**Pain Management Evaluation**  
**RE:**     Topiwala Purav N  
**DOB:**  12/31/1999  
**DOI:**   06/10/2023  
**DOS:**  06/09/2023  
**LOCATION:**  Brisbon  
Dr. Joe  
Surat  
,

ADL 123

The left ankle reveals swelling noted over posterior and  lateral malleolar aspect. Tenderness to palpation noted over the Achilles tendon, medial and lateral malleolar aspects. Range of motion is limited and painful. ROM: Dorsiflexion 0/20 degrees, plantarflexion **25/50** degrees.

**PRESENT COMPLAINTS:**

**CC** for Neck 1234.

CC for neck

**Lowback** CC Description.

**CC** for shoulder

***CC for left ankle***

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CC for Neck 1234.

**HISTORY:**  
Patient was the front seat passenger. Another car hit the patient's car on the front passenger side. The airbags did not deploy.  
  
**Review of System:**

Review Of System is like new one.

**Left ankle:** Left ankle pain is 8/10, described as constant, dull, achy pain. There is swelling noted. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest, medications, physical therapy, and ice. The patient has limited range of motions of the left ankle/foot due to pain.

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**Past Medical History :**PMH  
**Past Surgical History :**PSH  
**Social History :**Social History  
**Allergies :**Allergies  
**Family History :**Family History  
**Vital :**Vital  
  
**PHYSICAL EXAM:**

PE for Neck 1234.

**ROM** for Neck 123.

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Lowback PE Description.

PE for shoulder

PE for left ankle

PE for Neck 1234.

**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.

**CRANIAL NERVE EXAMINATION:**Reveals both pupils to be reactive to light and accommodation. Extraocular movements are full without lateral nystagmus.

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

**Sensory :**

Se12333

**Manual Muscle Strength Testing :**

MMM1 9090

~12

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**Gait :**New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.New GAIT.  
  
**DIAGNOSES :**

* Right knee sprain(S83.91XA/D)
* Right knee pain(M25.561)
* Left shoulder pain(M25.512)
* M003 - NA

**RECOMMENDATIONS:**   
  
**Request MRI of the left hip:** I have advised the patient that, this study should be performed immediately because if any ligamentous tears are present then we need to address the injury immediately with an orthopedic surgery consult.  
  
**Request NCV/EMG of the UE:** The patient has had conservative care for several months, the patient has also tried and failed conservative care, with not sufficient pain relief.  Given the patients MRI and physical findings, I need the upper extremity EMG/NCV to help me 1. Localize the damage 2. Help me confirm if it is acute or chronic 3. Help me see if there actually exists electrophysiologic/ neurologic element to the pain, and help me differentiate between neuromuscular disorders as well as  discogenic and non discogenic  
  
**Request cervical medial branch block at x2:** The patient presents with persistent (NON-ACUTE), non-radiating cervical pain, worse with extension and side bending, despite an attempted by overall limited success from therapy and medications, I would like to request a diagnostic cervical MBB, which will be necessary to evaluate a facetogenic problem. I would like to rule out a facetogenic pain by performing a medial branch block.  I am requesting x 2, so that I can avoid false positives as that occurs up to 50% of the time.  2 positive media  
  
**Request cervical trigger point injections x3:** Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on today's exam, and the patient has had conservative care with several  weeks of physical therapy along with anti-inflammatories, I  would like to request trigger point injections under ultrasound guidance those noted trigger points under ultrasound guidance on those noted trigger points.  This injection should decrease pain and inflammation and assist the therapist to obtain an increase  
  
**Treatment :**

* Recommend to continue 123.
* Recommend to continue current medication.
* Follow-up with Orthopedics.
* Follow-up with \_\_\_\_\_\_\_\_\_\_
* Lidoderm 5% prescribed.
* \_\_\_\_\_\_\_\_\_\_ prescribed, PMP ref# \_\_\_\_\_\_\_\_\_\_.
* Oral swab sent to lab.

**Care :**New Care  
  
**PRECAUTIONS Universal:** New PRECAUTIONS : Universal  
  
**Goal :**New GOAL