**Initial Comprehensive Medical Evaluation**

Date: 07/17/2019

RE: Test Test

DOB: 12/3/1950

1st Evaluation

**Work Status:** working.

**CHIEF COMPLAINTS:**

On 07/17/2019, Mr. Test Test, a right-handed 68-year-old male presents with complaints of pain in the neck and right shoulder . The patient was seen at the Brick, NJ Office located at 1451 NJ-88. Patient's car was at a traffic light when his car was rear-ended.

**HISTORY OF PRESENT ILLNES:**

The patient complains of neck pain.

The patient complains of right shoulder pain that is /10, with 10 being the worst.

**REVIEW OF SYSTEMS:**  The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:**  Noncontributory.

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

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  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 left triceps /2.

**Sensory Examination:** Is checked by light touch. It is intact with the following exceptions: hypoesthesia at right lateral arm (C5); hypoesthesia at left lateral arm (C5) and hypoesthesia at left lateral forearm, thumb, index (C6).

**Manual Muscle Strength Testing:** Is 5/5 normal with the exception of left shoulder abduction 4/5.

**Cervical Spine exam:** Reveals tenderness upon palpation at C2-C7 levels bilaterally. 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 with referral to the scapula.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right

**GAIT:** Normal

**Diagnostic Studies:**

7/15/2019 - MRI of the cervical spine reveals bulge at left C4-5,.

7/15/2019 - UE NCV/EMG is normal.

7/15/2019 - X-rays of the cervical, thoraci, and lumbar spine show...

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervicalgia (Neck pain) - M54.2

Sprain of ligaments of cervical spine (whiplash) - S13.4xxA, S13.4xxD

Strain of muscle, fascia, tendons (cervical) - S16.1xxA, S16.1xxD

Cervical disc bulge at left C4-5,.

Cervical disc disorder C4/5, C6/7 (M50.82)

Cervical disc herniation (M50.20)

Cervical radiculopathy (M54.12)

Sprain of joints and ligaments, initial encounter (S13.8XXA)

Strain of muscle, fascia and tendon, initial encounter (S16.1XXA)

**Plan:**

Procedure - Bilateral cervical trigger point injection under ultrasound guidance:

Diagnostic procedure: NCV/EMG of the UE -

**Schedule cervical epidural steroid injections** The patient has been counseled on the risks and benefits of this procedure with anesthesia and with local anesthetic. In light of the patient’s apprehension in moving forward with the procedure, patient has specifically requested anesthesia. It is my opinion based on medical literature and my experience that the anesthesia will not influence the accuracy or validity of any diagnosis achieved following the injections. It is also my belief that relying exclusively on local anesthesia raises the risks of voluntary or involuntary movement during the injection which raises the risk of neural injury. As such, there is an additional safety component which necessitates the use of anesthesia in connection with the above procedure.

Physical therapy: Physical therapy evaluation and treatment 3 times a week for 4 weeks for lumbar radiculopathy and cervical radiculopathy.

**UTox:** Urine sample was taken and sent to lab for analysis. The patient is discharged with home exercise program as patient would like to get discharged.

**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:**

Oxycodone 30 mg one tab bid prn, dispense #60

**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.



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