**Medical Re-Evaluation**

Patient Name: Anapaula Batista

Dt. of Exam: 08/29/2019

1st Exam Dt.: 03/15/2018

**Procedures performed:**

5/17/18 - TTPI #1

9/20/18 - Utox.

11/8/18 - UTox

**Chief Complaint:**

The patient complains of mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. Lower back pain is associated with numbness and tingling Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for followup evaluation of low back, bilateral knees, and right hip pain. She has a history of kidney stones. She denies any back pain at current. She reports improvement in her low back pain since she passed the kidney stones. She is scheduled to undergo ultrasound of the kidneys, bladder, and upper abdomen. She also has had UTI for which she obtained blood work. She is having flare up of her arthritis. She is on pain medications for joint arthritis. She has a history of lupus and is on long-term steroid dose. She reports feeling miserable due to weather and arthritis.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy in nature. Left knee pain is worsened with walking, climbing stairs and squatting.

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy in nature. Right knee pain is worsened with walking, climbing stairs and squatting. The patient presents today for followup evaluation of low back, bilateral knees, and right hip pain. She complains of worsening bilateral knee pain. She is having a flare up of her arthritis. She is on pain meds for joint arthritis. She has a history of lupus and is on long-term steroid dose. She reports feeling miserable due to weather and arthritis.

The patient complains of right hip pain. Hip pain is worsened with movement and activities. The patient presents today for followup evaluation of low back, bilateral knees, and right hip pain. She has bilateral hip pain with the right being worse than the left. She will be seeing a surgeon for this in the future. . She is on pain meds for joint arthritis. She has a history of lupus and is on long-term steroid dose.

**REVIEW OF SYSTEMS:**  The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:**  Asthma, hypertension, skin lesions, urinary tract infection, blood in urine, arthritis, anemia, shortness of breath, hearing loss, sinus infections..

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Left hip replacement in October 2015, tonsils in 1980.

**MEDICATIONS:**  Oxycodone 30 mg qid, prednisone 10 mg once a day, Cellcept 500 mg bid, Savella 50 mg bid, Effexor 75 mg two tabs once a day, omeprzole 40 mg bid, Plaquenil 200 mg bid, Aldactone 50 mg once a day, Eliquis 5 mg bid, Bystolic 5 mg once a day, Gabapentin 100 mg bid, Cardizem 120 mg once a day, Buspar, oxytocin 20 mg.

**ALLERGIES:**  Diflucan, Zyban, Levaquin, Zoloft.

**Physical Examination:**

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal with the exception of right triceps 1/2 and left triceps 1/2.

**Sensory Examination:** Is checked by pinprick. It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal with the exception of right shoulder abduction 5-/5, left shoulder abduction 5-/5, right shoulder flexion 5-/5, left shoulder flexion 5-/5, right hip flexion 5-/5 and left hip flexion 5-/5.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**Right Hip Examination:** There is tenderness upon palpation of the right hip with greater trochanter. Ober's test is positive and FABER's test is positive. ROM is as follows: flexion was 30 and is 30 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**GAIT:** Normal.

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Thoracic Muscle Sprain/Strain.

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

Right hip sprain/strain.

Right hip internal derangement.

**Plan:**

of thoracic spine to rule out herniated nucleus pulposus/soft tissue injury..

Oxycontin 20 mg one tablet every 6 hours p.r.n. #120.

Follow up in 4 weeks.

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**Medications:**

Oxycontin 20 mg tablets, one tablet q6h. prn dispense #95

Amitiza 24 mcg one tab bid prn dispense #60

**Follow-up:** 4 weeks for reevaluation.



Gurbir Johal, M.D.