diffuse pain of the right shoulder, although reports this is minimal. The patient has seemingly stable range of motion but maybe having some pain on overhead motion of the right upper extremity and also abduction. Neer test, Hawkins' test,

and drop can test elicited some pain but overall stable. The patient also has low back pain that is most noticeable on the L4-S1 area bilaterally along the facet and paraspinal area. The patient has limited range of motion, especially forward flexion and rotation and lateral bending bilaterally. There is pain elicited when straight leg raising, right more than the left. Kemp's test also elicited pain that goes to the right lower extremity. To note, patient reports that he has a chronic numbness and tingling. The patin radiates to the left leg to note and with associated paresthesias. Kemp's test and also the straight leg raising elicited pain on the left leg, minimal on the right. To note, the patient has a chronic numbness and tingling on the left foot but seemingly after the incident, there is now numbness, tingling, and shooting pain from the back going down to the left leg. The patient's bilateral upper extremities and bilateral lower extremities are 5/5 throughout, except maybe on the right grip and right hand intrinsics, which is 4+/5 secondary to pain and paresthesias. Again, the patient reports pain and numbness and tingling along the right C8 and C7 dermatomes and some numbness and tingling on the left hand as well.

DIAGNOSTIC FINDINGS: I reviewed the MRI of the cervical spine dated 07/31/2024, which shows straightening of the cervical lordosis with mild-to-moderate bilateral neural foraminal stenosis at C3-C4, mild-to-moderate bilateral neural foraminal stenosis and mild canal stenosis at C4-C5, mild bilateral neural foraminal stenosis at C5-C6 with mild central canal stenosis. There is also bilateral moderate right greater than left neural foraminal stenosis at C6-C7 and bilateral moderate neural foraminal stenosis at C7-T1.

The MRI of the shoulder was read as unremarkable MRI shoulder, with intact biceps tendon and labrum with no signs of any rotator cuff tendon tears.

ASSESSMENT:
1. Cervicalgia.
2. Cervical radiculopathy.
3. Low back pain.
4. Right shoulder pain.
5. Left hip pain.

PLAN: Discussed in detail the MRI cervical spine findings, which shows varying degrees of neural foraminal stenosis and central canal stenosis. Given the patient's MRI findings and reported symptoms and physical exam findings, discussed the possibility of doing a C7-T1 cervical epidural steroid injection. Indication, risks, benefits, and alternatives were discussed with the patient. The patient wants to proceed. Thus, the patient will be referred to pain doctor to be evaluated for a possible C7-T1 cervical epidural steroid injection. The MRI of the shoulder is overall within normal limits, which was explained to the patient. Will also order MRI lumbar spine to evaluate any acute pathology such as ligamentous injury, soft tissue injury, nerve impingement, or occult fractures, etc, that be contributory to the patient's continued symptoms. Will also order bilateral lower extremity EMG because of the patient's report of chronic left foot paresthesias but now with new lumbar radicular symptoms. Will continue physical therapy to be done two to three times a week for four weeks to help with stretching, stabilization, range

of motion, and pain reduction modalities. The patient will also continue to take the previously prescribed medication for pain. The patient will follow up post injection. Instructed the patient to seek immediate medical attention, especially if worsening of symptoms or new focal neurological deficits, such as weakness, numbness, tingling, gait instability, bowel or bladder issues, saddle anesthesia, etc. The patient will follow up also once the MRI lumbar and EMG studies are done for discussion and further treatment plan.

All questions asked were thoroughly answered. The patient verbalized understanding and agreement.

This note was created using voice dictation and may include inadvertent errors.

_____

Shoeb Mohiuddin, M.D.
Board Certified in Anesthesiology & Pain Management

/82036/2496960
D: 08/06/2024 16:00:55
T: 08/07/2024 05:41:14

ILLINOIS ORTHOPEDIC NETWORK
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712 N. Dearborn Street
Chicago, IL 60654
(312) 951-8200 P
(312) 268-5434 F
info@ionorthopedics.com

☐ INITIAL CONSULTATION ☑ FOLLOW-UP ☐ SURGERY/PROCEDURE

NAME: JAMAR LITTLE	DOB: 06/13/86	DOI: 04/16/24
APPOINTMENT DATE: 08/06/24	FOLLOW-UP DATE: 9-18-24 4 WEEKS	

DIAGNOSIS: (1) CERVICALGIA (2) CERVICAL RADICULOPATHY (3) LBP, (4) (R) SHOULDER PAIN (5) (L) HIP PAIN

RECOMMENDED TREATMENT ORDERS

SURGERY / PAIN PROCEDURE / INJECTION

☐ Surgery _____

☑ Pain Procedure C7-T1 CESI.

