**Initial Comprehensive Medical Evaluation**

Date: 06/24/2019

RE: Natasha Berk

DOB: 7/12/1994

1st Evaluation

**CHIEF COMPLAINTS:**

On 06/24/2019, Ms. Natasha Berk, a right-handed 24-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 06/09/2017. The patient was seen at the Edison, NJ Office located at . 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, mid-back, low-back, bilateral shoulder, bilateral knee, bilateral hip, Arms, Legs, hands and feet.

**HISTORY OF PRESENT ILLNES:**

The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Neck pain is associated with numbness and tingling. Neck pain is worsened with sitting, standing and lying down.

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 complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

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

The patient complains of left hip pain.

The patient complains of right hip pain.

The patient denies previous history of the above symptoms and states these complaints resulted from the traumatic event.

**REVIEW OF SYSTEMS:**  The patient admits to chest pain and abdominal pain. The patient denies seizures, shortness of breath, jaw 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:**  Weight loss, thyroid disease.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Gallbladder removal.

**MEDICATIONS:**  Vitamin D, skin hair nails w/Biotin, Probiotic, Moringa.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  The patient denies smoking, drugs and social drinking. 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 C2-8 levels bilaterally with muscle spasm present. ROM is as follows: extension is 10 degrees, normal is 50 degrees; forward flexion is 30 degrees, normal is 60 degrees; right rotation is 10 degrees, normal is 80 degrees; left rotation is 10 degrees, normal is 80 degrees; right lateral flexion is 10 degrees, normal is 50 degrees and left lateral flexion is 10 degrees, normal is 50 degrees.

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

**Lumbar Spine Examination:** Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. ROM is as follows: extension is 10 degrees, normal is 30 degrees; forward flexion is 30 degrees, normal is 90 degrees; right rotation is 10 degrees, normal is 30 degrees; left rotation is 10 degrees, normal is 30 degrees; right lateral flexion is 10 degrees, normal is 30 degrees and left lateral flexion is 10 degrees, normal is 30 degrees.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins test is positive.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins test is positive.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. ROM is as follows: extension is -5 degrees, normal is 0 degrees and forward flexion is 110 degrees, normal is 130 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. ROM is as follows: extension is -5 degrees, normal is 0 degrees and forward flexion is 110 degrees, normal is 130 degrees.

**Left Hip Examination:** ROM is as follows: flexion is 30 degrees, normal is 120 degrees; internal rotation is 10 degrees, normal is 35 degrees and external rotation is 10 degrees, normal is 45 degrees.

**Right Hip Examination:** ROM is as follows: flexion is 30 degrees, normal is 120 degrees; internal rotation is 10 degrees, normal is 35 degrees and external rotation is 10 degrees, normal is 45 degrees.

**GAIT:** Normal

**Diagnostic Studies:**

9/11/2017 - MRI of the cervical spine reveals bulge at C4-5 annular and HNP at C2-3 and C5-6 central subligamentous.

9/11/2017 - MRI of the lumbar spine reveals bulge at L1-2, L3-4 annular , HNP at L2-3, L3-4, L4-5, L5-S1 and Schmorl's nodes involving T12, L1, L2, L3, and S1 vertebral bodies.

11/10/2017 - MRI of the left shoulder reveals Partial tear of the supraspinatus tendon. Tear of the superior labrum. Hypertrophy of the AC joint resulting in level 2 impingement syndrome.

11/10/2017 - MRI of the left knee reveals Complex tear of the posterior horn of the lateral meniscus. Knee effusion. Edema anterior to the patella, lateral to the knee.

10/19/2017 - UE NCV/EMG Bilateral C5 radiculopathy. Bilateral carpal tunnel syndrome affecting sensory components.

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C4-5 annular.

Cervical disc herniation at C2-3 and C5-6 central subligamentous.

Lumbar disc bulge at L1-2, L3-4 annular.

Lumbar disc herniation at L2-3, L3-4, L4-5, L5-S1.

Lumbar Schmorl's nodes involving T12, L1, L2, L3, and S1 vertebral bodies.

Thoracic muscle sprain/strain.

Bilateral shoulder sprain/strain.

Bilateral knee sprain/strain.

Bilateral hip sprain/strain.

**Plan:**

Request cervical trigger point injections x3:

**Schedule cervical epidural steroid injections** The patient has been counseled on the risks and benefits of this procedure with anesthesia and with local anesthetic. In light of the patient’s apprehension in moving forward with the procedure, patient has specifically requested anesthesia. It is my opinion based on medical literature and my experience that the anesthesia will not influence the accuracy or validity of any diagnosis achieved following the injections. It is also my belief that relying exclusively on local anesthesia raises the risks of voluntary or involuntary movement during the injection which raises the risk of neural injury. As such, there is an additional safety component which necessitates the use of anesthesia in connection with the above procedure.

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

Request left knee Intra-articular Orthovisc injection.

**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.

**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:** 4 weeks

It is my opinion that the injuries that Ms. Natasha Berk sustained to neck, mid-back, low back, left shoulder, right shoulder, left knee, right knee, left hip, right hip, Arms, Legs, hands and feet are causally related to the incident that occurred on 06/09/2017 as described by the patient.