**Initial Comprehensive Medical Evaluation**

Date: 07/23/2018

RE: Ronald Iovino

DOB: 4/26/1952

1st Evaluation

**CHIEF COMPLAINTS:**

On 07/23/2018, Mr. Ronald Iovino, a right-handed 66-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident . The patient was seen at the Edison, 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. During the accident the patient reports injuries to neck, low-back, right knee and legs.

**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. The neck pain radiates to bilateral shoulder and bilateral arms. Neck pain is associated with numbness and tingling to the bilateral hands. Neck pain is worsened with sitting, standing, lying down and movement activities.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp, dull and achy in nature. The lower back pain radiates to bilateral side, bilateral hips and 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 complains of right knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy 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. Swollen knee, lower back 5/17/18

**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:**  Visual disturbances, arthritis, hearing loss, stomach ulcers, arm or leg weakness, sexual difficulties.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Left ear drum removed.

**MEDICATIONS:**  Aleve and Advil tid, acetaminophen 500 mg 1 tab q6h, oxycodone 10 mg prn severe pain, oxycodone 5 mg prn moderate pain, docusate sodium 100 mg capsule bid, senna 8.6 mg one at bedtime, melatonin 3 mg at bedtime, ibuprofen 600 mg every 6 hours, as needed for pain.

**ALLERGIES:**  Penicillin.

**SOCIAL HISTORY:**  The patient denies smoking, drinking and drugs. 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 with the exception of right triceps 1/2, left triceps 1/2.

**Sensory Examination:** Is checked by pinprick. It is intact. Hoffman's exam is negative.

**Manual Muscle Strength Testing:** Is 5/5 normal with the exception of right shoulder abduction 5-/5, left shoulder abduction 5-/5, right shoulder flexion 5-/5, left shoulder flexion 5-/5, right hip flexion 5-/5 and left hip flexion 5-/5.

**Cervical Spine exam:** Reveals tenderness upon palpation at C2-8 levels. The Spurling's test is positive. The Cervical Distraction test is positive. There are palpable taut bands / trigger points at bilateral levator scapulae, bilateral trapezius and bilateral posterior scalenes with referral to the scapula. 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.

**Lumbar Spine Examination:** Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. Trigger points with palpable taut bands were noted at bilateral para spinal level L3-S1 with referral patterns laterally to the region in a fan-like pattern. 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. Straight leg-raise exam is positive bilaterally and Braggard's test is positive bilaterally.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. McMurray's test is positive and valgus stress test is positive. 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:** None reviewed.

**Diagnosis:**

Cervical Muscle sprain/strain.

Possible Cervical disc herniation.

Possible Cervical Radiculopathy vs. Plexopathy vs. Entrapment Syndrome.

Cervicalgia (Neck pain): M54.2

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

Request Right femur CT scan, and Right lower extremity(tibia):

**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

Percocet 10/325 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:** 2 weeks.

It is my opinion that the injuries that Mr. Ronald Iovino sustained to neck, low back, right knee and legs are causally related to the incident that occurred on as described by the patient.



Gurbir Johal, M.D.