

Allergies

Reviewed and no changes noted May 8, 2025.
latex
grass pollen
tree and shrub pollen
pollen extracts
mold
cephalexin

Medications

Obtained and Reviewed May 8, 2025.
albuterol sulfate 90 mcg/actuation Inhalation - HFA aerosol inhaler
Breztri Aerosphere 160-9-4.8 mcg/actuation Inhalation - HFA aerosol inhaler
EpiPen 0.3 mg/0.3 mL Injection - auto-injector
naloxone 4 mg/actuation Intranasal - spray, non-aerosol
fluticasone propionate 50 mcg/actuation Nasal - spray,suspension
amlodipine 5 mg Oral - tablet
diclofenac sodium 100 mg Oral - tablet extended release 24 hr
diclofenac sodium 75 mg Oral - tablet, delayed release (enteric coated)
famotidine 40 mg Oral - tablet
Fish Oil 120-180 mg Oral - capsule
montelukast 10 mg Oral - tablet
Xolair 150 mg/mL Subcutaneous - syringe

Medical History

Reviewed and no changes noted May 8, 2025.
Asthma
Essential hypertension

Musculoskeletal History

Reviewed and no changes noted May 8, 2025.
None

Musculoskeletal Surgery

Other: LEFT WRIST SURGERY (DR. FAHEY 6/17/24)

Surgical History

Reviewed and no changes noted May 8, 2025.
Other: Arthroscopy of Knee right
Partial Knee Surgery left
Fracture Surgery Left Heel
Other Surgery Septoplasty
Turbinectomy

Social History

Reviewed May 8, 2025.
Smoking status - Never smoker

Chief Complaints:

1. Right Hip Pain

HPI: This is a 61 year old male who:

1. is being seen for hip pain, involving the right hip pain.

He has had problems off and on for the past year or so affecting his lower right back and posterior hip area. He recalls no particular injury but it has been progressively more difficult. He experiences a lot of general tightness and pain through the posterior right side of the lumbar spine extending into the back portion of his hip. He also feels radiating pain down to his right heel. No numbness or tingling recently.

Separately from a medical standpoint he has been recovering from cardioversion as he has been diagnosed with atrial fibrillation and is currently on anticoagulation and wearing a Holter monitor.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
05/08/25 08:41	Myers, Julie						74.0 in	264.0 lbs	33.9	2.5
	FiO2									

* Patient Reported

Exam:

General Appearance

Appearance: **overweight**

Orientation: Alert and oriented

Mood: mood and affect are appropriate and in no apparent distress

Lumbosacral

L-Spine ROM: **grossly intact and with pain**

Lower Trunk Skin Inspection: skin intact, no rashes or lesions.

L-Spine Inspection: **right paraspinal musculature tender to palpation, PSIS TTP, right, and sciatic notch tenderness, right**

Posture: Normal Posture

Right Iliopsoas: Strength: 5/5, normal muscle tone.

Left Iliopsoas: Strength: 5/5, normal muscle tone.

Right Hip Abduction: Strength: 5/5, normal muscle tone.

Left Hip Abduction: Strength: 5/5, normal muscle tone.

Right Hip Adduction: Strength: 5/5, normal muscle tone.

Left Hip Adduction: Strength: 5/5, normal muscle tone.

Right Quadriceps: Strength: 5/5, normal muscle tone.

Left Quadriceps: Strength: 5/5, normal muscle tone.

Right Hamstring: Strength: 5/5, normal muscle tone.

Left Hamstring: Strength: 5/5, normal muscle tone.

Right Tibialis Anterior: Strength: 5/5, normal muscle tone.

Left Tibialis Anterior: Strength: 5/5, normal muscle tone.

Right EHL: Strength: 5/5, normal muscle tone.

Left EHL: Strength: 5/5, normal muscle tone.

Right Plantar Flexion: Strength: 5/5, normal muscle tone.

Left Plantar Flexion: Strength: 5/5, normal muscle tone.

Right Foot Eversion: Strength: 5/5, normal muscle tone.

Left Foot Eversion: Strength: 5/5, normal muscle tone.

Inversion: Strength: 5/5, normal muscle tone.

Inversion: Strength: 5/5, normal muscle tone.

L-Spine Stability: No bony step-off, no gross deformity, normal sagittal and coronal alignment.

Thoracolumbar Spine Special: Normal

RLE Dermatomal Sensation: **hyperesthesia in S1 dermatome**. All other right lumbosacral sensation levels within normal limits.

LLE Dermatomal Sensation: normal to light touch throughout dermatomes

RLE Peripheral Sensation: intact to light touch throughout peripheral nerve distributions

LLE Peripheral Sensation: intact to light touch throughout peripheral nerve distributions

RLE Reflexes: DTRs normal active

LLE Reflexes: DTRs normal active

S-Spine Special: Normal

Tests

X-Ray Interpretation Lumbar Spine

Diagnosis: Intervertebral Disc Degeneration, Lumbar - M51.362, M54.16

X-Ray Data:

The following film(s) were done in our facility: Lumbar Spine, AP and Lateral

X-rays of the L-spine were ordered and obtained, demonstrating the following findings: Intervertebral disc degeneration most significantly seen at L3-4, L5-S1. Associated facet arthropathy and a mild degenerative curve on the anterior posterior view.

