Cervical Radiculopathy Patient Charts

# Chart 1

Patient Name: Mary Williams

Age/Sex: 41-year-old female

MRN: CR0001

Visit Date: 2025-07-16

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

This is a 41-year-old female who has been dealing with pain in left arm for about 6 weeks. She describes pain radiating along the T1 distribution with associated weakness and tingling. Symptoms started after lifting overhead. Conservative care included Tylenol, meloxicam, tramadol, Medrol, 6 weeks of PT, and heat. No prior cervical injections. Pain rated 8/10. No gait disturbance, bowel/bladder issues.

## Past Medical History:

Blood clot, Obstructive sleep apnea

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 37.9. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on the affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation on the left at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Follow-up in 3 weeks.

# Chart 2

Patient Name: Robert Anderson

Age/Sex: 67-year-old male

MRN: CR0002

Visit Date: 2025-06-03

Chief Complaint: Numbness or tingling or pain in left hand

## History of Present Illness (HPI):

Robert Anderson reports 12 weeks of numbness, tingling, and pain in the left hand, with associated stiffness after prolonged sitting. Symptoms have been persistent despite conservative care and are accompanied by weakness in the arm and hand. The distribution of symptoms corresponds to the C7 nerve root. Current pain is rated 7/10. He has tried medications, 6 weeks of PT, a Medrol dose pack, and heat, but these measures have provided limited relief. He has not had prior cervical injections. He denies red flag symptoms.

Robert shared that his symptoms became especially noticeable during a recent family trip to a water park. While carrying an inflatable tube up the stairs for a slide, his hand suddenly weakened, and he almost dropped it. He laughed that his kids teased him for “losing to the inner tube,” but admitted it was a concerning moment—it reminded him how much strength and reliability he’s lost in his arm. Since then, he has been more cautious with activities that require grip or lifting

## Past Medical History:

GERD, Diabetes, Hypertension

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 38.0. Sensation diminished in C7 distribution. Weakness of triceps, strength 4/5. Reflex exam: triceps diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 4/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C6-7, no spondylolisthesis or fracture. MRI: disc herniation at C6-7 with degeneration. Findings consistent with C7 radiculopathy.

## Assessment:

Cervical radiculopathy in C7 distribution due to C6-7 disc herniation.

## Plan:

He is being referred to pain management with a planned C6-7 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. Robert mentioned wanting to regain enough strength to enjoy family activities, such as carrying tubes at the water park, without worrying about his hand giving out. We will follow up in 3 weeks to reassess his progress.

# Chart 3

Patient Name: Barbara Williams

Age/Sex: 37-year-old female

MRN: CR0003

Visit Date: 2025-06-21

Chief Complaint: Numbness in left arm

## History of Present Illness (HPI):

Barbara Williams reports numbness in left arm for 9 weeks with partial relief with medications and 6 weeks of PT, neck and arm pain worsened by activity and improved with rest, stiffness after prolonged sitting. Symptoms correspond to C5 distribution. Pain 6/10. Tried meds, PT, Medrol, heat. No prior cervical injections. Denies red flag symptoms. He misses going on hikes with his family and wants to return to his regular activities. Also his kids like to be lifted frequently which may be the cause of the arm pain as explained by him.

## Past Medical History:

Blood clot, GERD, Hypertension

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 38.3. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

Referred to pain management. Planned injection: C4-5 TFESI. Follow-up in 3 weeks.

# Chart 4

Patient Name: Mary Johnson

Age/Sex: 57-year-old female

MRN: CR0004

Visit Date: 2025-06-12

Chief Complaint: Numbness or tingling or pain in right hand

## History of Present Illness (HPI):

Over 12 weeks, Mary Johnson has experienced progressive numbness or tingling or pain in right hand. Radiation into the T1 distribution with weakness noted. Conservative measures: 3 weeks of PT, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 8/10. Denies nocturnal worsening. Reporting trouble with balance lately which is affecting quality of life.

## Past Medical History:

Obstructive sleep apnea, Hypertension, Diabetes

## Past Surgical History:

Cholecystectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 38.7. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 4/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks. Referred to cervical spine MRI.

# Chart 5

Patient Name: John Lopez

Age/Sex: 51-year-old male

MRN: CR0005

Visit Date: 2025-07-03

Chief Complaint: Numbness or tingling or pain in right hand

## History of Present Illness (HPI):

John Lopez explains that for the past 10 weeks, he has experienced numbness, tingling, and pain in the right hand. The discomfort radiates into the C5 dermatome and is accompanied by mild weakness. He has tried six weeks of PT, as well as Tylenol, meloxicam, tramadol, a Medrol dose pack, and heat packs, but the symptoms persist. He has not had prior cervical injections. Pain is currently rated 6/10. He denies red flag symptoms.

John shared that he first noticed how limiting the symptoms were while trying to play guitar at a family gathering. He explained that midway through a song, his fingers felt clumsy and unresponsive, and he couldn’t hold the chords the way he used to. His nephews teased him for “inventing a new style of music,” but he admitted it was frustrating—and a little embarrassing—not to be able to trust his grip or strength. He says that moment made him realize this problem is affecting not only daily function, but also the hobbies that bring him joy.

## Past Medical History:

Smoking, Obstructive sleep apnea, Diabetes

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Smoker, 0.8 ppd × 29 yrs. No illicit drug use.

## Exam:

BMI 36.7. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 4/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

He is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. As he is an active smoker, I counseled nicotine cessation and explained that cotinine testing will be required before proceeding. John shared that his goal is to regain better hand control so he can return to playing guitar without struggling to keep up with chords. We will follow up in 3 weeks to reassess his progress.

# Chart 6

Patient Name: Mary Rodriguez

Age/Sex: 70-year-old female

MRN: CR0006

Visit Date: 2025-07-12

Chief Complaint: Burning in right arm

## History of Present Illness (HPI):

Mary Rodriguez reports burning in arm for 10 weeks with numbness and tingling in the right hand, weakness in the arm and hand, stiffness after prolonged sitting. She misses baking and cooking for her grandchildren.

## Past Medical History:

Obstructive sleep apnea, GERD, Smoking

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 0.9 ppd × 26 yrs. Occasional marijuana use.

## Exam:

BMI 23.2. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 4/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

Referred to pain management. Planned injection: C5-6 TFESI. Counseled nicotine cessation; cotinine testing required. Follow-up in 3 weeks.

# Chart 7

Patient Name: James Jackson

Age/Sex: 66-year-old male

MRN: CR0007

Visit Date: 2025-07-10

Chief Complaint: Pain in back shooting down left arm

## History of Present Illness (HPI):

Over 10 weeks, James Jackson has experienced progressive pain in back shooting down left arm. Radiation into the C8 distribution with weakness noted. Conservative measures: 6 weeks of PT, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 7/10. Denies nocturnal worsening, no systemic red flags.

## Past Medical History:

GERD, Obstructive sleep apnea

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 1.1 ppd × 9 yrs. Occasional marijuana use.

