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Pain Management Evaluation

RE: Segundo Medina
DOB: 05/30/1986
DOA: 04/04/2025
DOS: 05/12/2025
LOCATION: Newburgh office.

Dr. Marc Habif, DC
600 Broadway
Newburgh, NY 12550

DEGREE OF DISABILITY: 100%

WORK STATUS: Not Working.

ACTIVITIES OF DAILY LIVING AFFECTED:

Patient's ability to perform activities of daily living:

Personal hygiene, grooming, dressing, toileting - able to perform with difficulty/requires extra time.

Walking, transferring, ambulating - able to perform with difficulty/requires extra time.

Eating independently - able to perform.

Cook, clean, maintain households - cannot perform.

Shop for food - cannot perform.

Sleeping - with difficulty.

PRESENT COMPLAINTS:

The patient complains of neck pain that is 8/10, with 10 being the worst, which is intermittent, sharp and shooting in nature. Neck pain radiates to the right arm. Neck pain is associated with numbness and tingling to right arm, right forearm, right hand and right wrist. Neck pain worsens with looking up, looking down, turning head to right, turning head to left, driving and twisting. Neck pain improves with medication.

The patient complains of mid-back pain that is 8/10, with 10 being the worst, which is intermittent, sharp and shooting in nature. The mid-back pain is worse with bending forward and twisting. The mid-back pain is improved with medication.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is constant, sharp and shooting in nature. Lower back pain radiates to right hip, right thigh and right knee. Low back pain is associated with numbness and tingling to right thigh, right leg, right knee, right ankle and right foot. Lower back pain worsens with sitting, standing, bending forward, bending backwards, sleeping, twisting right, twisting left and lifting. Lower back pain improves with medication.

HISTORY:

On 05/12/2025, Mr. Segundo Medina, a right-handed 38-year-old male presents for the evaluation of the injuries sustained in a work related incident which occurred on 04/04/2025. Patient states that he fell off scaffold about 18 feet high on the ground causing injury to head, neck, back and shoulders. Due to impact, he injured his right side ribs and lower back. He had loss of consciousness for one minute. He went to Wynn Hospital (MVHS) in Utica with friend/family the same day the accident occurred. At the hospital, the patient had x-rays, CT/MRI of back and ribs which revealed no fracture. At the hospital prescription was given for Gabapentin. During the accident, the patient reports injuries to neck, mid-back and lower back.

REVIEW OF SYSTEMS: The patient admits to muscle spasms. 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: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

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

MEDICATIONS: Gabapentin and Tylenol as needed.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

OCCUPATION: Patient worked as carpenter. His job involved siding, installing windows, doors, kitchen roofing.

VITAL SIGNS: H: 5'5", W: 147 lbs, SpO₂: 99%, HR: 75, BMI: 24.5.

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: Deep tendon reflexes are 2+ and equal with the following exceptions: Right triceps 1/2, right biceps 1/2, right brachioradialis 1/2, right knee 1/2, right ankle 1/2.

SENSORY EXAMINATION: It is intact to pinprick with the exception of hypoesthesia at right lateral arm (C5), hypoesthesia at right lateral forearm, thumb, index (C6), hypoesthesia at right middle finger (C7), hypoesthesia at right medial forearm, ring, little finger (C8), hypoesthesia at right distal medial thigh (L3), hypoesthesia at right medial foot (L4), hypoesthesia at right dorsum of the foot (L5), hypoesthesia at right lateral foot (S1).

MOTOR EXAMINATION: Muscle strength is 5/5 normal with the exception of right shoulder abduction 4/5, right shoulder flexion 4/5, right elbow extension 4/5, right elbow flexion 4/5, right elbow supination 4/5, right elbow pronation 4/5, right wrist flexion 4/5, right wrist extension 4/5,

Re: Medina, Segundo

Page 3

right hand grip strength 4/5, right hand finger abduction 4/5, right hip flexion 4/5, right hip abduction 4/5, right knee extension 4/5, right knee flexion 4/5, right ankle dorsiflexion 4/5, right ankle plantar flexion 4/5, right ankle extensor hallucis longus 4/5.

CERVICAL SPINE EXAMINATION: Reveals tenderness upon palpation at C2-7 levels bilaterally with muscle spasms present. The Spurling test is positive on bilateral sides. ROM is as follows: Forward flexion is 35 degrees, normal is 70 degrees; extension is 25 degrees, normal is 45 degrees; left rotation is 60 degrees, normal is 80 degrees; right rotation is 60 degrees, normal is 80 degrees.

THORACIC SPINE EXAMINATION: Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present. ROM is mildly decreased.

LUMBAR SPINE EXAMINATION: Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. Straight leg raise test is positive on bilateral legs at 20 degrees. ROM is as follows: Forward flexion is 60 degrees, normal is 90 degrees; extension is 10 degrees, normal is 40 degrees; left rotation is 30 degrees, normal is 60 degrees; right rotation is 20 degrees, normal is 60 degrees.

GAIT: Normal.

DIAGNOSTIC STUDIES: None reviewed.

DIAGNOSES:

Cervical disc displacement, mid-cervical (M50.22)
Cervical radiculopathy (M54.12)
Cervical sprain of ligaments (S13.4XXA)
Cervicalgia (Neck pain) (M54.2)
Intervertebral disc displacement, thoracic (M51.24)
Pain in thoracic spine (M54.6)
Thoracic radiculopathy (M54.14)
Thoracic sprain of ligaments (S23.3XXA)
Lumbago - (Low back pain) (M54.5)
Lumbar HNP (M51.26)
Lumbar radiculopathy (M54.16)
Lumbar spine sprain/strain of ligaments (S33.5XXA)
Myofascial pain (M60.9).

RECOMMENDATIONS:

1. **REQUEST MRI OF THE CERVICAL SPINE:** to rule out herniated nucleus pulposus/soft tissue injury. Needs authorization.
2. **REQUEST MRI OF THE THORACIC SPINE:** to rule out herniated nucleus pulposus/soft tissue injury. Needs authorization.
3. **REQUEST MRI OF THE LUMBAR SPINE:** to rule out herniated nucleus pulposus/soft tissue injury. Needs authorization.
4. Recommend PT/Chiro/Acupuncture.

Re: Medina, Segundo

Page 4

5. Ibuprofen 600 mg, Flexeril 5 mg and Lidoderm 4% prescribed.

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 improve the functional status.

FOLLOW-UP: 4 weeks.

It is my opinion that the injuries and symptoms Mr. Segundo Medina sustained to neck, mid-back and lower back are causally related to the incident that occurred on 04/04/2025 as described by the patient.

Case and records reviewed in detail with Dr. Ford Supervising Provider.



Joseph Nagy, R-PAC



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

Transcribed but not proofread