

**PAIN RELIEF CENTERS**  
**5129 Dixie Hwy, Suite 201**  
**Louisville, KY 40216**  
**PHONE: (502) 430-6223, FAX: 502-369-5229**

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**FOLLOW-UP VISIT via**

**In-Office**

**PATIENT NAME:** TERRY ORT  
**DATE OF BIRTH:** 12/04/1958  
**DATE OF EVALUATION:** 07/22/2025  
**DATE OF DICTATION:** 07/22/2025  
**PHYSICIAN:** Robert Klickovich, M.D

**Provider:** Lauren Ellis, APRN  
**Referring Physician:** Tillett  
**Insurance:** Humana, Medicare

**Location:** Louisville  
**CMA:** Laurie  
**Room #:** 2

**CHIEF COMPLAINT:** The patients worst pain complaint today is located in their neck in addition to their other thoracic , spine, low back, bilateral shoulder, bilateral hip pain complaints and presents today to the clinic today for a routine f/u of their usual pain complaints and/or medication refill; flare up of known pain complaints especially pain in the neck.

**HISTORY OF PRESENT ILLNESS:** Since their last visit, the:

**Pain is:** The same  
**Activity level/functioning is:** The same  
**Social Relationships are:** The same  
**Job Performance is (if working):** The same  
**Sleep Patterns are:** The same

**CHARACTERISTICS OF PAIN INCLUDE:**

**Temporally it is:** continuous baseline pain with frequent painful exacerbations.  
**Qualitatively it is:** Burning, Stabbing, Numb, Tingling, Dull, Aching, Throbbing, Deep, Crampy  
**Numeric Scale rating of (?/10):** Average: 10/10. Best: 8/10. W/meds: 8/10. W/o meds: 10/10.

**Social Hx** significant for:  
**Working status of:** Disabled

**REVIEW OF SYSTEMS:**

**ALLERGIC SYMPTOMS INCLUDE:**

Allergies to new Meds/Foods: No.  
Hives and Itchy skin: No.  
Sneezing: No.  
Hay fever: No.  
Red Itchy eyes: No.

**NEUROLOGICAL SYMPTOMS INCLUDE:**

Worsening Weakness in limbs: No.  
Worsening Sensation in limbs: No.  
Numbness/tingling sensations: No.  
Loss of Bowel or Bladder: No.  
New convulsions or seizures: No.

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**Patient Compliance with Treatment Plan**

	Yes	No	N.A.	Comments
U-tox and/or Pill Count O.K.?	Yes			06/20/2025 okay
KASPER report O.K.?	Yes			06/21/2025
Participates in PT or home exercise prgm	Yes			At Home 2 years + . Number of sessions done:
Ordered imaging studies completed			NA	
Participated in Weight Loss Prgm			NA	lbs. BMI: 31.7. Weight: Gain
Participated with Counselor if recommended			NA	

**PHYSICAL EXAMINATION:**

**Vitals:** BP: \_\_. Ht: \_\_ feet \_\_ inches. Wt: \_\_ lbs. BMI: \_\_

**General appearance** is: Well groomed and content

**Orientation** to person, place, and time is: Correct

**Mood and Affect** are: Appropriate

**Gait** is: Within normal limits, and with No assistive device

**Station** (stance) is: within normal limits and steady

**Cardiovascularly** ankle swelling is: Not present

**Lymphadenopathy** in the cervical and or inguinal lymph node chain is? Not present

**Coordination and Balance** shows Romberg test is: Negative

**Motor Function:** No stated and observed change in motor and/or sensory function since last visit.

Date: 07/22/2025

Pre-existing

CC: Neck

Palpation revealed:

Positive muscle tenderness

Positive joint tenderness

R.O.M. revealed:

Positive decrease in gross movement

**The following findings of ESTABLISHED complaints were positive:**

Cervical spine tenderness of paraspinal muscles on bilaterally

Traps/levator scapula tenderness on bilaterally

Cervical facet loading signs on bilaterally at C5-T1

Pain (worst) with extension.

Thoracic spine tenderness of paraspinal muscles on bilaterally

Trapezius/rhomboid tenderness on bilaterally

Thoracic facet loading signs bilaterally at T2-T5

Pain (worst) with rotation.

