**Initial Comprehensive Medical Evaluation**

Date: 02/27/2019

RE: Arthur Jenkins(Case2)

DOB: 11/8/1961

1st Evaluation

**CHIEF COMPLAINTS:**

On 02/27/2019, Mr. Arthur Jenkins(Case2), a right-handed 57-year-old male presents with complaints of pain in the neck and back neck and low-back . The patient was seen at the South Orange, NJ located at .

**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 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 worsening radiating low back pain, affecting quality of life and decreasing the activities of daily living. The pain is worse with worse with coughing and laughing.

**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:**  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.

**Lumbar Spine Examination:** Reveals tenderness upon palpation at L1-S1 levels 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.

The patient pain is exacerbated by axial loading and improves with recumbence.

**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.

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.

Low Back Pain M 54.5, Degenerative disc disease , M51.37, Lumbar Disc Herniation M51.26 M48.06 Lumbar M48.07 Lumbosacral M99.23 Subluxation stenosis M99.33 Osseous stenosis M99.43 Connective tissue stenosis M99.S3 Intervertebral disc stenosis M99.63 Foraminal: Osseous and subluxation stenosis.

Cervical disc herniation (M50.20)

Cervical radiculopathy (M54.12)

Cervicalgia (Neck pain) (M54.2)

Sprain of joints and ligaments, initial encounter (S13.8XXA)

Strain of muscle, fascia and tendon, initial encounter (S16.1XXA)

**Plan:**

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

Request Bilateral lumbar trigger point injections x3:

**Request lumbar discogram at L3-S1:** Given today's finding and the fact that the patient has had conservative therapy with not enough functional gain and persistent pain for several months, and given the diagnostic results, as well as the fact that the patient continues to have radiating low back pain, of a seemingly discogenic nature, I would like to request a lumbar discogram. This should help assess the source of the patient’s low back pain, and help determine the levels involved as well as the quality and characteristics of the damaged discs in more detail. If the patient’s pain is reproduced in concordance when performing a discogram, the patient will then decide to potentially have spine surgery. The discogram then would have served in helping choose the type of spine surgery and approach.

Provide lumbar brace

**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:**

Oxycodone 30 mg one tablet tid prn dispense #90

Z-pack take as directed dispense #1 pack.

**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:** 2-4 weeks



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