

FOLLOW-UP OFFICE VISIT

Patient Name: Theodore “Jimmy” Angel
Date of Birth: 09/15/75

Date of Injury: 02/23/23
Date of Visit: July 21, 2023

SUBJECTIVE:

Jimmy Angel presents today to follow up on injuries sustained in a motor vehicle collision.

CURRENT CONCERNS/CHANGES FROM LAST VISIT – per patient report:

The patient completed a pain diagram and reports their overall pain level, since the collision, as 1-2/10 presently. Mr. Angel has been doing well since the epidural steroid injection. He will have a little pain that radiates like a cramp into his buttocks. He has some slight pain on the outside of his right hip/leg but nothing radiating down the leg into the foot like it was previously. The rest of his injuries have improved. He is not using any medication for his injuries. This week, he had a wisdom tooth removed and developed a small fistula between his mouth and his sinus. He is presently on antibiotics and oral steroids for the dental problem. Mr. Angel can now sit comfortably for the half hour it takes him to get to work. When he is sitting for longer periods, he will have pain that radiates into the buttocks and to the lateral right buttock/thigh area. The electrical stim units that the physical therapists use are very helpful. He wonders if those are available for home use.

Care since last visit:

The patient has been participating in chiropractic care, massage therapy, and physical therapy. He has been discharged from formal physical therapy and is doing a home exercise program.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

MRI of the thoracic spine (04/28/23) – unremarkable thoracic spine MRI.

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REVIEW OF MEDICAL RECORDS AND DOCUMENTS:

The chiropractic and/or physical therapy notes from Synergy Health Partners were reviewed and appreciated.

Notes from Dr. Rentz were reviewed.

Notes from nurse practitioner Veronica Reza were reviewed.

PAST MEDICAL/SURGICAL HISTORY:

Reviewed initial history, additions/changes as documented below.

REVIEW OF SYSTEMS:

Please see the CURRENT COMPLAINTS PER PATIENT REPORT above for the Musculoskeletal Review of Systems.

PHYSICAL EXAMINATION:

GENERAL IMPRESSION:

This is a well-developed, well-nourished patient. The patient did complain of pain and did appear to be comfortable throughout the entire examination.

VITAL SIGNS: HR: 95. Pulse Ox: 95% RA. Temp: 96.8 °F.

MENTAL STATUS:

The patient was alert, pleasant, cooperative, and answered posed questions appropriately.

HEENT: Without acute pathology and was able to hear normal conversation.

CERVICAL, THORACIC, AND LUMBAR SPINE:

The patient had full range of motion in flexion, extension, and rotation without pain behaviors and pain complaints.

OSTEOPATHIC/MUSCULOSKELETAL EXAMINATION:

TRIGGER OR TENDER POINTS:

There are very mild trigger points in the right gluteal/piriformis area.

LOWER EXTREMITIES:

Hip: Right.

No tenderness to palpation over the greater trochanter.

NEUROLOGIC/GAIT:

Grossly intact. Speech is fluent without aphasia or dysarthria.

Cranial nerves II-XII grossly intact.

There were not complaints of dizziness with movement.

Gait is normal on straight-away walking.

Synergy Health Partners
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Aurora, CO 80012
Phone: 303-343-1357
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DIAGNOSES – Trauma Related, Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
4. Hip Pain, Right (M25.551).

DIAGNOSES – Trauma Related, Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).
2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).
5. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
6. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
7. Leg Pain, Right (R20.9).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

CAUSALITY:

In my opinion, and with a reasonable degree of medical probability, the collision of 02/23/23 was the proximate cause of the injuries listed above. The findings on physical examination are consistent with the patient's complaints and the mechanism of injury.

MEDICAL DECISION MAKING:

Mr. Angel needs to finish up with his chiropractic treatment. He does have an appointment today; however, with the swelling on the side of his face, I would postpone this treatment. He has an appointment with Dr. Rentz scheduled next week to follow up on the injection, at which point it is my opinion that Dr. Rentz will discharge him to p.r.n. treatment. Mr. Angel is on oral steroids today which will also help the lumbar radiculopathy. It is his second day of oral steroids, and he feels "great." I would like to reevaluate him in about four weeks for a formal discharge. Discharging him now would be premature due to the effects of the medication that he is on for his wisdom teeth removal and fistula into the sinus.

TREATMENT PLAN AND RECOMMENDATIONS:

Pharmacotherapy: OTC medicines as needed.

Diagnostics: None at this time.

Rehabilitation Plan: I referred him back to physical therapy for an electrical stim unit that he can use when the discomfort radiates into the buttocks such as when he has to drive for long periods.

Education: Treatment plan and prognosis discussed with the patient; questions answered.

Consultations: Follow up with Dr. Rentz as planned.

Work/Activity Status: Increase activity as tolerated to all normal activity for the patient.

Follow-up: In four weeks.

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CLOSING:

Thirty minutes were spent, face to face, on today's visit with the patient and 15 minutes were spent dictating and documenting. At least 50% of the time with the patient was spent in treatment planning and patient education. I have attempted to answer all of the patient's questions and address their concerns in the office today. They appear to understand and be comfortable with the above plan. The above analysis is based upon the available information at this time including the history given by the examinee, the medical records and tests provided, and the physical findings. It is assumed that the information provided to me is correct. My opinions are based upon reasonable medical probability.

Bethany Wallace, DO

Bethany A. Wallace, D.O., CIME

Level II Certified – Occupational Medicine (a State of Colorado Certification)

BW:hck

VF#: 0721-002

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