**Medical Re-Evaluation**

Patient Name: Alex Marzorati

Dt. of Exam: 08/13/2019

1st Exam Dt.: 02/26/2019

**Chief Complaint:**

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 presents today for followup evaluation of low back pain, medication review, and med refill. He is status post lumbar surgery x 2. He reports improvement in his low back pain. He states he could not attend his last 2 physical therapy sessions due to right knee pain.

The patient complains of right knee pain that is 9/10, with 10 being the worst, which is sharp, shooting and throbbing in nature. The patient has been having excruciating right knee pain which has been ongoing for the past 11 days. He states 11 days ago he woke up with severe right knee pain and was unable to walk. He feels pain deep inside his right knee. It also pops and locks. He underwent x-rays of the right knee in the ER which revealed no fractures. He was told by the ER doctor that he had some ligament damage. He was given knee brace and crutches for support. He has had difficulty with movement because of right knee pain and would like to get this rectified before his fishing season starts.

The patient complains of left 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:**  Extremity weakness.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  First laminectomy, foraminectomy, discectomy L3, L4, L5, S1 left side. Second laminectomy, foraminectomy, and revision of left side L3, L4, L5, S1 right side.

**MEDICATIONS:**  Cyclobenzaprine 10 mg as needed, oxycodone 10 mg as needed..

**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.

**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.

**Right Knee Examination:** Reveals tenderness upon palpation of the right

**Left Hip Examination:** ROM is as follows: flexion was 30 and is 30 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

10/13/2015 - CT Scan of the Cervical spine reveals C5-6 left paracentral osteophytic ridging, with left far lateral disc protrusion also noted, resulting in mild spinal canal and moderate left neural foraminal narrowing. Also moderate left C3-4 neural foraminal narrowing noted. MRI correlation may be obtained if patient is symptomatic.

5/4/2018 - MRI of the Lumbar spine reveals Degenerative disc disease and bulging discs from L2-L3 through L5-S1 without significant change. Left hemilaminectomy defects at L3-L4 and L4-L5 without abnormal enhancement. Recurrent/residual right sided posterior lateral disc at L3-L4 with deformity thecal sac without change from previous study. Mild left para midline disc protrusion L4-L5 without significant change. Subtle right para midline disc protrusion L5-S1 without significant change.

8/15/2016 - LE NCV/EMG reveals evidence of left L5-S1 nerve root dysfunction with involvement of motor nerve fibers..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical C5-6 left paracentral osteophytic ridging, with left far lateral disc protrusion also noted, resulting in mild spinal canal and moderate left neural foraminal narrowing. Also moderate left C3-4 neural foraminal narrowing noted. MRI correlation may be obtained if patient is symptomatic..

Lumbar Degenerative disc disease and bulging discs from L2-L3 through L5-S1 without significant change. Left hemilaminectomy defects at L3-L4 and L4-L5 without abnormal enhancement. Recurrent/residual right sided posterior lateral disc at L3-L4 with deformity thecal sac without change from previous study. Mild left para midline disc protrusion L4-L5 without significant change. Subtle right para midline disc protrusion L5-S1 without significant change..

Left hip sprain/strain.

**Plan:**

Given script for right knee MRI.

Med refills today to include oxycodone and Xanax.

Given script for right knee MRI.

Refilled medications to include oxycodone and Xanax.

**Request MRI of the right knee:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.

Request right knee MRI, meds refilled.

**Medications:**

Medications refilled to include:

Oxycodone 10 mg one tablet b.i.d. p.r.n. dispense #50

Xanax 1 tab daily dispense #25.

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.