**Initial Comprehensive Medical Evaluation**

Date: 12/03/2018

RE: Peggy Bock

DOB: 2/15/1929

1st Evaluation

**CHIEF COMPLAINTS:**

On 12/03/2018, Mr. Peggy Bock, a right-handed 89-year-old male presents with complaints of pain in the low-back . The patient was seen at the Edison, NJ Office located at .

**HISTORY OF PRESENT ILLNES:**

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.

**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:**  Arthritis.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Back surgery.

**MEDICATIONS:**  Metoprolol 25 mg, tramadol 50 mg, Tylenol Arthritis.

**ALLERGIES:**  Demerol, morphine.

**SOCIAL HISTORY:**  The patient denies smoking 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.

**Sensory Examination:**

**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.

**GAIT:** Normal

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

**Plan:**

Schedule Right piriformis syndrome injection.

**Request X-Rays of the lumbar spine:** To rule out herniated nucleus pulposus/soft tissue injury.

**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:**

Percocet 5/325 mg one tablet bid prn pain dispense #60

**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:** 1 week



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