

**Neck Specific Findings:**

The patient reports axial neck pain. .

**Back Specific Findings:**

The patient's back pain is rated 5/10.

The patient cannot walk more than Unlimited block(s) without pain.

The patient cannot stand more than >60 minute(s) without pain.

Laying down helps to relieve the patient's pain.

Lifting and bending exacerbates the patient's pain.

**Conservative management:**

The patient requires the use of a cane and a neck brace.

**Physical therapy:**

Physical therapy has been attempted for the neck and

Physical therapy has been attempted for the back.

Neck-specific physical therapy sessions frequency: 2 day(s) per week.

Back-specific physical therapy sessions frequency: 2 day(s) per week.

The patient has performed a formal home exercise program

The patient denies a history of injections since the last visit.

**Medications include:**

other medications.

Other medications include:

Celebrex 200 mg PRN mg.

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**Outside Medical Care & Conservative Management History as of 10-25-2022:**

Preop CM:

HEP/PT > 1 year completed.

NSAIDs several weeks w/o success for pain control

Postop CM:

ACDF: PT 2 months completed; ongoing 2x/week

NSAIDs PRN

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**Past Medical History**

No Known Past Medical History

**Current Medication**

No Known Medication

**Allergy**

No Known Drug Allergies.

**Review of Systems:**

**Constitutional Symptoms:** Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history.

**Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history.

**Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history.

**Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:**

Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

#### **Social History:**

##### **Family:**

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

#### **Vitals:**

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

#### **Physical Examination:**

**General:** Patient is alert and oriented. They present sagittally balanced.

He is in no acute distress.

**Cervical Spine Exam:** The cervical spine is non-tender.

- **ROM Flexion:** 40 degrees (Normal: 60 degrees) with firm endpoint palpable.

- **ROM Extension:** 45 degrees (Normal: 75 degrees) with firm endpoint palpable.

- **ROM Left lateral rotation:** 50 degrees (Normal: 80 degrees) with firm endpoint palpable.

- **ROM Right lateral rotation:** 60 degrees (Normal: 80 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Incision:** Fully healed without complications

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.*

- **ROM Forward Flexion:** 60 degrees (Normal: 110 degrees) with firm endpoint palpable.

- **ROM Extension:** 20 degrees (Normal: 25 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** The patient displays a grossly stable gait. The patient is able to heel and toe walk.

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

*There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist*

*Both lower extremities were examined. Right knee reduced ROM*

#### **SI Joint Provocative Tests:**

- **FABER:** Positive on the left

- **Compression:** Positive on the left

#### **Neurology - Deep Tendon Reflexes:**

**Upper Extremities:**

- Right biceps: 1+. Left biceps: 0.
- Right triceps: 1+. Left triceps: 0.
- Right brachioradialis 3+. Left brachioradialis: 3+.

**Lower Extremities:**

- Right patella: 1+. Left patella: 1+.
- Right Achilles: 1+. Left Achilles: absent.

**Motor:****Upper Extremities:**

- Right deltoids: 5/5 Left deltoids: 5/5
- Right biceps: 5/5 Left biceps: 5/5
- Right wrist extension: 5/5 Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- Right grip: 5/5 Left grip: 5/5
- Right IO: 5/5 Left IO: 5/5

**Lower Extremities:**

- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- Right Hamstrings: 5/5 Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

**Sensation:**

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

Lower Extremities: Grossly intact in the L3-S1 dermatomes.

**Diagnostic Studies Reviewed:**

**Order No: EXT0038542 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

**Radiology Remarks:** Community Medical Imaging

Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge

**Order No: EXT0038543 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Radiology Remarks:** Community Medical Imaging

Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis

**Order No: EXT0041355 Dated: 08-17-2022**

Test	Result
X-Ray	
XR CSP - AP/Lat	MG: S/P ACDF C5-6 with hardware intact. C6-7 LOH

**Radiology Remarks:** LHR

Report:

C5-C6 SP ACDF: no lucency around the screws.

C6-C7 disc space narrowing with minimal anterior spondylosis.

**Order No: EXT0043029 Dated: 10-25-2022 Rad: Duane Office**

Test	Result
X-Ray	
XR LSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations

**Radiology Remarks:** Duane on Ambra

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

#### Assessment and Plan:

**ICD: Herniation of cervical intervertebral disc with radiculopathy (M50.10)**

**Assessment:** S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy

**Plan:** - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Lifting is restricted to < 20lbs.

- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:**

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:**

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Medical Advice:

Activity modification; Avoid prolonged bending, standing, or lifting.

Eat a low fat, high fiber diet, including fruits and vegetables.

Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into a extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**- CAUSATION:**

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

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- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Derangement of right knee (M23.91)**

**Assessment:**

- Right knee derangement

S/P arthroscopy

**Plan:** - F/U with specialist.

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**New Orders & Referrals:**

**Consultation(s):** Physical Therapy - Neck and Back The patient has progressed previously with physical therapy and will most likely benefit from additional sessions

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**Education Material Given: URLs:** \*Home Exercises (HEPs) - Neck and Back, \*Ambra Upload Instructions, \*AAOS - Basic Back Info, \*AAOS - Basic Herniated Disk Info, \*AAOS - Low Back Pain, \*Home Exercises (HEPs) - Post-op Neck

**CPT Codes:**

Office O/p Est Low 20-29 Min (99213)

X-ray Exam Of Lower Spine (72100)

**Follow Up: 2-3 months or PRN.**

RZ

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**Please let this report represent a letter of medical necessity for our treatment plan**

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Michael Gerling, M.D.

*This has been electronically signed by Michael Gerling, M.D. on 10-25-2022.*

*This has been electronically signed by on 10-25-2022.*



CENTER for  
MUSCULOSKELETAL and  
NEUROLOGICAL CARE

## Manhattan

110 Duane St., New York NY 10007

Tel: 212 882-1110, Fax: 212 882-1120

### Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Prosper Jerome, NP-C	Direct Professional	01-13-2023	SCL13601
Appointment Location:	Appointment Location Address:		
Manhattan	110 Duane St., New York NY 10007		

#### Mechanism of Injury/Nature of Illness:

MVA NJ DOA 11-23-2020

Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.

Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.

Neck pain radiating to B/L UE

Back pain radiating to B/L LE

#### Main findings:

S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy.

- Myelopathic and radiculopathy findings.

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear.

- Right knee derangement

S/P arthroscopy.

#### Surgical History (If applicable):

ACDF C5-6: 07-27-2022 by Dr. Gerling at Hudson

Arthroscopy of Right Knee : 02-16-2022

Cholecystectomy : 1990

#### History of Present Illness:

##### **Follow up consultation**

Date of surgery: 07-27-2022

Juan presents today with neck disorder and with low back disorder. His symptoms remain unchanged since his last examination. He denies any bowel or bladder issues.

Juan is unable to work and requires assistance with activities of daily living including chores and lifting, and similar tasks for which he now relies on "Wife."

#### Neck Specific Findings:

The patient's neck pain is rated 5/10  
The patient has radiating pain to the left shoulder.  
The patient's radicular pain is rated 5/10. .

**Back Specific Findings:**

The patient's back pain is rated 5/10.  
Laying down helps to relieve the patient's pain.  
Lifting and bending exacerbates the patient's pain.

**Physical therapy:**

Physical therapy has been attempted for the neck and  
Physical therapy has been attempted for the back.  
Neck-specific physical therapy sessions frequency: 2 day(s) per week.  
Back-specific physical therapy sessions frequency: 2 day(s) per week.  
The patient has performed a formal home exercise program

The patient denies a history of injections since the last visit.

**Medications include:**

other medications.

Other medications include:  
Celebrex 200 mg PRN mg.

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**Outside Medical Care & Conservative Management History as of 01-13-2023:**

Preop CM:  
HEP/PT > 1 year completed.  
NSAIDs several weeks w/o success for pain control

Postop CM:  
ACDF: PT 2 months completed; ongoing 2x/week  
NSAIDs PRN

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**Past Medical History**

No Known Past Medical History

**Current Medication**

No Known Medication

**Allergy**

No Known Drug Allergies.

**Review of Systems:**

**Constitutional Symptoms:** Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history. **Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history. **Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history. **Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:**

Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

**Social History:****Family:**

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

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**Vitals:**

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

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**Physical Examination:**

**General:** Patient is alert and oriented. They present sagittally balanced. He is in no acute distress.

**Cervical Spine Exam:** The cervical spine is non-tender .

- **ROM Flexion:** 40 degrees (Normal: 60 degrees) with firm endpoint palpable.
- **ROM Extension:** 45 degrees (Normal: 75 degrees) with firm endpoint palpable.
- **ROM Left lateral rotation:** 50 degrees (Normal: 80 degrees) with firm endpoint palpable.
- **ROM Right lateral rotation:** 60 degrees (Normal: 80 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Incision:** Fully healed without complications

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.*

- **ROM Forward Flexion:** 60 degrees (Normal: 110 degrees) with firm endpoint palpable.
- **ROM Extension:** 20 degrees (Normal: 25 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** The patient displays a grossly stable gait. The patient is able to heel and toe walk.

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

*There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist*

*Both lower extremities were examined. Right knee reduced ROM*

**SI Joint Provocative Tests:**

- **FABER:** Positive on the left
- **Compression:** Positive on the left

**Neurology - Deep Tendon Reflexes:****Upper Extremities:**

- Right biceps: 1+. Left biceps: 0.
- Right triceps: 1+. Left triceps: 0.
- Right brachioradialis 3+. Left brachioradialis: 3+.

