**Medical Re-Evaluation**

Patient Name: Argentina Genao-Urena

Dt. of Exam: 08/16/2019

1st Exam Dt.: 06/28/2019

Dt. of Injury: 03/09/2019

**Procedures performed:**

7/19/19 - LTPI #1

08/16 - fu - Req CTPI - continue with PT.

**Chief Complaint:**

The patient complains of neck pain that is 8/10, with 10 being the worst, which is sharp and shooting in nature. The neck pain radiates to bilateral arms. Neck pain is associated with numbness and tingling to the bilateral arms. Neck pain is worsened with sitting, standing and lying down. The patient presents today for follow up evaluation of neck pain. The neck pain is bothering her and she rates the pain as a 8/10 in intensity. The pain radiates to her arms with left side being worse than the right. She had an EMG done which showed cervical and lumbar radiculopathy. She is attending physical therapy with benefit.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. The lower back pain radiates to bilateral legs. Lower back pain is associated with numbness and tingling to the bilateral legs. Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for follow up evaluation of low back pain. She is still experiencing back pain and she rates the pain as a 8/10 in intensity. The pain radiates to her lower extremities with the left side being worse than the right. She had an EMG done which showed cervical and lumbar radiculopathy. She is attending physical therapy with benefit.

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.

**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:**  Dizzy spells, high blood pressure.

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

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**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.

**Sensory Examination:** .

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

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels on the left bilaterally 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.

**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 Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle.

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

**Left Hip Examination:** 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.

**Right Hip Examination:** 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:**

6/11/2019 - MRI of the Cervical spine reveals HNP at C4-5, C5-6 and Annular tear at C4-5 and C5-6

6/11/2019 - MRI of the Lumbar spine reveals bulge at L1-2, L3-4, L4-5 and HNP at L2-3, L5-S1

The above diagnostic studies were reviewed.

**Diagnosis:**

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

Cervical Annular tear at C4-5 and C5-6.

Lumbar disc bulge at L1-2, L3-4, L4-5.

Lumbar disc herniation at L2-3, L5-S1.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

**Plan:**

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

Script for physical therapy.

Continue with physical therapy.

Request cervical trigger point injection.

Follow up in 5 weeks.

Request cervical trigger point injections x3:

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

Script for physical therapy.

Continue with physical therapy.

Request cervical trigger point injection.

Follow up in 5 weeks.

I would like to obtain of the shoulder. I have advised the patient that, this study should be performed immediately because if any ligamentous tears are present then we need to address the injury immediately with an orthopedic surgery consult.

I would like to obtain of the knee. I have advised the patient that, this study should be performed immediately because if any ligamentous tears are present then we need to address the injury immediately with an orthopedic surgery consult.

I would like to obtain of the hip. I have advised the patient that, this study should be performed immediately because if any ligamentous tears are present then we need to address the injury immediately with an orthopedic surgery consult.

Script for physical therapy.

Continue with physical therapy.

Request cervical trigger point injection.

Follow up in 5 weeks.

**Follow-up:** 5 weeks



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