## Exam:

BMI 47.3. Sensation diminished in C8 distribution. Weakness of finger flexors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 4/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Counseled nicotine cessation; cotinine testing required. Follow-up in 3 weeks.

# Chart 8

Patient Name: Thomas Smith

Age/Sex: 50-year-old male

MRN: CR0008

Visit Date: 2025-06-26

Chief Complaint: Shooting pain down left arm

## History of Present Illness (HPI):

Thomas Smith explains that for the past 11 weeks, he has had shooting pain down his left arm. The discomfort radiates into the C6 dermatome and is accompanied by mild weakness. He has tried six weeks of PT, along with Tylenol, meloxicam, tramadol, a Medrol dose pack, and heat packs, but symptoms persist. He has not had prior cervical injections. Current pain is rated 7/10. He denies red flag symptoms.

Thomas shared that he first noticed how disruptive the pain had become while trying to mow his lawn. Halfway through pushing the mower, his arm went weak and the shooting pain made him stop abruptly. He laughed that his yard looked “like a racetrack” with uneven strips of grass until his neighbor came over to help. Though he could laugh about it afterward, he admitted it was frustrating to feel so limited by his arm and to rely on others for something he always managed himself.

## Past Medical History:

Diabetes, Obstructive sleep apnea, Hyperlipidemia, GERD

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 0.7 ppd × 22 yrs. No illicit drug use.

## Exam:

BMI 23.4. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 4/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

He is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. As he is an active smoker, I counseled nicotine cessation and explained that cotinine testing will be required before proceeding. Thomas mentioned that his main goal is to return to everyday tasks—like mowing his lawn—without being stopped by arm pain and weakness. We will follow up in 3 weeks to reassess progress.

# Chart 9

Patient Name: James Moore

Age/Sex: 37-year-old male

MRN: CR0009

Visit Date: 2025-07-19

Chief Complaint: Tingling in left arm

## History of Present Illness (HPI):

James Moore reports tingling in left arm for 11 weeks with partial relief with medications and PT, numbness and tingling in the hand. Symptoms correspond to T1 distribution. Tried meds, 3 weeks of PT, Medrol, heat. No prior cervical injections. Lately has noticed problems with balance. He misses playing baseball with his son and is determined to recover before next baseball season.

## Past Medical History:

Hyperlipidemia, Blood clot

## Past Surgical History:

Cholecystectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Smoker, 0.9 ppd × 25 yrs. Occasional marijuana use.

## Exam:

BMI 27.1. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C7-T1, no spondylolisthesis or fracture.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation. Refer to spine MRI.

## Plan:

Referred to pain management. Follow-up in 3 weeks.

# Chart 10

Patient Name: Barbara Gonzalez

Age/Sex: 38-year-old female

MRN: CR0010

Visit Date: 2025-06-23

Chief Complaint: Shooting pain down left arm

## History of Present Illness (HPI):

Over 12 weeks, Barbara Gonzalez has experienced progressive shooting pain down left arm. Radiation into the T1 distribution with weakness noted. Conservative measures: 6 weeks of PT, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 9/10. Denies nocturnal worsening, no systemic red flags.

## Past Medical History:

GERD, Obstructive sleep apnea

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 49.1. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Follow-up in 3 weeks.

# Chart 11

Patient Name: Susan Hernandez

Age/Sex: 52-year-old female

MRN: CR0011

Visit Date: 2025-07-10

Chief Complaint: Pain in right arm

## History of Present Illness (HPI):

This is a 52-year-old female who has been dealing with right arm pain for about 8 weeks. She describes pain radiating along the C6 distribution, with associated weakness and tingling. Symptoms began after bending forward. Conservative care has included Tylenol, meloxicam, tramadol, a Medrol dose pack, PT, and heat, but the pain persists. She has not had prior cervical injections. Current pain is rated 8/10. She denies gait disturbance, as well as bowel or bladder issues.

She shared that the first time she realized how severe her symptoms had become was while trying to carry groceries into the house. Her arm suddenly went weak, and a bag of oranges slipped from her grasp, rolling across the driveway. She laughed recalling her neighbors helping her chase them down the street, but admitted it was also unsettling—“if I can’t even hold onto a bag of groceries, how can I trust my arm with anything heavier?” She says these small, everyday struggles have made her realize just how much her arm pain and weakness are impacting her independence.

## Past Medical History:

Blood clot, Hyperlipidemia, GERD, Obstructive sleep apnea

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 37.9. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 4/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

She is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. We discussed that the goal is to reduce pain and improve function, particularly with daily activities. She shared that her symptoms first became most noticeable when she dropped groceries due to weakness, and I reassured her that the injection is intended to help restore strength and confidence in those tasks. We will follow up in 3 weeks to reassess progress.

# Chart 12

Patient Name: Joseph Thomas

Age/Sex: 39-year-old male

MRN: CR0012

Visit Date: 2025-06-28

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

Joseph Thomas explains that for the past 6 weeks, he has had pain in left arm. The discomfort radiates into the T1 dermatome and is accompanied by mild weakness. No prior cervical injections. Pain 7/10. No red flag symptoms. Joseph wants to climb a summit in Peru next summer so this must be resolved as fast as possible. He has done 6 weeks of PT

## Past Medical History:

GERD, Smoking, Diabetes

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 45.7. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Follow-up in 3 weeks.

# Chart 13

Patient Name: Margaret Martinez

Age/Sex: 67-year-old female

MRN: CR0013

Visit Date: 2025-06-12

Chief Complaint: Numbness in right arm

## History of Present Illness (HPI):

Over 11 weeks, Margaret Martinez has experienced progressive numbness in right arm. Radiation into the C8 distribution with weakness noted. Conservative measures: 6 weeks of PT, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 7/10. Denies nocturnal worsening, no systemic red flags.

## Past Medical History:

Hyperlipidemia, GERD, Diabetes

## Past Surgical History:

Cholecystectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 27.1. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 4/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

The patient is referred to pain management for a planned C7–T1 interlaminar epidural steroid injection (ESI). Coordination with the primary care provider will be important to optimize HbA1c to below 8% before surgical consideration. The patient was reassured that these steps are intended to improve both safety and outcomes. Follow-up is scheduled in 3 weeks to reassess symptoms, function, and response to treatment.

# Chart 14

Patient Name: Thomas Williams

Age/Sex: 73-year-old male

MRN: CR0014

Visit Date: 2025-08-08

Chief Complaint: Tingling in left arm

## History of Present Illness (HPI):

Thomas Williams reports tingling in his left arm for the past 9 weeks, with only partial relief from medications and PT. Despite conservative care—including medications, a Medrol dose pack, 3 weeks of PT, and heat—his symptoms persist. He notes stiffness after prolonged sitting, and the symptoms correspond to the C5 distribution. Current pain is 9/10. He has not had prior cervical injections. He has reported feeling off balance lately..

Thomas shared that he first realized how disruptive the symptoms had become during a poker night with friends. He said his hand grew so tingly and weak that he accidentally dropped a full hand of cards right into the pile, giving away his play and sending everyone into laughter. While he tried to laugh along, he admitted it was frustrating—and even a little embarrassing—to feel his arm give out during such a simple task. He says moments like that remind him the problem is interfering not only with daily life but also with the activities he enjoys socially.

