**Medical Re-Evaluation**

Patient Name: Samary Rivera

Dt. of Exam: 08/16/2019

1st Exam Dt.: 09/01/2017

**Procedures performed:**

10/14/17- LTFE (L4-5, L5-S1)

**Chief Complaint:**

The patient complains of neck pain that is 9/10, with 10 being the worst, which is sharp and shooting in nature. The neck pain radiates to bilateral arms. Neck pain is associated with numbness to the bilateral hands. Neck pain is worsened with sitting, standing, lying down and movement activities.

The patient complains of mid back pain.

The patient complains of lower back pain that is 7/10, with 10 being the worst, which is sharp, dull and achy in nature. The lower back pain radiates to bilateral side, bilateral hips and left leg. Lower back pain is associated with numbness to the left leg. Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for followup evaluation. She states she tripped while walking her dog 3 weeks ago and landed on her tailbone. Since then, she has been experiencing low back pain radiating to the left leg, and bilateral knee pain. She has been experiencing intermittent pain that comes and goes. She also injured her right hand third digit and is having pain. She is having having numbness and tingling in the left lower leg. She complains of intermittent headaches for which she is taking Excedrin with benefit.

She is going on a vacation next week.

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 right shoulder pain that is 6/10, with 10 being the worst, which is sharp, shooting and achy in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of left hip pain. Hip pain is worsened with movement and activities.

The patient complains of right hip pain. Hip pain is worsened with movement and activities.

**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:**  Noncontributory.

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

**MEDICATIONS:**  Ibuprofen 800 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.

**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.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels on the left bilaterally with muscle spasm present. The Spurling's test is positive. The Cervical Distraction test is positive. There are palpable taut bands / trigger points at bilateral levator scapulae, bilateral trapezius and bilateral posterior scalenes. ROM is as follows: extension was 20 and is 20 degrees; forward flexion was 40 and is 40 degrees; right rotation was 45 and is 45 degrees; left rotation was 55 and is 55 degrees; right lateral flexion was 20 and is 20 degrees and left lateral flexion was 20 and is 20 degrees.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present. Trigger points with palpable taut bands were noted at bilateral rhomboids, bilateral trapezius and bilateral serratus posterior superior. ROM is mildly decreased.

**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 45 and is 45 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.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right 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 150 and is 150 degrees; external rotation was 35 and is 35 degrees and internal rotation was 40 and is 40 degrees.

**Left Hip Examination:** There is tenderness upon palpation of the left hip with greater trochanter. Ober's test is positive and FABER's test is positive. ROM is as follows: flexion was 45 and is 45 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**Right Hip Examination:** There is tenderness upon palpation of the right hip with greater trochanter. Ober's test is positive and FABER's test is positive. ROM is as follows: flexion was 45 and is 45 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

9/14/2017 - MRI of the Cervical spine reveals bulge at C6-7 , HNP at C4-5, C5-6, and C7-T1 and spondylosis at C4-5 and C5-6

9/20/2017 - MRI of the Lumbar spine reveals bulge at L5-S1 , HNP at L4-5, L5-S1 and disc desiccation with volume loss at L5-S1 and facet osteoarthritic changes. Bilateral facet hypertrophy, right neural foraminal narrowing at L5-S1

12/21/2018 - MRI of the right elbow: Radiocapitellar joint small effusion with posterior capitellar subcortical/cortical bone cystic degenerative change, suggestive of posterolateral elbow impingement pathology. Advise clinical correlation. Mild lateral epicondylitis. Lateral collateral ligament including the radial collateral ligament and ulnar lateral collateral ligament demonstrate sprain without tear. Medial collateral ligament is grossly intact. Biceps muscle tendon and trice muscle tendon are 1.Dlremarkable. No olecranon bursa effusion is present..

9/20/2017 - X-rays of the lumbar spine: L4-5 disc space widening and narrowing on extension and flexion views. Disc and facet degenerative changes..

9/20/2017 - X-rays of the cervical spine: Disc degenerative changes and findings on extension and flexion views. Disc space narrowing at C4-5..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C6-7.

Cervical disc herniation at C4-5, C5-6, and C7-T1.

Cervical spondylosis at C4-5 and C5-6.

Lumbar disc bulge at L5-S1.

Lumbar disc herniation at L4-5, L5-S1.

Lumbar disc desiccation with volume loss at L5-S1 and facet osteoarthritic changes. Bilateral facet hypertrophy, right neural foraminal narrowing at L5-S1.

Cervicalgia (Neck pain): M54.2

Back pain (thoracic): M54.6

Sprain of ligaments (thoracic spine): S23.3xxA, S23.3xxD

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

Bilateral hip sprain/strain.

Bilateral hip internal derangement.

**Plan:**

Script for Voltaren gel.

Med refills to include Hydrocodone / APAP 10/325 mg one tablet b.i.d. p.r.n. for pain, dispense #45 tablets and

Lyrica 50 mg one tab bid #60.

Recommend to check vitamin D level to assess the level of osteoporosis.

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Lyrica 50 mg one tab bid #60.

Recommend to check vitamin D level to assess osteoporosis.

**Medications:**

Refills provided for:

Hydrocodone / APAP 10/325 mg one tablet b.i.d. p.r.n. for pain, dispense #45 tablets.

Lyrica 50 mg one tab bid #60.

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.