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Pain Management Evaluation

RE: Anthony Argentino (Case 2)
DOB: 07/13/1963
DOA:
DOS: 12/19/2025
LOCATION: White Plains, NY office

Dr. Marc Habif
77 Tarrytown Rd
White Plains, NY 10607

DEGREE OF DISABILITY: 100%.

WORK STATUS: Not working.

PRESENT COMPLAINTS:

The patient complains of neck pain that is 7/10, with 10 being the worst, which is intermittent, sharp, shooting and achy in nature. Neck pain radiates to right shoulder, arm and hand. Neck pain is associated with numbness and tingling to right shoulder, arm, and hand. Neck pain worsens with looking up, looking down, turning head to left and twisting.

The patient complains of mid-back pain that is 7-8/10, with 10 being the worst.

The patient complains of lower back pain that is 9/10, with 10 being the worst, which is intermittent, sharp, shooting, electric and achy in nature. Lower back pain radiates to right thigh, knee, leg and foot. Lower back pain is associated with numbness and tingling to right thigh, knee, leg, ankle and foot. Lower back pain worsens with sitting, bending forward, sleeping, twisting right and twisting left, and lifting.

HISTORY:

On 12/19/2025, Mr. Anthony Argentino, a right-handed 62-year-old male presents for the initial evaluation of neck pain, thoracic pain, and lower back pain. He sustained injuries in two motor vehicle accidents which occurred in 1980 and on 01/17/2018. The patient has chief complaint of neck pain, thoracic pain and lower back pain. Patient had two previous motor vehicle accidents in 1980 and 2018. Since 2018, he has had residual neck pain, mid back pain and lower back pain. Over the past three months, his pain symptoms have increased in frequency intensity and duration. The patient has been receiving chiropractic care 1-2x a week.

REVIEW OF SYSTEMS: The patient denies headaches, chest pain/shortness of breath, abdominal pain, dizziness, nausea, ringing in ears, bladder incontinence, bowel incontinence, seizure history, sleep issues/difficulty and anxiety/depression.

PAST MEDICAL HISTORY: High blood pressure, asthma, heart disease, bleeding problems/bruises easily/blood clotting issues, sleep apnea.

PAST SURGICAL HISTORY: Shoulder surgery in 1997, hernia surgery in 1995, and tonsillectomy in 2004.

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SOCIAL HISTORY: The patient denies smoking, drinking and drugs.

MEDICATIONS: Famotidine 40 mg, rosuvastatin 2.5 mg and albuterol.

ALLERGIES: AMOXICILLIN.

VITAL SIGNS: H: 5' 7", W: 170 lbs, SpO₂: 96%, HR: 70, BMI: 26.6

PHYSICAL EXAM:

NEUROLOGICAL EXAMINATION: The mental status examination reveals the patient to be awake, alert and oriented to time, person and place. Higher cortical functions such as language skills, calculations and short and long term memory are intact. Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

COORDINATION: There is no dysmetria to finger to nose and heel to shin examination and no evidence of ataxia nor dysdiadochokinesis.

REFLEX EXAMINATION:

Upper Extremity	Left	Right	Lower Extremity	Left	Right
Triceps	2+	2+	Knee	1	1
Biceps	2	2+	Ankle	2+	2+
Brachioradialis	2	2+			

SENSORY EXAMINATION: It is light touch.

Upper Ext	Left	Right	Lower Ext	Left	Right
Upper shoulder (C4)	Normal	Normal	Distal medial thigh (L3)	Normal	Normal
Lateral arm (C5)	Normal	Decreased	Medial left foot (L4)	Normal	Decreased
Lateral forearm, thumb, index (C6)	Normal	Normal	Dorsum of the foot (L5)	Normal	Normal
Middle finger (C7)	Normal	Normal	Lateral foot (S1)	Normal	Normal
Medial forearm, ring, little finger (C8)	Normal	Normal	Lumbar paraspinals	Normal	Normal
Medial arm (T1)	Normal	Normal			
Cervical paraspinals	Normal	Normal			