## Past Medical History:

Smoking, GERD, Blood clot

## Past Surgical History:

Cholecystectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Smoker, 0.6 ppd × 28 yrs. No illicit drug use.

## Exam:

BMI 23.0. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

He is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. As he is a smoker, I counseled nicotine cessation and explained that cotinine testing will be required prior to the procedure. Thomas mentioned that his symptoms have even interfered with simple activities like playing cards with friends, and I reassured him that the injection is intended to help improve both pain and function so he can participate more comfortably. We will follow up in 3 weeks to reassess progress. Referred to cervical spine MRI.

# Chart 15

Patient Name: Elizabeth Williams

Age/Sex: 60-year-old female

MRN: CR0015

Visit Date: 2025-08-19

Chief Complaint: Numbness in left arm

## History of Present Illness (HPI):

Elizabeth Williams explains that for the past 12 weeks, she has had numbness in left arm. This is preventing her from lifting weights and playing with her grandchildren. She has done 3 weeks of PT and has reported feeling off balance when cooking, cleaning, and walking around her home.

## Past Medical History:

Diabetes, Hyperlipidemia

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 33.7. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with the PCP will be needed to optimize diabetes management and improve HbA1c prior to the procedure. We will follow up in 3 weeks to reassess progress and response to treatment. Referral for cervical spine MRI.

# Chart 16

Patient Name: John Wilson

Age/Sex: 61-year-old male

MRN: CR0016

Visit Date: 2025-08-01

Chief Complaint: Shooting pain down right arm

## History of Present Illness (HPI):

This is a 61-year-old male who has been dealing with shooting pain down right arm for about 6 weeks. He describes pain radiating along the C8 distribution with associated weakness and tingling. Symptoms started after lifting overhead. Conservative care included Tylenol, meloxicam, tramadol, Medrol, PT for 6 weeks, and heat. No prior cervical injections. Pain rated 7/10. No gait disturbance, bowel/bladder issues.

## Past Medical History:

Blood clot, Diabetes, GERD, Smoking

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 46.8. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 4/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks.

# Chart 17

Patient Name: Robert Gonzalez

Age/Sex: 61-year-old male

MRN: CR0017

Visit Date: 2025-08-20

Chief Complaint: Burning in left arm

## History of Present Illness (HPI):

Robert Gonzalez explains that for the past 10 weeks, he has experienced a burning sensation in his left arm. The discomfort radiates into the C6 dermatome and is accompanied by mild weakness. Conservative care has included six weeks of PT, Tylenol, meloxicam, tramadol, a Medrol dose pack, and heat packs, but symptoms persist. He has not had prior cervical injections. Current pain is rated 6/10. He denies red flag symptoms.

Robert shared that he first realized how limiting the burning and weakness had become during a barbecue with friends. While carrying a tray of burgers and corn from the grill to the table, his arm suddenly felt weak, and the burning pain shot down so sharply that he nearly dropped the entire tray. Everyone laughed when he wobbled and managed to save only half the food, but he admitted it was frustrating—and a little embarrassing—to lose strength at such a simple moment. He says these flare-ups remind him how unpredictable the symptoms have become in daily life.

## Past Medical History:

Hyperlipidemia, Hypertension, Diabetes

## Past Surgical History:

Cholecystectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 47.1. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 4/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

He is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. Robert mentioned that his symptoms recently interfered even with simple activities like carrying food at a barbecue, and I reassured him that the injection is intended to help improve both strength and comfort for daily tasks. We will follow up in 3 weeks to reassess progress.

# Chart 18

Patient Name: John Smith

Age/Sex: 38-year-old male

MRN: CR0018

Visit Date: 2025-08-07

Chief Complaint: Pain in back shooting down left arm

## History of Present Illness (HPI):

John Smith explains that for the past 10 weeks, he has had pain in back shooting down left arm. The discomfort radiates into the C5 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No prior cervical injections. Pain 9/10. No red flag symptoms. John enjoys playing volleyball with his league and is struggling to do so at the moment. This is making him very frustrated.

## Past Medical History:

Hyperlipidemia, Blood clot, Obstructive sleep apnea

## Past Surgical History:

Tonsillectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 49.0. Sensation diminished on the left in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

Planned injection: C4-5 TFESI. Follow-up in 3 weeks.

# Chart 19

Patient Name: Christopher Rodriguez

Age/Sex: 46-year-old male

MRN: CR0019

Visit Date: 2025-07-06

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

Over 7 weeks, Christopher Rodriguez has experienced progressive pain in left arm. Radiation into the C5 distribution with weakness noted. Conservative measures: 6 weeks of PT, Tylenol, NSAIDs, Medrol, heat. Denies nocturnal worsening, no systemic red flags.

## Past Medical History:

Hypertension, Blood clot, Obstructive sleep apnea

## Past Surgical History:

Appendectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 46.0. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

Referred to pain management. Planned injection: C4-5 TFESI. Follow-up in 3 weeks.

# Chart 20

Patient Name: James Moore

Age/Sex: 40-year-old male

MRN: CR0020

Visit Date: 2025-08-18

Chief Complaint: Tingling in left arm

## History of Present Illness (HPI):

James Moore reports tingling in his left arm for the past 10 weeks, with only partial relief from medications and PT. He also describes neck and arm pain that worsens with activity and improves with rest, along with weakness in the arm and hand. Symptoms correspond to the T1 distribution. Current pain is 7/10. He has tried medications, 6 weeks of PT, a Medrol dose pack, and heat, but the symptoms persist. He has not had prior cervical injections. He denies red flag symptoms.

James shared that the symptoms became especially noticeable while helping his daughter move into her new apartment. He carried a box of dishes up one flight of stairs, but halfway through his arm grew weak, and the tingling forced him to stop. He laughed that his daughter teased him for “dropping out after level one,” but admitted it was frustrating not to keep up with something he had always been able to do with ease. He says it was that moment—hand trembling, box slipping—that convinced him he needed to seek further evaluation.

## Past Medical History:

Blood clot, Smoking, Hypertension, Diabetes

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 48.7. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

He is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. James noted that his arm weakness and tingling became most noticeable while helping his daughter move, and I explained that the injection is intended to help improve both pain control and function so he can handle similar activities more comfortably. We will follow up in 3 weeks to reassess progress.

# Chart 21

Patient Name: Elizabeth Johnson

Age/Sex: 52-year-old female

MRN: CR0021

Visit Date: 2025-06-10

Chief Complaint: Numbness in left arm

## History of Present Illness (HPI):

Elizabeth Johnson explains that for the past 7 weeks, she has had numbness in left arm. The discomfort radiates into the C8 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No red flag symptoms. She is training for the Boston marathon and is not sure if her training has caused her pain.

## Past Medical History:

Hyperlipidemia, Blood clot

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Smoker, 1.2 ppd × 11 yrs. Remote cocaine use (no current use).

