**Medical Re-Evaluation**

Patient Name: Wilson Jordonne

Dt. of Exam: 09/10/2019

1st Exam Dt.: 08/13/2019

Dt. of Injury:

**Chief Complaint:**

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 hands. Neck pain is associated with numbness and tingling to the bilateral hands. Neck pain is worsened with sitting, standing and lying down. The patient presents today for followup evaluation of low back and neck pain. He is having neck pain radiating down the upper extremities with left being greater than right. He is also experiencing low back pain which is radiating down the lower extremities with left being greater than right. He is undergoing chiropractic care with benefit. He underwent an MRI of the neck, cervical, and lumbar spine and we are waiting for the official report in a day or two.

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 followup evaluation. He is having neck pain radiating down the upper extremities with left being greater than right. He also is experiencing low back pain which is radiating down the lower extremities with left being greater than right. He had had an MRI of the neck, cervical, and lumbar spine done. We are waiting for the official report in a day or two. He is undergoing chiropractic care with benefit.

**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.

**GAIT:** Normal.

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Cervical Muscle Sprain/Strain.

Possible Cervical Disc Herniation.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

**Plan:**

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

Performed CTPI x 1 today.

Continue with chiropractic care.

Request lumbar trigger point injection.

Follow up in 4 weeks at which time other modalities that can be offered.

Procedure - Bilateral cervical trigger point injection under ultrasound guidance:

Performed CTPI x 1 today.

Continue with chiropractic care.

Request lumbar trigger point injection.

Follow up in 4 weeks at which time other modalities that can be offered.

Request Bilateral lumbar trigger point injections x3:

Performed CTPI x 1 today.

Continue with chiropractic care.

Request lumbar trigger point injection.

Follow up in 4 weeks at which time other modalities that can be offered.

**Follow-up:** 4 weeks



Gurbir Johal, M.D.