Ketan D. Vora, DO, P.C.
400 Route 34, Suite A
Matawan, NJ 07747
Tel #: 1-877-SPINE-DR
Fax: (347) 708-8499
Billing Tel: (732) 441-7177, Fax: (732) 441-7165

Medical Re-Evaluation

Patient Name: Alberto Newton
Dt. of Exam: 11/14/2019
1st Exam Dt.: 08/15/2019
Dt. of Injury: 05/20/2019

Patient is here for follow-up of PT, LSIA#3 & LSSNB#2 done today, CESI#1 scheduled for 11/16/19, icing therapy discussed and will be seen in 2 weeks.

Chief Complaint:
The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. The neck pain radiates to bilateral shoulder and bilateral arms. Neck pain is associated with numbness and tingling to the bilateral hands. Neck pain is worsened with sitting, standing, lying down and movement activities.The patient complains of worsening radiating neck pain, affecting quality of life and decreasing the activities of daily living.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is shooting and achy in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

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: Noncontributory.

PAST SURGICAL / HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: Blood pressure medication..

ALLERGIES: Penicillin.

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: Is checked by pinprick. It is intact with the following exceptions 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, rig, little finger (C8) and hypoesthesia at right arm (T1). Hoffman's exam is negative.

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

Cervical Spine exam: Cervical spine examination 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. ROM is as follows: extension was 30 and is 30 degrees; forward flexion was 30 and is 30 degrees; right rotation was 40 and is 40 degrees; left rotation was 30 and is 30 degrees; right lateral flexion was 25 and is 25 degrees and left lateral flexion was 25 and is 25 degrees.

Left Shoulder Examination: Reveals tenderness upon palpation of the left AC joint and glenohumeral region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive. ROM is as follows: abduction was 130 and is 130 degrees; flexion was 120 and is 120 degrees; external rotation was 45 and is 45 degrees and internal rotation was 30 and is 30 degrees.

GAIT: Normal.

Diagnostic Studies:
6/18/2019 - MRI of the Cervical spine reveals bulge at C3-4, C5-6 , HNP at C4-5, C5-6, C6-7 and There maybe some subtle myelomalacia or cord edema within the the cord at C5-6.
6/18/2019 - MRI of the left shoulder reveals Partial tear/tendinosis of the supraspinatus tendon favoring the anterior fibers without retraction. Mild amount of fluid/synovitis of the subacromial-subdeltoid bursa. Hypertrophic changes of the acromioclavicular joint..

The above diagnostic studies were reviewed.

Diagnoses:
Cervical disc bulge at C3-4, C5-6.
Cervical disc herniation at C4-5, C5-6, C6-7.
Cervical Muscle Sprain/Strain.
Cervicalgia (Neck pain) - M54.2
Sprain of ligaments of cervical spine (whiplash) - S13.4xxD
Strain of muscle, fascia, tendons (cervical) - S16.1xxD
Cervical radiculopathy
Left shoulder sprain/strain.
Left shoulder internal derangement.

Plan:

1. **Schedule cervical epidural steroid injection C7-T1:** Given today's finding and the fact that the patient has had conservative therapy with not enough functional gain and persistent pain for several months, and given the diagnostic results, as well as the fact that the patient continues to have radiating neck pain, I will schedule the patient for a cervical

epidural steroid injection. This should help alleviate the radiating neck pain, and help achieve a better range of motion and functional gains.

2. **Procedure - intra-articular left shoulder injection under ultrasound guidance:** I have performed an intra-articular steroid injection under ultrasound guidance of the left shoulder today. The patient has been receiving therapy since the accident and had an MRI of the left shoulder as noted above. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.
3. **Procedure - left shoulder suprascapular nerve block:** Given the persistent left shoulder pain and multiple attempts of conservative care treatment including physical therapy, anti-inflammatories and intra-articular steroid injection with limited relief and persistent pain, a suprascapular nerve block was performed on the patient.

Follow-up: 2-4 weeks.

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Ketan D. Vora, D.O.
Diplomate of the American Board of Physical Medicine and Rehabilitation
Diplomate of the American Board of Pain Management
Interventional Spine
NYS WCB License # 243182-3w, coded OPCPMR