## Exam:

BMI 24.2. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 4/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Follow-up in 3 weeks.

# Chart 22

Patient Name: David Miller

Age/Sex: 37-year-old male

MRN: CR0022

Visit Date: 2025-07-17

Chief Complaint: Numbness in right arm

## History of Present Illness (HPI):

Over 8 weeks, David Miller has experienced progressive numbness in right arm. Radiation into the C7 distribution with weakness noted. Pain 7/10. Denies nocturnal worsening, Tried PT for 3 weeks but feels increasingly off balance..

## Past Medical History:

GERD, Hyperlipidemia, Diabetes

## Past Surgical History:

Appendectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 25.6. Sensation diminished in C7 distribution. Weakness of triceps, strength 3/5. Reflex exam: triceps diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 3/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

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## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C6-7, no spondylolisthesis or fracture. MRI: disc herniation at C6-7 with degeneration. Findings consistent with C7 radiculopathy. cervical spine MRI.

## Assessment:

Cervical radiculopathy in C7 distribution due to C6-7 disc herniation.

## Plan:

The patient is being referred to pain management for a planned C6-7 transforaminal epidural steroid injection. Coordination with the PCP will be needed to optimize diabetes control prior to the procedure. We will follow up in 3 weeks to reassess progress and response to treatment.

# Chart 23

Patient Name: Michael Jones

Age/Sex: 51-year-old male

MRN: CR0023

Visit Date: 2025-08-17

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

Over the past 12 weeks, Michael Jones has experienced progressive pain in his left arm. The discomfort radiates into the T1 distribution and is accompanied by weakness. Conservative measures have included PT for 6 weeks, Tylenol, NSAIDs, a Medrol dose pack, and heat, with only limited relief. He has not had prior cervical injections. Current pain is 6/10. He denies nocturnal worsening, systemic symptoms, or red flag signs.

Michael shared that he first realized how much the weakness was affecting him while working on a home project. He had been repairing a loose cabinet in the kitchen, but halfway through holding the drill, his arm gave out and the tool slipped, narrowly missing the floor. He joked that the cabinet survived better than his pride, as his son had to step in and finish the job. Although he laughed, he admitted that it was frustrating to feel like his body couldn’t handle even routine tasks he once managed with ease.

## Past Medical History:

Smoking, Blood clot

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 24.6. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

He is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Michael mentioned that his symptoms have even interfered with simple tasks, like holding a drill during a kitchen repair, and I explained that the goal of the injection is to improve both pain and function so he can return to daily activities with more confidence. We will follow up in 3 weeks to reassess progress.

# Chart 24

Patient Name: Robert Martinez

Age/Sex: 63-year-old male

MRN: CR0024

Visit Date: 2025-07-14

Chief Complaint: Tingling in right arm

## History of Present Illness (HPI):

Robert Martinez explains that for the past 9 weeks, he has had tingling in right arm. The discomfort radiates into the C5 dermatome and is accompanied by mild weakness. No prior cervical injections. Pain 6/10. No red flag symptoms. Robert says this is disrupting his painting which is lowering his mood and quality of life. Has tried PT for 6 weeks.

## Past Medical History:

Diabetes, Obstructive sleep apnea, Smoking

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Smoker, 1.1 ppd × 11 yrs. Occasional marijuana use.

## Exam:

BMI 48.6. Sensation diminished in C5 distribution. Weakness of deltoid, strength 2/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 2/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with the PCP will be needed to optimize diabetes management prior to the procedure. The patient was counseled on nicotine cessation, and cotinine testing will be required before proceeding. Follow-up is planned in 3 weeks to reassess progress.

# Chart 25

Patient Name: Christopher Davis

Age/Sex: 57-year-old male

MRN: CR0025

Visit Date: 2025-07-16

Chief Complaint: Burning in left arm

## History of Present Illness (HPI):

Christopher Davis explains that for the past 9 weeks, he has had burning in left arm. The discomfort radiates into the C8 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No prior cervical injections. Pain 6/10. No red flag symptoms.

## Past Medical History:

Hyperlipidemia, Hypertension, Obstructive sleep apnea, Blood clot

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 24.4. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 4/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Follow-up in 3 weeks.

# Chart 26

Patient Name: David Moore

Age/Sex: 35-year-old male

MRN: CR0026

Visit Date: 2025-08-25

Chief Complaint: Burning in right arm

## History of Present Illness (HPI):

Over the past 12 weeks, David Moore has experienced progressive burning pain in his right arm. The discomfort radiates into the C6 distribution and is accompanied by weakness. Conservative measures have included PT, Tylenol, NSAIDs, a Medrol dose pack, and heat, with only limited improvement. He has not had prior cervical injections. Current pain is 7/10. He denies nocturnal worsening, systemic symptoms, or red flag signs.

David shared that the weakness became especially noticeable while helping his neighbor carry groceries into the house. Halfway up the driveway, the burning in his arm intensified and the bag slipped from his hand, scattering cans across the pavement. He laughed that the neighbor called it “the loudest grocery delivery in town,” but admitted it was frustrating and a little embarrassing to feel his arm give out so easily. He said the experience made him realize how unpredictable and disruptive the symptoms have become in his daily life.

## Past Medical History:

GERD, Hypertension

## Past Surgical History:

Cholecystectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 47.0. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 4/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

He is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. David mentioned that his arm pain and weakness have already interfered with daily activities, including dropping groceries while helping his neighbor. I explained that the goal of the injection is to improve both pain control and strength so he can manage everyday tasks more confidently. We will follow up in 3 weeks to reassess progress.

# Chart 27

Patient Name: Elizabeth Davis

Age/Sex: 65-year-old female

MRN: CR0027

Visit Date: 2025-08-13

Chief Complaint: Burning in left arm

## History of Present Illness (HPI):

Elizabeth Davis reports burning in left arm for 8 weeks with neck and arm pain worsened by activity and improved with rest, persistent symptoms despite conservative care, stiffness after prolonged sitting. Symptoms correspond to C6 distribution. Pain 7/10. Tried meds, PT for 3 weeks, Medrol, heat. No prior cervical injections. Has recently fallen due to sudden balance issues.

## Past Medical History:

Smoking, Obstructive sleep apnea, Hyperlipidemia, GERD

## Past Surgical History:

Cholecystectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 29.6. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 4/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C5-6, no spondylolisthesis or fracture. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

Referred to pain management. Planned injection: C5-6 TFESI. Follow-up in 3 weeks. Referral for cervical spine MRI.

# Chart 28

Patient Name: Joseph Rodriguez

Age/Sex: 69-year-old male

MRN: CR0028

Visit Date: 2025-06-04

Chief Complaint: Burning in left arm

## History of Present Illness (HPI):

Over 8 weeks, Joseph Rodriguez has experienced progressive burning in left arm. Radiation into the C5 distribution with weakness noted. Conservative measures: six weeks of PT, Tylenol, NSAIDs, Medrol, heat. Denies nocturnal worsening, no systemic red flags. Joseph plays tennis and this disrupts his lifelong dream to go to Wimbledon.

