**Initial Comprehensive Medical Evaluation**

Date: 07/22/2019

RE: Jason Martino

DOB: 7/10/1975

1st Evaluation

**CHIEF COMPLAINTS:**

On 07/22/2019, Mr. Jason Martino, a right-handed 44-year-old male presents with complaints of osteochondroma, right hip, pelvic area. multilevel disc herniation to spine with stenosis and other bulging discs, sciatic right leg with trigger point injections. pylonidal cyst recurring issues after surgery performed causing sporiatic sinus tracts. lymph node disorder prominent to right side of face, surgery performed. car accident in 2009 with multiple fractures. neck, mid-back, low-back, right shoulder, bilateral knee, and bilateral hip . The patient was seen at the Edison, NJ Office 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 mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending.

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 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.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left knee pain is worsened with walking, climbing stairs and squatting.

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right knee pain is worsened with walking, climbing stairs and squatting.

The patient complains of left hip pain.

The patient complains of right hip pain.

**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:**  ASthma, blood in stools, extremity weakness, skin lesions, visual disturbances, sinus infections, palpitations, sexual difficulties of late.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Deviated septum surgery.

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  The patient denies smoking 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.

**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.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present.

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

**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 test is positive.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. ROM is as follows: extension is -5 degrees, normal is 0 degrees and forward flexion is 110 degrees, normal is 130 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. ROM is as follows: extension is -5 degrees, normal is 0 degrees and forward flexion is 110 degrees, normal is 130 degrees.

**Left Hip Examination:** ROM is as follows: flexion is 30 degrees, normal is 120 degrees; internal rotation is 10 degrees, normal is 35 degrees and external rotation is 10 degrees, normal is 45 degrees.

**Right Hip Examination:** ROM is as follows: flexion is 30 degrees, normal is 120 degrees; internal rotation is 10 degrees, normal is 35 degrees and external rotation is 10 degrees, normal is 45 degrees.

**GAIT:**

**Diagnostic Studies:**

5/15/2013 - MRI of the lumbar spine reveals bulge at L2-3, L3-4, L4-5 , HNP at T11-12, T12-L1, L1-2, L5-S1 and Spinal stenosis at L1-2 and L3-4. Facet arthropathy at L4-5. .

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical Muscle sprain/strain.

Possible Cervical disc herniation.

Possible Cervical Radiculopathy vs. Plexopathy vs. Entrapment Syndrome.

Lumbar disc bulge at L2-3, L3-4, L4-5.

Lumbar disc herniation at T11-12, T12-L1, L1-2, L5-S1.

Lumbar Spinal stenosis at L1-2 and L3-4. Facet arthropathy at L4-5.

Thoracic muscle sprain/strain.

Lumbar muscle sprain/strain.

Possible lumbar disc herniation.

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

Right shoulder sprain/strain.

Bilateral knee sprain/strain.

Bilateral hip sprain/strain.

**Plan:**

**UTox:** Urine sample was taken and sent to lab for analysis.

**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 tablets, one tablet q4h. p.r.n. pain, dispense #90

Gabapentin 600 mg one tab tid dispense #90

Xanax 1 mg one tab tid prn dispense #45

**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.

**Follow-up:** 2 weeks.