ADVANCED SPINE & PAIN CLINIC

Comprehensive Interventional Pain Management
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Patient Name: Henderson, Carol A.
Date of Birth: 09/14/1949 (76 years old)
Medical Record #: MN-2025-18476
Date of Visit: October 12, 2025
Referring Provider: Dr. Amanda Stevens, Internal Medicine
Insurance: Medicare Part B
Evaluating Physician: Dr. Richard Morgan, MD, FIPP
Specialty: Interventional Pain Management

CHIEF COMPLAINT

Mid-back pain 4 weeks after fall, referred for consideration of vertebroplasty.

HISTORY OF PRESENT ILLNESS

Mrs. Henderson is a 76-year-old woman referred by her internist for evaluation and management of thoracic spine pain following a recent fall. According to the patient's history, she slipped on ice in her driveway approximately 4 weeks ago (around September 14, 2025) and fell backward onto her upper back/buttocks region. She experienced immediate onset of mid-back pain and presented to her PCP the following day.

X-rays obtained at her PCP's office demonstrated a compression deformity at T12 vertebral body. She was initially managed with tramadol 50mg three times daily and acetaminophen 650mg four times daily, along with recommendations for rest and activity modification. She was also fitted with a thoracolumbar orthosis which she reports wearing daily.

Over the past 4 weeks, the patient reports her pain has decreased from an initial 8/10 to current 6/10, but she continues to experience significant discomfort that limits her daily activities. The pain is described as constant, aching in nature, localized to the T11-L1 region, and exacerbated by movement, standing, and sitting for prolonged periods. She denies any lower extremity weakness, numbness, or bowel/bladder dysfunction.

Her PCP referred her to our clinic for consideration of percutaneous vertebroplasty given persistent pain despite conservative management.

PAIN ASSESSMENT

Date	Days Post-Injury	NRS Pain Score	Setting
09/14/2025	Day 0	8/10	Initial injury

09/15/2025	Day 1	8/10	PCP visit, X-ray obtained
09/22/2025	Week 1	7/10	PCP follow-up
10/06/2025	Week 3	6/10	PCP follow-up, referral placed
10/12/2025	Week 4	6/10	Today's evaluation

PAST MEDICAL HISTORY

- Osteoporosis - diagnosed 2019, on oral bisphosphonate therapy
- Hypertension - well controlled
- Hyperlipidemia
- Gastroesophageal reflux disease
- Chronic low back pain - long-standing history, managed conservatively
- Bilateral knee osteoarthritis
- Previous fragility fracture - distal radius (2021)

SURGICAL HISTORY

Total hysterectomy (1990), Cholecystectomy (2008), Right carpal tunnel release (2018)

CURRENT MEDICATIONS

- Alendronate 70 mg PO weekly
- Calcium carbonate 600 mg + Vitamin D3 800 IU PO twice daily
- Amlodipine 5 mg PO daily
- Atorvastatin 20 mg PO daily
- Omeprazole 20 mg PO daily
- Tramadol 50 mg PO TID (for back pain)
- Acetaminophen 650 mg PO QID

ALLERGIES

No known drug allergies

SOCIAL HISTORY

Retired elementary school teacher. Widowed, lives alone in single-family home. Non-smoker. Occasional alcohol use (1-2 glasses wine per week). Has two adult children who live nearby and provide support. Previously very active with gardening and volunteering, currently limited by pain.

PHYSICAL EXAMINATION

Vital Signs: BP 134/78, HR 74, RR 16, T 98.2°F, Weight 156 lbs, Height 5'5", BMI 26

General: Well-appearing woman in no acute distress, pleasant and cooperative

Cardiovascular: Regular rate and rhythm, no murmurs

Respiratory: Clear to auscultation bilaterally, no respiratory distress

Musculoskeletal - Spine:
- Inspection: Normal thoracic and lumbar curvature, no obvious deformity
- Palpation: Tenderness to palpation over T12 spinous process and surrounding area. Mild tenderness also noted at L4-L5 level (consistent with her chronic LBP history).
- Range of motion: Limited flexion and extension due to pain, approximately 60% of expected normal range- No paraspinal muscle spasm appreciated

Neurological:
- Mental status: Alert and oriented x3
- Motor: 5/5 strength bilateral lower extremities in all major muscle groups (hip flexion/extension, knee flexion/extension,ankle dorsiflexion/plantarflexion)
- Sensory: Intact to light touch in L1-S1 dermatomes bilaterally
- Reflexes: Patellar 2+, Achilles 2+, symmetric
- Straight leg raise: Negative bilaterally
- Gait: Steady, slightly antalgic, independent
- No saddle anesthesia, normal rectal tone per PCP documentation

IMAGING STUDIES

Thoracic/Lumbar Spine X-Ray (09/15/2025) - Performed at PCP Office:

FINDINGS:
- Compression deformity T12 vertebral body with approximately 25-30% anterior height loss
- Age-appropriate degenerative changes throughout thoracic and lumbar spine
- Moderate disc space narrowing L4-L5
- No acute displaced fracture identified
- Vertebral body alignment maintained

IMPRESSION: T12 compression deformity. Degenerative changes thoracolumbar spine. Recommend further evaluation with MRI if clinically indicated.

MRI Thoracic Spine (10/08/2025) - Ordered by PCP Prior to Referral:

TECHNIQUE: Sagittal T1, T2, and STIR sequences. Axial T2 sequences.
Note: Study performed without contrast.

> ⚠ **CRITICAL FINDING:** The MRI report notes significant motion artifact and suboptimal image quality due to patient movement during the examination. The radiologist specifically notes that evaluation of bone marrow signal is limited by artifact.

FINDINGS (as reported, with limitations noted):
- T12 vertebral body compression with wedge configuration, approximately 30% anterior height loss
- **STIR sequences demonstrate NO definite bone marrow edema pattern, though evaluation limited by motion artifact**
- No retropulsion of posterior vertebral body cortex
- Spinal canal is patent
- Spinal cord demonstrates normal caliber and signal intensity

- Multilevel degenerative disc disease, most pronounced at T11-T12 and L4-L5
- Moderate facet arthropathy throughout lumbar spine

IMPRESSION:

1. T12 compression fracture with no definite evidence of bone marrow edema (acute findings), though evaluation limited bymotion artifact. Age of fracture cannot be definitively determined from this study.
2. Multilevel degenerative changes thoracolumbar spine.

RADIOLOGIST RECOMMENDATION: "If acute fracture is suspected clinically, consider repeat MRI with better patient preparation/positioning or nuclear medicine bone scan to assess fracture acuity."

LABORATORY DATA

Test	Result	Reference Range	Date
WBC	7.2 K/uL	4.5-11.0	09/15/2025
Hemoglobin	13.1 g/dL	12.0-16.0	09/15/2025
ESR	24 mm/hr	0-20	09/15/2025
CRP	0.8 mg/dL	<1.0	09/15/2025
Calcium	9.2 mg/dL	8.5-10.5	09/15/2025
25-OH Vitamin D	36 ng/mL	30-100	08/2025

ROLAND MORRIS DISABILITY QUESTIONNAIRE

Administered today: **Score 16/24**

Patient reports moderate to severe functional limitations including difficulty with standing, walking, dressing, and household activities. Sleep quality significantly impacted by pain.

DEXA SCAN (Most Recent)

Date: February 2024
Lumbar Spine (L1-L4): T-score -2.8 (Osteoporosis)
Left Total Hip: T-score -2.5 (Osteoporosis)
Left Femoral Neck: T-score -2.6 (Osteoporosis)