## Past Medical History:

Hyperlipidemia, Diabetes, Blood clot

## Past Surgical History:

Cholecystectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 29.8. Sensation diminished in C5 distribution. Weakness of deltoid, strength 2/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 2/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with the PCP will be needed to optimize diabetes management prior to the procedure. Follow-up is planned in 3 weeks to reassess progress and response to treatment.

# Chart 29

Patient Name: Barbara Martinez

Age/Sex: 51-year-old female

MRN: CR0029

Visit Date: 2025-08-27

Chief Complaint: Shooting pain down right arm

## History of Present Illness (HPI):

Barbara Martinez reports 7 weeks of shooting pain down her right arm, accompanied by weakness in the arm and hand. She also describes neck and arm pain that worsens with activity and improves with rest, along with numbness and tingling in the hand. Symptoms correspond to the C6 distribution. Current pain is rated 9/10. She has tried medications, PT, a Medrol dose pack, and heat, but the symptoms have persisted. She has not had prior cervical injections. She denies red flag symptoms.

Barbara shared that the symptoms became most frustrating during a recent attempt at baking with her granddaughter. While lifting a mixing bowl, her arm gave out, and the batter nearly spilled across the counter. They both laughed as some splattered on the floor, but she admitted it was upsetting to feel that even something as simple as baking—something she’s always enjoyed—was now a struggle. She said the moment stuck with her because it highlighted how much this problem is interfering with everyday joy

## Past Medical History:

Hypertension, Obstructive sleep apnea, Diabetes

## Past Surgical History:

Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 39.4. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 4/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

She is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. Coordination with her PCP will be needed for optimization of diabetes management prior to the procedure. Barbara mentioned that her symptoms have even interfered with simple activities like baking with her granddaughter, and I explained that the goal of the injection is to improve both pain and function so she can participate in these activities more comfortably. We will follow up in 3 weeks to reassess progress.

# Chart 30

Patient Name: Christopher Smith

Age/Sex: 68-year-old male

MRN: CR0030

Visit Date: 2025-07-01

Chief Complaint: Pain in right arm

## History of Present Illness (HPI):

This is a 68-year-old male who has been dealing with pain in right arm for about 6 weeks. He describes pain radiating along the C7 distribution with associated weakness and tingling. Symptoms started after waking with stiff neck. Pain rated 8/10. No gait disturbance, bowel/bladder issues.

## Past Medical History:

GERD, Obstructive sleep apnea, Smoking

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 25.5. Sensation diminished in C7 distribution. Weakness of triceps, strength 4/5. Reflex exam: triceps diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 4/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C6-7, no spondylolisthesis or fracture. MRI: disc herniation at C6-7 with degeneration. Findings consistent with C7 radiculopathy.

## Assessment:

Cervical radiculopathy in C7 distribution due to C6-7 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C6-7 transforaminal epidural steroid injection. During our discussion, the patient expressed some hesitation about proceeding with an injection, voicing concerns about both the procedure and its effectiveness. I provided reassurance and reviewed the potential benefits and risks in detail. We agreed to allow time for the patient to consider the options further, with follow-up scheduled in 3 weeks to reassess progress and revisit the plan.

# Chart 31

Patient Name: Barbara Miller

Age/Sex: 67-year-old female

MRN: CR0031

Visit Date: 2025-08-11

Chief Complaint: Tingling in right arm

## History of Present Illness (HPI):

Barbara Miller explains that for the past 7 weeks, she has had tingling in right arm. The discomfort radiates into the T1 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No prior cervical injections. Pain 6/10. No red flag symptoms. Barbara said this is disrupting her baking and she wants to teach her grandchildren how to bake so this is an essential function for her.

## Past Medical History:

Obstructive sleep apnea, Hyperlipidemia, GERD, Diabetes

## Past Surgical History:

Tonsillectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 42.4. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 4/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Coordination with the PCP will be needed for optimization of diabetes management prior to the procedure. During our conversation, the patient grew emotional, sharing frustration about how the persistent pain has been wearing them down and affecting daily life. I provided reassurance, emphasizing that the goal of the injection is to reduce symptoms and help them regain confidence in routine activities. Follow-up is scheduled in 3 weeks to reassess progress.

# Chart 32

Patient Name: Michael Wilson

Age/Sex: 59-year-old male

MRN: CR0032

Visit Date: 2025-06-04

Chief Complaint: Burning in right arm

## History of Present Illness (HPI):

This is a 59-year-old male who has been dealing with burning pain in his right arm for about 11 weeks. He describes pain radiating along the T1 distribution with associated weakness and tingling. Symptoms began after turning awkwardly. Conservative care has included Tylenol, meloxicam, tramadol, a Medrol dose pack, PT for six weeks, and heat, but symptoms persist. He has not had prior cervical injections. Pain is currently rated 8/10. He denies gait disturbance as well as bowel or bladder issues.

He shared that the problem became especially frustrating during a recent fishing trip with friends. While reeling in a catch, his arm suddenly felt weak, and the burning pain shot down so intensely that he had to hand the rod over. He laughed that his friend claimed the fish “didn’t count” since he didn’t land it himself, but admitted it stung—not just losing the fish, but realizing his arm couldn’t keep up with something he’s always loved. He said that moment made the impact of his symptoms hit home.

## Past Medical History:

Blood clot, Smoking, Obstructive sleep apnea

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 40.7. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 4/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

He is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. We discussed that the goal of treatment is to reduce pain and improve strength so he can return more comfortably to activities he enjoys, such as fishing. Follow-up is scheduled in 3 weeks to reassess progress and response to the injection.

# Chart 33

Patient Name: Linda Gonzalez

Age/Sex: 55-year-old female

MRN: CR0033

Visit Date: 2025-06-12

Chief Complaint: Numbness or tingling or pain in right hand

## History of Present Illness (HPI):

Linda Gonzalez explains that for the past 9 weeks, she has had numbness or tingling or pain in right hand. No prior cervical injections. Pain 7/10. No red flag symptoms. Tried PT for six weeks.

## Past Medical History:

Hypertension, Blood clot, Obstructive sleep apnea

## Past Surgical History:

Appendectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 22.1. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 4/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. While discussing treatment, the patient admitted feeling both hopeful and nervous, saying they’ve “heard stories” about injections but also know the pain has become unbearable. We reviewed risks and benefits, and I reassured them about the procedure. Follow-up is planned in 3 weeks to reassess symptoms and response.

# Chart 34

Patient Name: Christopher Jackson

Age/Sex: 36-year-old male

MRN: CR0034

Visit Date: 2025-07-17

Chief Complaint: Burning in left arm

## History of Present Illness (HPI):

Christopher Jackson reports burning in left arm for 8 weeks with stiffness after prolonged sitting, persistent symptoms despite conservative care, weakness in the arm or hand. Symptoms correspond to C5 distribution. Pain 9/10. Tried meds, PT, Medrol, heat. No prior cervical injections. Denies red flag symptoms.