X-Ray Interpretation Hip

Diagnosis: Hip Pain, Right - M25.551

X-Ray Data:

The following film(s) were done in our facility: right hip AP view and hip cross-table lateral view

X-rays of the right hip were ordered and obtained, demonstrating the following findings: Right hip is evaluated. Normal joint spaces are seen. No acute abnormalities are appreciated on these images.

Impression/Plan:

1. Intervertebral Disc Degeneration, Lumbar

Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain (M51.362) distributed on the lumbar spine.

Associated diagnosis: Lumbar Radiculopathy

Plan: Home Exercise Program - Low Back.

Indication: Intervertebral Disc Degeneration, Lumbar

- Therapeutic Exercises: abdominal strengthening, buttock strengthening, hamstring stretch, heel raises, heel slides, hip abductor exercises, hip flexor stretch, knee to chest stretch, low back rotation stretch, and piriformis stretch.

- Recommend frequency of 7 times per week for 4 weeks.

- Other Recommendations: When bending always bend at the knees. Do not forward bend with your back. When sitting, maintain an upright posture. Do not slouch. Avoid sudden twisting, or turning movements of your back. Avoid heavy weightlifting. Try to engage in aerobic activities each day to maintain an active and healthy lifestyle.

- Precautions: Do only those exercises that have been recommended to you. Should you feel significant pain or discomfort, please reduce the number of repetitions or frequency as tolerated. If pain still persists, discontinue exercises and contact the office.

Plan: Counseling - Low Back Pain.

Please refer to the education handout for detailed counseling.

Plan: Prescription.

Medrol (Pak) 4 mg tablets in a dose pack PO
Sig: Take as directed
Quantity: 1 Packet

cyclobenzaprine 10 mg tablet PO
Sig: 1 po qhs prn spasms
Quantity: 30 Tablet

Plan: PT/OT Rx.

Physical and/or Occupational Therapy Prescription

Indication: Intervertebral Disc Degeneration, Lumbar - lumbar spine - M51.362, M54.16

Instructions: evaluate and treat per diagnosis/objective exam

Recommend frequency of 3 times per week for 3 weeks.

- Therapeutic Exercises: All exercises prn per therapist.
- Manual Therapy: All manual therapy prn per therapist.
- Modalities: All modalities prn per therapist. All modalities prn per therapist.

Provider: Robert Lonergan, MD
Perform at: OrthoSouth Physical Therapy - Bartlett
Address: 3045 Kate Bond Rd
Bartlett, TN 38133
Work: (901) 937-3200
Fax: (901) 725-8346

Priority: normal

Time frame: 3 week(s)

Plan: Counseling - Lumbar Degenerative Disc Disease.

Please refer to the education handout for detailed counseling.

2. Hip Pain, Right

Pain in right hip (M25.551)

Plan: Home Exercise Program - Hip.

Indication: Hip Pain, Right

- Right Hip Therapeutic Exercises: low impact aerobic exercise, side leg raise (hip abduction), standing quadriceps stretch, and supine hamstring stretch.

- Recommend frequency of 4-5 times per week for 6-8 weeks.

- Weight Bearing, Right Hip: Weight bearing as tolerated.

- Recommend frequency of 2-3 times per week for 6-8 weeks.

- Weight Bearing, Left Hip: Weight bearing as tolerated.

- Other Recommendations: If you are overweight, try to lose weight. The more your body weighs, the more your hips are burdened with supporting you. Avoid high-impact aerobic activities, running, and jogging. Walking, swimming, and cycling are in general the best activities for cardiovascular exercise. Try to incorporate non-impact exercises (ie: walking, swimming, stationary or recumbent bike, elliptical) if tolerated into a daily routine to maintain an active and healthy lifestyle. Avoid uneven surfaces during work-outs.

- Precautions: Do only those exercises that have been recommended to you. Should you feel significant pain or discomfort, please reduce the number of repetitions or frequency as tolerated. If pain still persists, discontinue exercises and contact the office.

- Additional Treatment: Aggressive stretching IT Band,

Plan: Counseling - Hip Pain.

Please refer to the education handout for detailed counseling.

MIPS**1. MIPS****Plan: MIPS Quality.**

Quality 128 (Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan): BMI is documented above normal parameters and a follow-up plan is documented

Plan: Additional Notes.

Weight management strategies are discussed. Follow up at next visit

Follow up in 4 weeks**Note:**

He has lumbar degenerative disc disease with some facet arthropathy and lumbar radiculopathy on the right.

He was started on a Medrol Dosepak. He is going to clear this with his cardiologist as he is currently in active treatment for atrial fibrillation and is on a Holter monitor. Additionally he remains on anticoagulation following cardioversion.

We have recommended outpatient physical therapy to address his lumbar spine. We also talked about a longer-term home stretching program. If he fails to get sufficient improvement we did discuss possibility of further imaging of his lumbar spine as well. Plan to see back in 4 weeks.

Staff:

Robert Lonergan, MD (Primary Provider) (Bill Under)

Julie Myers

Patient Referrals:

Campbell, Tommy MD - Primary Care Provider (PCP)

Electronically Signed By: Robert Lonergan, MD, 05/08/2025 10:23 AM CDT