**Medical Re-Evaluation**

Patient Name: Mary Prochoren

Dt. of Exam: 09/09/2019

1st Exam Dt.: 01/29/2018

**Procedures performed:**

9/17/18 - LKIAeuf #1

9/24/18 - LKIAeuf #2

10/1/18 - LKIAeuf #3

10/22/18 - LSIA #1

1/14/19 - 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 followup evaluation of low back pain, left shoulder strain, and medication refills. She has lumbar facet syndrome, bilateral knee arthritis, chronic pain syndrome, and left shoulder strain. She complains of worsening left shoulder pain which radiates towards her left arm. She is on a stable dose of oxycodone 5 mg one tablet b.i.d. She also had left shoulder MRI done which we reviewed with her. She is taking care of her grandson who is autistic.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is shooting and achy in nature. Left shoulder pain is worsened with raising the arm and lifting objects. The patient presents today for follow-up evaluation and med refills and review of her symptoms. She has lumbar facet syndrome, bilateral knee arthritis, chronic pain syndrome, and left shoulder strain. She complains of worsening left shoulder pain which radiates to her left arm. She is on a stable dose of oxycodone 5 mg one tablet b.i.d. She also had left shoulder MRI done which we reviewed with her. She is taking care of her grandson who is autistic.

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:**  Asthma.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Noncontributory.

**MEDICATIONS:**  Losartan potassium 100 mg daily, amlodipine besylate 5 mg daily.

**ALLERGIES:**  Penicillin.

**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 Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint and glenohumeral region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive. ROM is as follows: abduction was 165 and is 165 degrees; flexion was 145 and is 145 degrees; external rotation was 40 and is 40 degrees and internal rotation was 35 and is 35 degrees.

**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:** None reviewed.

**Diagnosis:**

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Left shoulder sprain/strain.

Left shoulder internal derangement.

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

Med refills provided today today.

Referral for EMG study.

Follow up in 4 weeks

Request left shoulder intra-articular injection under ultrasound guidance.

Request MRI of left shoulder.

Med refills provided today.

Follow up in 4 weeks

**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.

Med refills today.

Request left shoulder intra-articular injection under ultrasound guidance.

Request MRI of left shoulder.

Med refills today.

Physical therapy evaluation and treatment 2 to 3 times a week for 6 weeks for bilateral knee and left shoulder strain/osteoarthritis.

Follow up in 4 weeks

**Medications:**

Oxycodone 5 mg one tab bid prn dispense #60 for chronic pain syndrome.

Tizanidine 2 mg one tab qhs prn, dispense # 20.

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.