## Past Medical History:

Diabetes, Hyperlipidemia

## Past Surgical History:

Tonsillectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 32.1. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

Referred to pain management. Planned injection: C4-5 TFESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks.

# Chart 35

Patient Name: Thomas Martin

Age/Sex: 63-year-old male

MRN: CR0035

Visit Date: 2025-07-24

Chief Complaint: Tingling in right arm

## History of Present Illness (HPI):

Thomas Martin explains that for the past 11 weeks, he has experienced tingling in his right arm. The discomfort radiates into the C5 dermatome and is accompanied by mild weakness. Conservative measures have included six weeks of PT, Tylenol, meloxicam, tramadol, a Medrol dose pack, and heat packs, but symptoms have persisted. He has not had prior cervical injections. Current pain is 9/10. He denies red flag symptoms.

Thomas shared that the problem became especially clear during a recent trip to the grocery store. While reaching up to grab a carton of milk from the top shelf, his arm suddenly tingled and weakened, and the carton slipped, exploding open on the floor. He laughed that he ended up in the middle of a “milk aisle crime scene,” but admitted that deep down, it was frustrating and embarrassing to have something so routine turn into a struggle. He says it made him realize just how much this issue is interfering with everyday activities.

## Past Medical History:

Diabetes, Obstructive sleep apnea, GERD

## Past Surgical History:

Tonsillectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 44.6. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 4/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

He is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. Thomas noted that his symptoms have even interfered with simple tasks like lifting groceries, and I explained that the injection is intended to improve both pain and strength so he can manage daily activities more confidently. Follow-up is scheduled in 3 weeks to reassess progress.

# Chart 36

Patient Name: John Rodriguez

Age/Sex: 48-year-old male

MRN: CR0036

Visit Date: 2025-07-21

Chief Complaint: Shooting pain down left arm

## History of Present Illness (HPI):

This is a 48-year-old male who has been dealing with shooting pain down left arm for about 11 weeks. He describes pain radiating along the T1 distribution with associated weakness and tingling. Symptoms started after turning awkwardly. Pain rated 9/10. No gait disturbance, bowel/bladder issues. Tried PT for six weeks.

## Past Medical History:

Diabetes, GERD, Blood clot, Obstructive sleep apnea

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 41.3. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Coordination with the PCP will be needed to optimize diabetes management prior to the procedure. During the visit, the patient expressed hesitation, joking that they’d “rather take their chances wrestling with the pain than with a needle in the neck.” We reviewed risks and benefits thoroughly, and I reassured them about the safety and potential relief the procedure can offer. Follow-up is scheduled in 3 weeks to reassess progress and address any lingering concerns.

# Chart 37

Patient Name: Mary Anderson

Age/Sex: 72-year-old female

MRN: CR0037

Visit Date: 2025-07-21

Chief Complaint: Numbness or tingling or pain in left hand

## History of Present Illness (HPI):

Mary Anderson reports 10 weeks of numbness, tingling, and pain in the left hand. She also describes neck and arm pain that worsens with activity and improves somewhat with rest, along with stiffness after prolonged sitting. She has had only partial relief with medications and PT. Symptoms correspond to the C8 distribution. Current pain is 9/10. Conservative measures have included medications, PT for six weeks, a Medrol dose pack, and heat, without lasting benefit. She has not had prior cervical injections. She denies red flag symptoms.

Mary shared that she first realized how disruptive the problem was during a knitting circle with friends. She had been working on a scarf, but partway through her hand went numb, and she dropped her needles in the middle of a row. Everyone teased her about “taking a creative break,” but she admitted it wasn’t funny—it was frustrating to lose control of her hand doing something she has always loved. She says that experience made her more aware that her symptoms are interfering not only with daily activities but also with hobbies that bring her joy.

## Past Medical History:

Hyperlipidemia, Blood clot, Smoking, Hypertension

## Past Surgical History:

Cholecystectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 29.3. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 4/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

She is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Mary mentioned that her symptoms have even interfered with simple hobbies like knitting, and I explained that the goal of the injection is to reduce pain and improve function so she can return to these activities more comfortably. We will follow up in 3 weeks to reassess progress.

# Chart 38

Patient Name: Barbara Brown

Age/Sex: 49-year-old female

MRN: CR0038

Visit Date: 2025-07-24

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

Over 7 weeks, Barbara Brown has experienced progressive pain in left arm. Radiation into the C6 distribution with weakness noted. Conservative measures: PT for 3 weeks, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 6/10. Denies nocturnal worsening, reports feeling off balance at work.

## Past Medical History:

Hypertension, GERD, Blood clot, Diabetes

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 40.3. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 4/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C5-6, no spondylolisthesis or fracture.

**Assessment:**

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

Referred to pain management. Planned injection: C5-6 TFESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks. Referral for cervical spine MRI.

# Chart 39

Patient Name: John Hernandez

Age/Sex: 56-year-old male

MRN: CR0039

Visit Date: 2025-08-26

Chief Complaint: Tingling in right arm

## History of Present Illness (HPI):

John Hernandez reports tingling in right arm for 11 weeks with neck and arm pain worsened by activity and improved with rest, weakness in the arm or hand, persistent symptoms despite conservative care. Symptoms correspond to T1 distribution. Pain 7/10. Tried meds, PT for six weeks, Medrol, heat. No prior cervical injections. Denies red flag symptoms.

## Past Medical History:

Smoking, Hyperlipidemia

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 33.0. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 4/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Follow-up in 3 weeks.

# Chart 40

Patient Name: Susan Gonzalez

Age/Sex: 44-year-old female

MRN: CR0040

Visit Date: 2025-08-09

Chief Complaint: Shooting pain down left arm

## History of Present Illness (HPI):

Susan Gonzalez explains that for the past 8 weeks, she has had shooting pain down left arm. The discomfort radiates into the T1 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No prior cervical injections. Pain 8/10. No red flag symptoms. Susan loves hiking but as not gone since the pain started and states this greatly effects her quality of life.

## Past Medical History:

Smoking, Hyperlipidemia

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Smoker, 0.4 ppd × 31 yrs. Remote cocaine use (no current use).

## Exam:

BMI 41.1. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Follow-up in 3 weeks.

# Chart 41

Patient Name: Susan Hernandez

Age/Sex: 40-year-old female

MRN: CR0041

Visit Date: 2025-06-12

Chief Complaint: Numbness in left arm

## History of Present Illness (HPI):

Over the past 7 weeks, Susan Hernandez has experienced progressive numbness in her left arm. The discomfort radiates into the C8 distribution and is accompanied by weakness. Conservative measures have included PT for six weeks, Tylenol, NSAIDs, a Medrol dose pack, and heat, with limited relief. She has not had prior cervical injections. Current pain is 8/10. She denies nocturnal worsening, systemic symptoms, or red flag signs.

Susan shared that her symptoms became especially noticeable during a recent gardening project. She explained that while trying to lift a clay pot to move it across the patio, her arm suddenly felt weak and the numbness spread into her hand, forcing her to drop it. She laughed that the pot “didn’t survive the experiment,” but admitted it was discouraging to feel unable to manage even simple tasks in the garden. She said gardening has always been her outlet, and moments like this remind her how much her condition is interfering with the things she loves.