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Lumbar spine tenderness of paraspinal and or quadratus muscles on bilaterally  
Gluteal tenderness on bilaterally  
Lumbar facet loading signs at on bilaterally at L2-L5  
Slump/SLR bilaterally  
Patrick test on bilaterally

Apley scratch test on bilaterally  
Crossover test on bilaterally  
ROM is grossly decreased . on bilaterally  
Subacromial tenderness on bilaterally  
Neer Impingement on bilaterally  
Empty Can Test on bilaterally

(hip) Squat test  
Trochantric bursa tenderness bilaterally  
ROM is grossly decreased on bilaterally  
Patrick's test  
FADIR (flexion, adduction and medial hip rotation) on bilaterally

Peri-Patella tenderness on bilaterally  
Joint line tenderness on bilaterally  
ROM is grossly decreased. on bilaterally  
McMurray on bilaterally

**ASSESSMENT:**

1. Facet Arthropathy – M46.92
2. Cervicalgia – M54.2
3. Shoulder-Right Bursitis – M75.51
4. Shoulder-Left Bursitis – M75.52
5. Shoulder DJD Right – M19.011
6. Shoulder DJD Left – M19.012
7. Facet Arthropathy, Lumbar – M46.96
8. Facet Spondylosis – M47.816
10. Lumbago NOS/Low Back Pain – M54.50
10. Hip Trochanteric Bursitis Right – M70.61
11. Hip Trochanteric Bursitis Left – M70.62
12. Hip DJD Right – M16.11
13. Hip DJD Left – M16.12
14. Knee Pain Right – M25.561
15. Knee Pain Left – M25.562
16. Knee DJD Right – M17.11
17. Arthritis, Osteo – M15.9
18. Chronic Pain – G89.29
19. Myalgia (Myofascial) Pain – M79.18
20. Obesity – E66.9

**Follow-Up Plan:**

F/u severity of non-compliance per history is: None

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F/u Review completed for: U-Tox/ORT, KASPER Report, Medication list, Nursing/chart notes, Treatment goals, plan and U-Tox log.

As discussed during the initial consultation with the patient and as monitored during subsequent clinic visits, the patient will:

1. Engage physical therapy with an initial evaluation and then learn their recommended treatment exercises. The learned exercises will continue at the patient home as part of a home based exercise program. Additionally, if spinal column problems exist then learning and implementing the McKenzie stabilization exercises is consistently recommended.
2. Participate in a weight loss program if their BMI=30. This includes learning the Myfitnesspal.com free application for which user instructions were given to the patient during the initial visit. A consultation with a dietician was also recommended initially if they are diabetic.
3. Participate in a behavioral health program if diagnosed with either depression, bipolar, or other mental disorders with an emphasis on learning coping skill. Specifically, mastery of the techniques employing distraction and guided-imagery is encouraged.
4. Unless noted elsewhere, all other problems (diagnosis) have been stable/addressed and current treatment is to continue (eg O.A., D.M., BMI, Neuropathy)

If the patient received 50% pain relief from their last procedure, then this intervention will be continued. Otherwise, the current treatment plan and procedures will be changed as appropriate

**F/u Orders:**

Will not order a Urine Drug Test (UDT)

**MEDICATION MANAGEMENT:**

1. Due to acceptable ADL, efficacy tolerance the C.S. dosing was unchanged (or no additional C.S.).
2. Continue Mobic 15 mg, q.d, p.r.n. #30 (50% pain relief obtained)
3. Continue Norco 7.5 mg, t.i.d, p.r.n. #90 (50% pain relief obtained)
4. Continue Tizanidine 4 mg, q.h.s, p.r.n. #30 (50% pain relief obtained)

**INJECTIONS:**

1. Later schedule midline caudal block

For the planned procedure(s), if any, considerable time was spent explaining the risks, benefits and alternatives. All questions were answered including common complications to planned procedure along with remedies for the potential complications. Handouts were also given to the patient as appropriate including procedure and educational videos at [www.tinyurl.com/PROCEDURE-Oct2022](http://www.tinyurl.com/PROCEDURE-Oct2022). if applicable, the patient was told to stop taking all anti coagulant medications for 3-5 days. The specific cessation interval depends on both the anti coagulants they are on and the type of procedure scheduled.

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Once the patient has fully engaged and completed the initial treatment plan as documented over the course of multiple clinic visits, then Maximum Medical Improvement (MMI) will be achieved. Additionally, if the patient is taking narcotics, then this will be tapered down over a 3-6 month period as tolerated by patient.

**Follow-up Appointment in:** Four weeks

Lauren Ellis, APRN personally performed today's follow-up evaluation and treatment plan of the patient, while Dr. Robert Klickovich (or different Physician noted/documented above) provided direct supervision of the APRN and was immediately available to assist if needed during today's follow-up patient encounter. A clinic physician had previously performed the initial service evaluation of the patient while Dr. Robert Klickovich currently remains actively involved in the patient's progress and treatment plan including approving changes in medication type, strength, or dosing interval or any other aspect of their care plan.

**This document(s) was dictated, transcribed, but not read and is subject to review and confirmation. Please contact the author if you have any concerns/clarifications.**

Robert Klickovich, MD

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RK/

07/23/2025