**Initial Comprehensive Medical Evaluation**

Date: 01/29/2018

RE: Mary Prochoren

DOB: 10/27/1947

1st Evaluation

**CHIEF COMPLAINTS:**

On 01/29/2018, Ms. Mary Prochoren, a right-handed 70-year-old female presents with complaints of pain in the knees low-back, left shoulder, and bilateral knee . The patient was seen at the Edison, NJ Office located at .

**HISTORY OF PRESENT ILLNES:**

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 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 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.

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

**Deep Tendon Reflexes:** Are 2+ and equal with the exception of right triceps 1/2, left triceps 1/2.

**Sensory Examination:** Is checked by pinprick. It is intact. Hoffman's exam is negative.

**Manual Muscle Strength 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:** Reveals tenderness upon palpation at L1-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 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. Straight leg-raise 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 test is positive. ROM is as follows: abduction is 165 degrees, normal is 180 degrees; flexion is 145 degrees, normal is 180 degrees; external rotation is 40 degrees, normal is 90 degrees and internal rotation is 35 degrees, normal is 90 degrees.

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

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

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

**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:**

Gabapentin 300 mg one tab tid dispense #90

**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. Patient education provided via physician, printed material and online website references.

**Follow-up:** 2 weeks



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