**Medical Re-Evaluation**

Patient Name: Robert Parsells

Dt. of Exam: 08/06/2019

1st Exam Dt.: 07/09/2019

**Procedures performed:**

7/9/19- CTP/RSIA #1

**Chief Complaint:**

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 left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

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 presents today complaining of bilateral shoulder pain. We did a left-sided right shoulder intra-articular steroid injection from which he had 50% relief. Today, he primarily complains of worsening left shoulder pain and requests steroid injection to his left shoulder. Both the shoulders were damaged based on MRI findings. He was supposed to see a orthopedic physician in September which we had referred. He wants refill of medications. Regarding his bilateral shoulders, he has a few personal events which would not allow him for surgical intervention.

**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, hypertension.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Stents both legs, left torn rotator cuff, surgery neck.

**MEDICATIONS:**  Blood pressure medication, Xanax.

**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.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

**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's test is positive.

**GAIT:** Normal.

**Diagnostic Studies:**

6/5/2019 - MRI of the Cervical spine reveals Diffuse degenerative changes of the cervical spine with spinal canal stenosis from C3-4 through C6-7. Multilevel bilateral moderate to severe foraminal stenosis

6/5/2019 - MRI of the left shoulder reveals Degenerative signal within the biceps labral anchor without frank tear. Medial subluxation of the biceps tendon proximally as described. Full-thickness tear of the supraspinatus tendon with retraction, slightly worsened from the prior examination. A partial-thickness undersurface tear as well as an interstitial tear of the distal aspect of the infraspinatus is also seen. Prominent hypertrophic changes of the AC joint which are causing mass effect on the underlying muscular tendinous junction. Impingement at this level should be ruled out on clinical grounds..

6/5/2019 - MRI of the right shoulder reveals Prominent hypertrophic changes of the AC joint with mass effect on the underying muscle tendinous junction of the supraspinatus. Impingement should be ruled out clinical grounds. Degenerative signal along the posterior aspect of the labrum without frank tear at this level. A tiny para labral cyst is identified along the superior margin of the labrum but no visible tear is detected. However, an MRI arthrogram may be obtained for further more sensitive and specific evaluation. Full-thickness tear of the supraspinatus with tendon retraction. Tendinosis of the subscapularis tendon..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical Diffuse degenerative changes of the cervical spine with spinal canal stenosis from C3-4 through C6-7. Multilevel bilateral moderate to severe foraminal stenosis.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

**Plan:**

1. Refiled his medications.

2. Surgical intervention today left shoulder intra-articular injection.

3. Follow up in 4 weeks for medication review and follow up on left shoulder IA injection.

**Request left shoulder intra-articular injection under ultrasound guidance:** I am requesting an intra-articular steroid injection under ultrasound guidance of the left shoulder today. The patient has been receiving therapy since the accident and had an MRI of the left shoulder as noted above. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.

Evaluation of bilateral shoulders, Dr. Bellapianta. Left shoulder IA injection today.

**Medications:**

Baclofen 10 mg one tablet qhs p.r.n. muscle spasm dispense #30

Percocet 7.5/325 mg one tablet bid prn pain dispense #60

Voltaren 1% gel apply to affected areas bid prn dispense100 g tube

**Follow-up:** 4 weeks



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