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MOTOR EXAMINATION:

Upper Ext		Left	Right	Lower Ext		Left	Right
Shoulder	Abduction	5	5	Hip	Flexion	5	5
	Flexion	5	5		Abduction	5	5
Elbow	Extension	5	5	Knee	Extension	5	5
	Flexion	5	5		Flexion	5	5
	Supination	5	5	Ankle	Dorsiflexion	5	5
	Pronation	5	5		Plantar Flexion	5	5
Wrist	Flexion	5	5		Extensor hallucis longus	5	5
	Extension	5	5				
Hand	Grip Strength	5	5				
Hand	Finger Abduction	5	5				

CERVICAL SPINE EXAMINATION: Reveals tenderness upon palpation at C2-7 levels bilaterally with muscle spasms present. ROM is measured using handheld goniometer.

	ROM	Normal		Left	Right	Normal
Forward Flexion	45	70	Rotation	45	45	80
Extension	20	45				

THORACIC SPINE EXAMINATION: Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present. ROM is measured using handheld goniometer.

LUMBAR SPINE EXAMINATION: Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. ROM is measured using handheld goniometer.

	ROM	Normal		Left	Right	Normal
Forward Flexion	45	90	Rotation	40	40	60
Extension	20	40				

GAIT: Normal.

DIAGNOSTIC STUDIES:

01/09/2018 - MRI of the cervical spine reveals bulges at C3-4, C5-6

01/10/2018 - MRI of the thoracic spine reveals no evidence of vertebral fractures, thoracic disc herniation or compression upon the thoracic cord. Bilateral renal cystic lesions likely represent renal cysts. Correlation a renal sonogram suggested.

02/17/2018 - MRI of the lumbar spine reveals disc bulges at L3-4, L4-5, L5-S1.

01/09/2018 - MRI of the brain reveals a few punctate scattered foci of supratentorial white matter hyperintensity are nonspecific. These may be related to areas of white matter ischemic change, or sequela from prior viral or migraine syndromes. .

The above diagnostic studies were reviewed.

DIAGNOSES:

Cervical disc bulges at C3-4, C5-6
Cervical radiculopathy - M54.12
Cervical sprain of ligaments - S13.4XXA
Cervicalgia (Neck pain) - M54.2
Cervical disc displacement, mid-cervical - M50.22
Thoracic radiculopathy - M54.14
Thoracic sprain of ligaments - S23.3XXA
Pain in thoracic spine - M54.6
Intervertebral disc displacement, thoracic - M51.24
Thoracic dorsopathy/facet syndrome - M53.84
Lumbar radiculopathy - M54.16
Lumbar spine sprain/strain of ligaments - S33.5XXA
Lumbago - (Lower back pain) - M54.5
Lumbar HNP - M51.26

RECOMMENDATIONS:

1. **REQUEST MRI OF THE CERVICAL SPINE:** to rule out herniated nucleus pulposus/soft tissue injury.
2. **REQUEST MRI OF THE THORACIC SPINE:** to rule out herniated nucleus pulposus/soft tissue injury.
3. **REQUEST MRI OF THE LUMBAR SPINE:** to rule out herniated nucleus pulposus/soft tissue injury.
4. **SCHEDULE EMG/NCV OF THE UE:** Given the patients MRI and physical findings, EMG/NCV is indicated in order to diagnose and anatomically localize nerve injury; confirm if the injury is acute or chronic; observe neurologic element to nerve injury; diagnose peripheral and motor nerve injuries; plexopathies and entrapment syndromes.
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CARE: Chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending, and prolonged sitting and standing.

PRECAUTIONS: Universal.

GOALS: To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and to improve the functional status.

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FOLLOW-UP: 2-4 weeks

It is my opinion that the injuries and symptoms Mr. Anthony Argentino sustained to neck, mid back and lower back are causally related to the incident as described by the patient.

Billy Ford

Billy Ford, M.D.
Medical Director
Pain Management Specialist

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