**Medical Re-Evaluation**

Patient Name: George Obrien

Dt. of Exam: 08/09/2019

1st Exam Dt.: 12/29/2017

**Procedures performed:**

9/7/18 - Utox

9/28/18 - Utox

**Chief Complaint:**

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp, dull and achy in nature. The lower back pain radiates to bilateral side, bilateral hips and 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 follow up. He has persistent lumbar pain and has undergone lumbar surgery in the past. He is on stable dose of medications. He is currently on Baclofen and oxycodone and states the medications have been working well for him. He has had a recent cardiac event and had a cardiac stent placed and is on blood thinners. He has bilateral kidney failure and did undergo scheduled dialysis today.

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

**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:**  Diabetes, hypertension..

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Arthroscopic knee surgery in 1999, two back surgeries in 2001 and 2009.

**MEDICATIONS:**  Plavix 75 mg one a day, ferrous sulfate 325 mg 2 a day, Lyrica 100 mg one a day, Crestor 20 mg one a day, Toprol 50 mg one a day, aspirin 81 mg one a day, Linzess, Cialis 5 mg.

**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 with the exception of right triceps 1/2 and left triceps 1/2.

**Sensory Examination:** Is checked by pinprick. It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal with the exception of right shoulder abduction 5-/5, left shoulder abduction 5-/5, right shoulder flexion 5-/5, left shoulder flexion 5-/5, right hip flexion 5-/5 and left hip flexion 5-/5.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. Trigger points with palpable taut bands were noted at bilateral para spinal level L3-S1 with referral patterns laterally to the region in a fan-like pattern. 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. Leg raised exam is positive bilaterally and Braggard's test is positive bilaterally.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

2/2/2018 - X-rays of the Lumbar spine reveals status post posterior fusion L4-5. Anatomic position.

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar status post posterior fusion L4-5. Anatomic position..

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Status post lumbar fusion

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

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

Refilled his medications today to include Baclofen and oxycodone.

Continue with medications.

Follow up in 4 weeks.

Refilled his medications to include oxycodone and Baclofen.

Followup in 4 weeks.

**Medications:**

Refilled his medications to include:

Baclofen 10 mg one tablet q.h.s. p.r.n. dispense #30.

Oxycodone 10 mg tablets, one tablet t.i.d. p.r.n. pain, dispense #90.

**Follow-up:** 4 weeks.



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