## Past Medical History:

Obstructive sleep apnea, Smoking, Hypertension

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 26.7. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 4/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

She is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Susan shared that her symptoms have begun interfering with daily activities, including simple tasks in the garden such as lifting pots. I explained that the goal of the injection is to reduce pain and improve strength so she can return more comfortably to the activities she enjoys. Follow-up is planned in 3 weeks to reassess progress.

# Chart 42

Patient Name: Maria Moore

Age/Sex: 62-year-old female

MRN: CR0042

Visit Date: 2025-06-25

Chief Complaint: Numbness or tingling or pain in left hand

## History of Present Illness (HPI):

This is a 62-year-old female who has been dealing with numbness or tingling or pain in left hand for about 11 weeks. She describes pain radiating along the T1 distribution with associated weakness and tingling. Symptoms started after bending forward. No prior cervical injections. Pain rated 9/10. No gait disturbance, bowel/bladder issues. Tried PT for 6 weeks.

## Past Medical History:

GERD, Hyperlipidemia

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 1.1 ppd × 24 yrs. Occasional marijuana use.

## Exam:

BMI 42.6. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Counseling was provided regarding the importance of nicotine cessation, and cotinine testing will be required prior to the procedure. Follow-up is scheduled in 3 weeks to reassess progress and response to treatment.

# Chart 43

Patient Name: John Rodriguez

Age/Sex: 62-year-old male

MRN: CR0043

Visit Date: 2025-08-15

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

John Rodriguez reports pain in arm for 9 weeks with persistent symptoms despite conservative care, numbness and tingling in the hand, partial relief with medications and PT for six weeks. Symptoms correspond to T1 distribution. Pain 9/10. Tried meds, PT, Medrol, heat. No prior cervical injections. Denies red flag symptoms. John enjoys surfing but has stopped due to the numbness being concerning him and he wants to recover before his surf competitions in 6 months.

## Past Medical History:

Diabetes, Hyperlipidemia

## Past Surgical History:

Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Sulfa allergy. No metal allergies.

## Social History:

Non-smoker. Occasional marijuana use.

## Exam:

BMI 29.9. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 3/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 3/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Coordination with the PCP will be needed for optimization of diabetes management prior to the procedure. During the discussion, the patient admitted being torn—relieved that there is a clear next step, but anxious about whether the injection will actually work. We reviewed risks, benefits, and expectations, and I reassured them that the goal is symptom relief and improved function. Follow-up is scheduled in 3 weeks to reassess progress and address any lingering concerns.

# Chart 44

Patient Name: Dorothy Gonzalez

Age/Sex: 46-year-old female

MRN: CR0044

Visit Date: 2025-08-06

Chief Complaint: Pain in right arm

## History of Present Illness (HPI):

This is a 46-year-old female who has been experiencing arm right pain for about 7 weeks. She describes pain radiating along the C6 distribution with associated weakness and tingling. Symptoms began after lifting overhead. Conservative care has included Tylenol, meloxicam, tramadol, a Medrol dose pack, PT for six weeks, and heat, with limited relief. She has not had prior cervical injections. Pain is rated 8/10. She denies gait disturbance as well as bowel or bladder issues.

She shared that the problem first became obvious while putting away groceries. After lifting a bag onto the top shelf of her pantry, her arm gave out suddenly, and a box of cereal slipped, scattering across the floor. She laughed while telling the story, remembering how her kids dove to grab the cereal like it was a game, but admitted she felt embarrassed and worried about losing strength in such an everyday task. She said it was that moment—unable to trust her arm for something simple—that convinced her to seek further evaluation.

## Past Medical History:

Hypertension, Hyperlipidemia, GERD, Blood clot

## Past Surgical History:

Appendectomy, Tonsillectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Smoker, 1.1 ppd × 35 yrs. No illicit drug use.

## Exam:

BMI 48.5. Sensation diminished in C6 distribution. Weakness of biceps, strength 4/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 4/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

She is being referred to pain management with a planned C5-6 transforaminal epidural steroid injection. Counseling was provided regarding nicotine cessation, and cotinine testing will be required before the procedure. She mentioned that her arm weakness has even interfered with simple tasks like putting away groceries, and I explained that the goal of the injection is to improve both pain and strength so she can return to daily activities more comfortably. Follow-up is scheduled in 3 weeks to reassess progress.

# Chart 45

Patient Name: David Rodriguez

Age/Sex: 58-year-old male

MRN: CR0045

Visit Date: 2025-06-10

Chief Complaint: Shooting pain down right arm

## History of Present Illness (HPI):

Over 8 weeks, David Rodriguez has experienced progressive shooting pain down arm. Conservative measures: PT for 3 weeks, Tylenol, NSAIDs, Medrol, heat. No prior cervical injections. Pain 6/10. Denies nocturnal worsening, reported feeling off balance lately.

## Past Medical History:

Diabetes, Smoking

## Past Surgical History:

Appendectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 0.7 ppd × 35 yrs. Occasional marijuana use.

## Exam:

BMI 23.8. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 4/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

The patient is being referred to pain management with a planned C7-T1 interlaminar epidural steroid injection. Coordination with the PCP will be needed for optimization of diabetes management prior to the procedure. The patient was counseled on nicotine cessation, and cotinine testing will be required before proceeding. Follow-up is scheduled in 3 weeks to reassess progress and response to treatment.

# Chart 46

Patient Name: Michael Moore

Age/Sex: 65-year-old male

MRN: CR0046

Visit Date: 2025-06-14

Chief Complaint: Pain in left arm

## History of Present Illness (HPI):

This is a 65-year-old male who has been dealing with pain in left arm for about 7 weeks. He describes pain radiating along the C5 distribution with associated weakness and tingling. Symptoms started after turning awkwardly. Conservative care included Tylenol, meloxicam, tramadol, Medrol, PT for 6 weeks, and heat. No prior cervical injections. Pain rated 9/10. No gait disturbance, bowel/bladder issues. Michael enjoys playing the Wii with his grandchildren but this pain is preventing that quality time and upsetting him.

## Past Medical History:

Diabetes, Obstructive sleep apnea

## Past Surgical History:

Tonsillectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 1.1 ppd × 21 yrs. Remote cocaine use (no current use).

## Exam:

BMI 28.4. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 4/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C4-5, no spondylolisthesis or fracture. MRI: disc herniation at C4-5 with degeneration. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

Referred to pain management. Planned injection: C4-5 TFESI. Coordinate with PCP for HbA1c optimization <8%. Counseled nicotine cessation; cotinine testing required. Follow-up in 3 weeks.

