**Medical Re-Evaluation**

Patient Name: Gwendolyn Robinson

Dt. of Exam: 09/10/2019

1st Exam Dt.: 04/24/2018

Others^ Medications were reviewed.

**Procedures performed:**

9/11/18 - Utox.

12/4/18 - UTox

**Chief Complaint:**

The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. The neck pain radiates to bilateral shoulder and bilateral arms. Neck pain is associated with numbness and tingling to the bilateral hands. Neck pain is worsened with sitting, standing, lying down and movement activities.

The patient complains of mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending.

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. She has low back pain, lumbar radiculopathy, lumbar facet syndrome, and right wrist strain. She is on a stable dose of medication. She denies any constipation or dizziness at current.

The patient complains of left wrist pain. The patient complains of pain specifically at the ulnar and radial side of wrist.

The patient complains of right wrist pain. The patient complains of pain specifically at the ulnar and radial side of wrist. The patient complains of right wrist strain. She is on a stable dose of medication. She denies any constipation or dizziness.

**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:**  Hypertension, heart attack.

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

**MEDICATIONS:**  Levocetrizine 5 mg once a day, Alprazolam 0.25 mg two a day, Oxycodone 15 mg twice a day Bystolic 2.5 mg one a day Spironolactone 25 mg once a day, aspirin 81 mg once a day, valsartan HCTZ 160/12.5 mg, clopidogrel 75 mg once a day, rosuvastatin 20 mg once a day, potassium chloride 10 mEq once a day, vitamin D3 10,000 IU twice a day, moxifloxacin 400 mg once a day,.

**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. Hoffman's exam is negative.

**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. 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 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.

**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 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 Wrist Examination:** Range of motion is mildly decreased. There is tenderness upon palpation of the ulnar and radialside of the wrist. Phalen's test is positive and Finkelstein's test is positive.

**Right Wrist Examination:** Range of motion is mildly decreased. There is tenderness upon palpation of the ulnar and radialside of the wrist. Phalen's test is positive and Finkelstein's test is positive.

**GAIT:** Normal.

**Diagnostic Studies:**

5/30/2018 - MRI of the Lumbar spine reveals bulge at T12-L1 through L4-5, annular and Multilevel degenerative changes are seen with spinal and foraminal stenoses

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar disc bulge at T12-L1 through L4-5, annular.

Lumbar Multilevel degenerative changes are seen with spinal and foraminal stenoses.

Cervical Muscle Sprain/Strain.

Possible Cervical Disc Herniation.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Cervicalgia (Neck pain): M54.2

Thoracic Muscle Sprain/Strain.

Back pain (thoracic): M54.6

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 wrist sprain/strain.

Bilateral wrist contusion.

**Plan:**

Meds refilled to include:

Oxycodone 15 mg tablets, one tablet t.i.d. p.r.n. pain, dispense #80 chronic pain syndrome.

Follow up in 4 weeks.

Meds refilled to include:

Oxycodone 15 mg tablets, one tablet tid p.r.n. pain, dispense #80 chronic pain syndrome.

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Oxycodone 15 mg tablets, one tablet tid p.r.n. pain, dispense #80 chronic pain syndrome.

Follow up in 4 weeks.

**Medications:**

Oxycodone 15 mg tablets, one tablet tid p.r.n. pain, dispense #80 chronic pain syndrome

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.