**Medical Re-Evaluation**

Patient Name: Garry Walker

Dt. of Exam: 08/07/2019

1st Exam Dt.: 09/19/2018

**Procedures performed:**

9/19/18 - Utox

10/17/18 - LFB#1(L3-S1)

10/31/18 - UTox

12/12/18 - UTox

2/20/19 - LFB#1(L3-S1)

3/6/19 - LTPI #1

**Chief Complaint:**

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

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 in nature. Lower back pain is associated with numbness and tingling Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. He was having some mid-back and low back pain but reports having improvement in his mid and low back pain. He is on stable dose of medications and states the medications are working well for him. He denies any associated side effects from the medications.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp and shooting 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 and shooting in nature. Right knee pain is worsened with walking, climbing stairs and squatting. The patient has bilateral knee osteoarthritis and he has right calf blood clot which he would like to have it removed. He is having difficulty going up and down stairs due to bilateral knee pain. He is on stable dose of medications. We discussed about potentially doing some gel injections for his knees.

**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, heart attack, weight loss.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Right knee surgery in 2009, gastric bypass surgery in 2011.

**MEDICATIONS:**  Clopidogrel, oxycodone, Advair diskus..

**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:** .

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels on the left bilaterally with muscle spasm present. 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.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. 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.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. 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. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

5/30/2019 - MRI of the Thoracic spine reveals Minimal mutilevel disc displacement throughout the thoracic spine from T3 through T12.

7/10/2017 - MRI of the Lumbar spine reveals bulge at L3-4, L4-5, L5-S1 and Facet arthropathy at all lumbar levels. Mild central stenosis at L4-5, L5-S1. Ligamentum hypertrophy at L5-S1. Facet arthropathy at L3-4 and L4-5. Degenerative disc disease at L4-5 and L5-S1

The above diagnostic studies were reviewed.

**Diagnosis:**

Thoracic Minimal mutilevel disc displacement throughout the thoracic spine from T3 through T12..

Lumbar disc bulge at L3-4, L4-5, L5-S1.

Lumbar Facet arthropathy at all lumbar levels. Mild central stenosis at L4-5, L5-S1. Ligamentum hypertrophy at L5-S1. Facet arthropathy at L3-4 and L4-5. Degenerative disc disease at L4-5 and L5-S1.

Cervical Muscle Sprain/Strain.

Possible Cervical Disc Herniation.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Thoracic Muscle Sprain/Strain.

**Plan:**

of the cervical spine to rule out herniated nucleus pulposus/soft tissue injury .

of thoracic spine to rule out herniated nucleus pulposus/soft tissue injury..

of the Lumbar spine to rule out herniated nucleus pulposus/soft tissue injury.

Baclofen 10 mg bid prn #60 no refills.

Oxycodone 30 mg 1 tab bid prn # 90.

Refilled his medication today.

Baclofen 10 mg b.i.d. p.r.n. #60 no refills.

Oxycodone 30 mg 1 tab b.i.d. p.r.n. # 90.

Refilled his medications today.

Medication refilled today.

**Medications:**

Oxycodone 30 mg tablets, one tablet tid p.r.n. pain, dispense #90

Baclofen 10 mg one tab bid prn, dispense #60.

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.