**Medical Re-Evaluation**

Patient Name: Lincoln Gratton

Dt. of Exam: 08/29/2019

1st Exam Dt.: 03/28/2019

Dt. of Injury: 09/20/2018

**Procedures performed:**

4/11/19 - CTPI #1

04/30/2019 - EMG UE

6/8/19 - CESI#1(C7-T1)

7/20/19 - CESI#2(C7-T1)

**Chief Complaint:**

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 presents today for followup evaluation of neck pain. He reports improvement in his neck pain. He is taking Flexeril with relief. He is status post CESI x3 and has had 60% relief from that. He requests cervical trigger point injection today.

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.

**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.

**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 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.

**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's 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's test is positive.

**GAIT:** Normal.

**Diagnostic Studies:**

2/5/2019 - MRI of the Cervical spine reveals bulge at C6-7 concentric and HNP at C5-6 broad-based central

2/5/2019 - MRI of the Lumbar spine is normal.

4/30/2019 - UE NCV/EMG is normal.

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C6-7 concentric.

Cervical disc herniation at C5-6 broad-based central.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

**Plan:**

No med refills today.

Request CTPI x1.

Follow up in 4 weeks for reevaluation and relief is sustained.

Request cervical trigger point injections x3:

No med refills today.

Request CTPI x1.

Follow up in 4 weeks for reevaluation and to see if relief is sustained.

**Medications:**

Flexeril 10 mg one tab qhs prn muscle spasm dispense #30

**Follow-up:** 4 weeks.



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