**Initial Comprehensive Medical Evaluation**

Date: 08/29/2019

RE: Candio Batres

DOB: 10/17/1961

1st Evaluation

**CHIEF COMPLAINTS:**

On 08/29/2019, Mr. Candio Batres, a right-handed 57-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident . The patient was seen at the Brick, NJ Office located at 1451 NJ-88. He went to hospital via ambulance same day the accident occurred. At the hospital, the patient had CT scan of of neck which was normal. The diagnostic finding has been requested. He was recommended to see a doctor and get physical therapy. He was evaluated and released. The patient is status post MVA in 08/2019. He was riding his bike with his helmet on, driving on a 2-way road returning back from work when he was hit by a motor vehicle which was coming from other direction. He was hit left side forward pass out passenger rear. He reports having loss of consciousness at the time of the accident. The patient reports no injury to the head and no loss of consciousness. The headaches are associated with nausea and dizziness. During the accident the patient reports injuries to neck, and bilateral shoulder.

**HISTORY OF PRESENT ILLNES:**

The patient complains of neck pain. The neck pain radiates to bilateral shoulder. The patient presents today to establish care. He is status post MVA in 08/2019. He was riding his bike with his helmet on, driving on a 2-way road returning back from work when he was hit by a motor vehicle which was coming from other direction. He was hit left side forward pass out passenger rear. He was taken to the hospital and was given a neck brace. He was admitted in the hospital for a few days. He was also given gabapentin 600 mg for pain relief. A CT of the neck was done in the hospital which was normal and did not reveal any fractures. He also sustained abrasion in the left upper arm, shoulder and facial bone. He also had a chest x-ray which was normal. He denies any motor vehicle accident in the past. He complains of headaches at current. He has a history of low back pain and has undergone back surgery in in the past to include microdiscectomy at L5-S1 30 years ago. The patient is experiencing pain primarily in the neck radiating to bilateral arms, both forearms, thumb and index finger. He also has pain in bilateral shoulders and in the mid-sternum area. He has also been taking ibuprofen without much relief.

The patient complains of left shoulder pain.

The patient complains of right shoulder pain that is /10, with 10 being the worst. The patient presents today to establish care. He is status post MVA in 08/2019. He was riding his bike with his helmet on, driving on a 2-way road returning back from work when he was hit by a motor vehicle which was coming from other direction. He was hit left side forward pass out passenger rear. He was taken to the hospital and was given a neck brace. He was admitted in the hospital for a few days. He was also given gabapentin 600 mg for pain relief. A CT of the neck was done in the hospital which was normal and did not reveal any fractures. He also sustained abrasion in the left upper arm, shoulder and facial bone. He also had a chest x-ray which was normal. He denies any motor vehicle accident in the past. He complains of headaches at current. He has a history of low back pain and has undergone back surgery in in the past to include microdiscectomy at L5-S1 30 years ago. The patient is experiencing pain primarily in the neck radiating to bilateral arms, both forearms, thumb and index finger. He also has pain in bilateral shoulders and in the mid-sternum area. He has also been taking ibuprofen without much relief.

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

**PAST MEDICAL HISTORY:**  Noncontributory.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Noncontributory.

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  Patient works as unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

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

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** It is intact.

**Manual Muscle Strength Testing:** Is 5/5 normal.

**Cervical Spine exam:** Reveals tenderness upon palpation at C2-C7 levels bilaterally. The Spurling's test is positive. The Cervical Distraction test is positive. There are palpable taut bands / trigger points at bilateral levator scapulae, bilateral trapezius and bilateral posterior scalenes with referral to the scapula. Cervical exam: Limited range of motion. Tenderness to palpation over trapezoid and rhomboid.

Mid back pain and tenderness over paravertebral muscles of thoracic spine.

Chest wall tenderness over sternum area.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right Bilateral shoulder: Tenderness to palpation of the biceps tendon with limited range of motion.

**GAIT:** Normal

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Cervicalgia (Neck pain) - M54.2

Sprain of ligaments of cervical spine (whiplash) - S13.4xxA, S13.4xxD

Strain of muscle, fascia, tendons (cervical) - S16.1xxA, S16.1xxD

**Plan:**

Discontinue gabapentin 600 mg.

Prescribed Naproxen 500 mg twice a day (morning and evening) with food.

Prescribed baclofen.

Script for physical therapy for shoulder and neck.

Obtain MRI of bilateral shoulders.

Follow up in 2 weeks in Carteret

Discontinue gabapentin 600 mg.

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Script for physical therapy for shoulder and neck.

Obtain MRI of bilateral shoulders.

Discontinue gabapentin.

Prescribed Naproxen 500 mg twice a day (morning and evening) with food.

Prescribed baclofen.

Script for physical therapy for shoulder and neck.

Obtain MRI reports from Johnson.

Obtain MRI of the shoulders.

Follow up in 2 weeks in Carteret.

**Procedures:** If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

**Medications:**

Prescribed:

Naproxen 500 mg twice a day (morning and evening) with food.

Baclofen p.r.n. pain.

**Care:** Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

**Goals:** To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

**Precautions:** Universal. Patient education provided via physician, printed material and online website references.

**Follow-up:** 2 weeks in Carteret.

It is my opinion that the injuries that Mr. Candio Batres sustained to neck, left shoulder and right shoulder are causally related to the incident that occurred on as described by the patient.



Gurbir Johal, M.D.