☐ Injection _____

CONSULTATION

☐ Orthopedics ☐ Spine ☐ Podiatry ☐ Hand/Wrist ☐ Pain Management ☐ Other _____

Note: _____

DIAGNOSTIC TESTING

☑ MRI ☐ CT ☑ EMG/NCV ☐ MYELOGRAM ☐ X-RAY ☐ DISCOGRAM ☐ MRI ARTHROGRAM

Other/Note: MRI LUMBAR, BILATERAL UE EMG

REHABILITATION/PHYSICAL MEDICINE

☑ PT ☐ FCE ☐ Work Hardening ☐ Work Conditioning ☐ Other _____

Treatment, Duration & Frequency: 2-3X / 4 WEEKS

OTHER

☐ SPLINT _____ ☐ DME _____

☐ MEDICAL RECORDS _____

WORK STATUS

☐ **Continue** regular work duties on _____

☐ Patient may **NOT** return to work.

☐ Return to **limited duties** on _____ with the following restrictions. (If the below restrictions cannot be accommodated, patient is to be **OFF** work.)

NO USE OF:	NO:	NO LIFTING ABOVE:	NO:	NO:
☐ Upper Extremities	☐ Carrying/Lifting greater than____lbs	☐ Shoulder	☐ Bending/Squatting	☐ Operating Machinery
☐ Lower Extremities	☐ Pulling/Pushing greater than____lbs	☐ Chest	☐ Climbing Ladders	☐ Driving
☐ Left ☐ Right		☐ Knees	☐ Kneeling/Crawling	☐ Traveling
		☐ Waist	☐ Stairs	

Additional Notes:

Provider: Shoeb Mohiuddin, MD / Dan Clemente, NP-C 712 N Dearborn Chicago, IL 60654

Signature: _____ **Date:** 8/6/24

ILLINOIS ORTHOPEDIC NETWORK
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☒ Physical ☐ Occupational Therapy Prescription

Patient Name: Jamar Little **Date:** 8/6/24

Diagnosis: Cervicalgia, Cervical radiculopathy, LBP, shoulder pain, ⓒ hip pain

Phone/Office:

Frequency of visits: 2 - 3 times per week for 4 weeks

☐**EVALUATE & TREAT** ☐**EVALUATE & TREAT** (per therapist's discretion)

EXERCISES
- ☐Functional Exercise
- ☐Range of Motion (ROM)
- ☐Closed Kinetic Chain
- ☐Progressive Resistive
- ☐Home Exercise Program (HEP)
- ☐Myofascial Release
- ☐Soft Tissue Mobilization
- ☐Neuromuscular Re-education
- ☐Gait Training
- ☐Balance Training
- ☐Mechanical/Manual Training
- ☐Orthotic Training
- ☐Propriceptive Training

MODALITIES
- ☐Iontophoresis
- ☐Traction
- ☐Ultrasound
- ☐Ultrasound/Cortisone
- ☐Electrical Stimulation
- ☐Cold/Hot Packs
- ☐Photophoresis
- ☐Sequential Compression
- ☐Other:_____

SPINAL REHABILITATION
- ☐Manual Therapy
- ☐Spine Stabilization
- ☐Body Mechanics
- ☐Intermittent Cervical Traction (ICT)

OTHER
- ☐Work Conditioning
- ☐Work Hardening
- ☐Physical Reconditioning
- ☐Functional Capacity Evaluation (FCE)
- ☐Vestibular Training
- ☐Aquatic Therapy
- ☐Orthotic Fabrication
- ☐Massage Therapy
- ☐Activities of Daily Living (ADLs)
- ☐Custom Splint_____

Special Instructions:

_____

_____

_____

This prescription shall suffice as a letter of medical necessity.

Referring Physician: Dan Clemente, NP-C

Physician Signature: DC, JR
(Required)