# Chart 47

Patient Name: Robert Anderson

Age/Sex: 50-year-old male

MRN: CR0047

Visit Date: 2025-06-07

Chief Complaint: Pain in back shooting down left arm

## History of Present Illness (HPI):

This is a 50-year-old male who has been dealing with back pain radiating down his left arm for about 11 weeks. He describes pain along the C6 distribution with associated weakness and tingling. Symptoms began after bending forward. Conservative care has included Tylenol, meloxicam, tramadol, a Medrol dose pack, PT for six weeks, and heat, but relief has been limited. He has not had prior cervical injections. Current pain is rated 7/10. He denies gait disturbance as well as bowel or bladder issues.

He shared that the problem became especially clear during a family bowling night. Midway through the game, as he swung the ball, the pain shot sharply down his arm and his grip weakened, causing the ball to slip awkwardly down the lane. His family laughed and joked that he invented a “new style of bowling,” but he admitted it was frustrating to lose control doing something that once felt so easy. He says moments like that make him realize the symptoms are interfering not just with work and routine, but with simple family activities he enjoys.

## Past Medical History:

Smoking, Diabetes

## Past Surgical History:

Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 34.7. Sensation diminished in C6 distribution. Weakness of biceps, strength 3/5. Reflex exam: biceps and brachioradialis diminished. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 3/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C5-6, no spondylolisthesis or fracture. MRI: disc herniation at C5-6 with degeneration. Findings consistent with C6 radiculopathy.

## Assessment:

Cervical radiculopathy in C6 distribution due to C5-6 disc herniation.

## Plan:

Referred to pain management. Planned injection: C5-6 TFESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks.

# Chart 48

Patient Name: William Rodriguez

Age/Sex: 37-year-old male

MRN: CR0048

Visit Date: 2025-07-07

Chief Complaint: Burning in right arm

## History of Present Illness (HPI):

This is a 37-year-old male who has been dealing with burning pain in his right arm for about 9 weeks. He describes pain radiating along the C5 distribution with associated weakness and tingling. Symptoms began after turning awkwardly. Conservative care has included Tylenol, meloxicam, tramadol, a Medrol dose pack, PT for 3 weeks, and heat, but relief has been limited. He has not had prior cervical injections. Current pain is rated 7/10. He denies gait disturbance as well as bowel or bladder issues. Reported being off balance lately when cooking.

He shared that he first noticed how limiting the symptoms had become during a pick-up basketball game with friends. While reaching up for a rebound, his arm gave out suddenly, and the burning pain shot down so sharply that he had to step off the court. His friends teased him for “retiring early,” but he admitted it was frustrating to realize he couldn’t trust his arm for something he’s always enjoyed. He says that moment stuck with him—it wasn’t just about missing a rebound, but about feeling his body let him down in an activity that once came naturally.

## Past Medical History:

Obstructive sleep apnea, Hyperlipidemia, Smoking, Diabetes

## Past Surgical History:

Tonsillectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

Penicillin allergy. No metal allergies.

## Social History:

Non-smoker. Remote cocaine use (no current use).

## Exam:

BMI 46.0. Sensation diminished in C5 distribution. Weakness of deltoid, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 4/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C4-5, no spondylolisthesis or fracture. Findings consistent with C5 radiculopathy.

## Assessment:

Cervical radiculopathy in C5 distribution due to C4-5 disc herniation.

## Plan:

He is being referred to pain management with a planned C4-5 transforaminal epidural steroid injection. Coordination with his PCP will be needed for diabetes management and HbA1c optimization prior to the procedure. He noted that his arm pain and weakness have already limited him in activities such as playing basketball, and I explained that the goal of the injection is to improve pain control and strength so he can return to daily and recreational activities more comfortably. Follow-up is scheduled in 3 weeks to reassess progress. Referral for cervical spine MRI.

# Chart 49

Patient Name: Dorothy Thomas

Age/Sex: 42-year-old female

MRN: CR0049

Visit Date: 2025-08-02

Chief Complaint: Pain in right arm

## History of Present Illness (HPI):

Dorothy Thomas reports pain in right arm for 6 weeks with weakness in the arm or hand, neck and arm pain worsened by activity and improved with rest, stiffness after prolonged sitting. Symptoms correspond to C8 distribution. Pain 6/10. Tried meds, PT for three weeks, Medrol, heat. No prior cervical injections. Denies red flag symptoms.

## Past Medical History:

Obstructive sleep apnea, Smoking, Blood clot, Diabetes

## Past Surgical History:

Tonsillectomy, Appendectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Non-smoker. No illicit drug use.

## Exam:

BMI 47.4. Sensation diminished in C8 distribution. Weakness of finger extensors, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 4/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 5/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the right at C7-T1, no spondylolisthesis or fracture. Findings consistent with C8 radiculopathy.

## Assessment:

Cervical radiculopathy in C8 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management. Planned injection: C7-T1 interlaminar ESI. Coordinate with PCP for HbA1c optimization <8%. Follow-up in 3 weeks. Referral for cervical spine MRI.

# Chart 50

Patient Name: Elizabeth Martinez

Age/Sex: 56-year-old female

MRN: CR0050

Visit Date: 2025-07-16

Chief Complaint: Numbness in left arm

## History of Present Illness (HPI):

Elizabeth Martinez explains that for the past 9 weeks, she has had numbness in left arm. The discomfort radiates into the T1 dermatome and is accompanied by mild weakness. Tried PT six weeks, Tylenol, meloxicam, tramadol, Medrol, heat packs. No prior cervical injections. Pain 8/10. No red flag symptoms. Elizabeth is worried about the numbness because she can not play pickleball anymore. She owns a team and needs to recruit more players so this is disrupting her personal goals.

## Past Medical History:

Blood clot, GERD

## Past Surgical History:

Tonsillectomy, Cholecystectomy

## Medications:

Atorvastatin, beta blocker, Meloxicam, Tylenol, Tramadol, Medrol dose pack.

## Allergies:

No known drug allergies. No metal allergies.

## Social History:

Smoker, 0.9 ppd × 34 yrs. Remote cocaine use (no current use).

## Exam:

BMI 24.3. Sensation diminished in T1 distribution. Weakness of finger abduction, strength 4/5. Reflex exam: normal. Positive Spurling’s on affected side. Negative Hoffman’s, Lhermitte’s, Tinel’s, Phalen’s, Durkan’s. Shoulder ROM normal. DP pulse intact.

**Motor Strength**

| **Muscle Group** | **Right** | **Left** |
| --- | --- | --- |
| Deltoid (C5) | 5/5 | 5/5 |
| Biceps (C5–C6) | 5/5 | 5/5 |
| Wrist Extensors (C6) | 5/5 | 5/5 |
| Triceps (C7) | 5/5 | 5/5 |
| Wrist Flexors (C7) | 5/5 | 5/5 |
| Finger Flexors (C8) | 5/5 | 5/5 |
| Finger Abductors (T1) | 5/5 | 4/5 |

## Imaging:

XR cervical spine (AP, lateral, flexion, extension): disc narrowing on the left at C7-T1, no spondylolisthesis or fracture. MRI: disc herniation at C7-T1 with degeneration. Findings consistent with T1 radiculopathy.

## Assessment:

Cervical radiculopathy in T1 distribution due to C7-T1 disc herniation.

## Plan:

Referred to pain management.