**Medical Re-Evaluation**

Patient Name: Arthur Jenkins(Case2)

Dt. of Exam: 08/05/2019

1st Exam Dt.: 02/27/2019

**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 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:**  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. The Spurling's test is positive. 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.

**GAIT:** Normal.

**Diagnostic Studies:**

11/15/2017 - MRI of the Cervical spine reveals Annular bulging with thecal sac compression at the C2-3 level. Central subligamentous disc herniation with thecal sac compression at the C3-4, C4-5, C5-6, and C6-7 levels.

11/15/2017 - MRI of the Lumbar spine reveals Annular bulging with thecal sac compression at the L2-3 level. Central subligamentous disc herniation with thecal sac compression at the L5-S1 level. Central subligamentous disc herniation superimposed on annular bulging with thecal sac compression and bilateral foraminal stenosis at the L4-5 level.

11/15/2017 - MRI of the left shoulder reveals Limited study due to patient’s motion. Tendinosis of the supraspinatus tendon. Hypertrophy of the acromioclavicular joint is noted without impingement..

11/7/2017 - MRI of the left knee reveals Large medial meniscal tears. Significant medial meniscal extrusion. Grade 1 ACL and PCL sprains. Mildly positive anterior drawer sign on MRI. Correlate clinically. Mild diffuse soft tissue edema about the left knee particularly anteriorly. Moderate sized left knee joint effusion. Evidence for Baker's cyst leakage. Mild stress reactions.

11/7/2017 - MRI of the right knee reveals Moderate diffuse soft tissue edema particularly anteriorly. Large right knee joint effusion. Large complex medial meniscal tear. Significant medial meniscal extrusion. Moderate to severe arthritic changes and most severe at the medial compartment. Mild stress reactions at the medial compartment. A 1.4 cm loose body versus focal synovitis within the patellofemoral joint..

7/1/2019 - UTox Negative..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical Annular bulging with thecal sac compression at the C2-3 level. Central subligamentous disc herniation with thecal sac compression at the C3-4, C4-5, C5-6, and C6-7 levels..

Lumbar Annular bulging with thecal sac compression at the L2-3 level. Central subligamentous disc herniation with thecal sac compression at the L5-S1 level. Central subligamentous disc herniation superimposed on annular bulging with thecal sac compression and bilateral foraminal stenosis at the L4-5 level..

**Plan:**

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

**Medications:**

Oxycodone 30 mg one tablet tid prn dispense #80

**Follow-up:** 3 weeks for medication refills.



Gurbir Johal, M.D.