**Initial Comprehensive Medical Evaluation**

Date: 09/07/2018

RE: Miguel Gavilanez

DOB: 1/3/1984

1st Evaluation

**CHIEF COMPLAINTS:**

On 09/07/2018, Mr. Miguel Gavilanez, a right-handed 34-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 02/06/2018. The patient was seen at the Carteret, NJ Office located at . The patient preferred to be evaluated by medical professional in a private office. The patient reports no injury to the head and no loss of consciousness. He is complaining of headaches as a result of the accident. The headaches started after the accident and are persistent. The headaches are occipital. During the accident the patient reports injuries to neck, mid-back, low-back, bilateral shoulder, and bilateral knee.

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

**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:**  Noncontributory.

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

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  The patient denies 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:**

**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.

**GAIT:** Normal

**Diagnostic Studies:**

5/9/2018 - MRI of the cervical spine reveals HNP at C3-4, C4-5, C5-6 and Left sided neural foraminal narrowing at C5-6 and left lateral recess at C4-5 and C5-6.

5/9/2018 - MRI of the left shoulder reveals Mild diffuse rotator cuff tendinosis. Mild degenerative changes at the acromioclavicular joint with a type III acromion. Mild impingement. Trace subacromial/subdeltoid bursitis. Type I SLAP tear.

The above diagnostic studies were reviewed.

**Diagnosis:**

Possible Cervical Radiculopathy vs. Plexopathy vs. Entrapment Syndrome.

Cervical disc herniation at C3-4, C4-5, C5-6.

Cervical Left sided neural foraminal narrowing at C5-6 and left lateral recess at C4-5 and C5-6.

Thoracic muscle sprain/strain.

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

**Plan:**

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

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

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

Physical therapy: Physical therapy evaluation and treatment 2 to 3 times a week for 4 weeks for left shoulder SLAP tear and right knee strain.

**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:**

Naproxen 500 mg one tab bid prn pain dispense #60

Baclofen 10 mg one tablet qhs p.r.n. dispense #30

**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.

It is my opinion that the injuries that Mr. Miguel Gavilanez sustained to neck, mid-back, low back, left shoulder, right shoulder, left knee and right knee are causally related to the incident that occurred on 02/06/2018 as described by the patient.



Gurbir Johal, M.D.