**Lower Extremities:**

- Right patella: 1+. Left patella: 1+.
- Right Achilles: 1+. Left Achilles: absent.

**Motor:**

**Upper Extremities:**

- Right deltoids: 5/5 Left deltoids: 5/5
- Right biceps: 5/5 Left biceps: 5/5
- Right wrist extension: 5/5 Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- Right grip: 5/5 Left grip: 5/5
- Right IO: 5/5 Left IO: 5/5

**Lower Extremities:**

- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- Right Hamstrings: 5/5 Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

**Sensation:**

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

Lower Extremities: Grossly intact in the L3-S1 dermatomes.

**Diagnostic Studies Reviewed:**

**Order No: EXT0038542 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

**Radiology Remarks:** Community Medical Imaging

Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge

**Order No: EXT0038543 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Radiology Remarks:** Community Medical Imaging

Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis

**Order No: EXT0041355 Dated: 08-17-2022**

Test	Result
X-Ray	
XR CSP - AP/Lat	MG: S/P ACDF C5-6 with hardware intact. C6-7 LOH

**Radiology Remarks:** LHR

Report:

C5-C6 SP ACDF: no lucency around the screws.

C6-C7 disc space narrowing with minimal anterior spondylosis.

**Order No: EXT0043029 Dated: 10-25-2022 Rad: Duane Office**

Test	Result
X-Ray	
XR LSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations

**Radiology Remarks:** Duane on Ambra

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

#### Assessment and Plan:

**ICD: Herniation of cervical intervertebral disc with radiculopathy (M50.10)**

**Assessment:** S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy

**Plan:** - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Lifting is restricted to < 20lbs.

- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:**

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:**

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Referral for pain management given today

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**- CAUSATION:**

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

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- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Derangement of right knee (M23.91)**

**Assessment:**

- Right knee derangement

S/P arthroscopy

**Plan:** - F/U with specialist.

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**New Orders & Referrals:**

**Consultation(s):**

Pain Management - LESI

**DME/Bracing and/or Procedures:**

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**CPT Codes:**

Office O/p Est Mod 30-39 Min (99214)

**Follow Up:**

Dr. Gerling 2 months after pain management consult. to discuss discectomy if no positive results.

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**Please let this report represent a letter of medical necessity for our treatment plan**

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Prosper Jerome, NP-C

*This has been electronically signed by Prosper Jerome, NP-C on 01-13-2023.*

*This has been electronically signed by on 01-13-2023.*



CENTER for  
MUSCULOSKELETAL and  
NEUROLOGICAL CARE

## Manhattan

110 Duane St., New York NY 10007

Tel: 212 882-1110, Fax: 212 882-1120

### Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Michael Gerling, M.D.	Direct Professional	03-14-2023	SCL13601
Appointment Location:	Appointment Location Address:		
Manhattan	110 Duane St., New York NY 10007		

#### Mechanism of Injury/Nature of Illness:

MVA NJ DOA 11-23-2020

Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.

Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.

Neck pain radiating to B/L UE

Back pain radiating to B/L LE

#### Main findings:

Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear.

- Lumbar facet joint syndrome.

- S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy.

- Myelopathic and radiculopathy findings.

- Right knee derangement

S/P arthroscopy.

#### Surgical History (If applicable):

ACDF C5-6: 07-27-2022 by Dr. Gerling at Hudson

Arthroscopy of Right Knee : 02-16-2022

Cholecystectomy : 1990

#### History of Present Illness:

##### **Follow up consultation**

Date of surgery: 07-27-2022

Juan presents today with neck disorder and with low back disorder. His symptoms remain unchanged since his last examination. He denies any bowel or bladder issues.

Juan is unable to work and requires assistance with activities of daily living including chores and lifting, and similar tasks for which he now relies on "Wife."

**Neck Specific Findings:**

The patient's neck pain is rated 4/10.  
The patient has radiating pain to the left shoulder.  
The patient's radicular pain is rated 5/10. .

**Back Specific Findings:**

The patient's back pain is rated 7/10.  
The patient has radiating pain to the right glute and left glute.  
The patient's radicular pain is rated 4/10.  
The patient also reports numbness/paraesthesia in the right glute and left glute.  
The patient cannot walk more than 3-5 block(s) without pain.  
The patient cannot stand more than 10-15 minute(s) without pain.  
Laying down helps to relieve the patient's pain.  
Lifting and bending exacerbates the patient's pain.

**Physical therapy:**

Physical therapy has been attempted for the neck and  
Physical therapy has been attempted for the back.  
Neck-specific physical therapy sessions frequency: 2 day(s) per week.  
Back-specific physical therapy sessions frequency: 2 day(s) per week.  
The patient has performed a formal home exercise program

The patient denies a history of injections since the last visit.

**Medications include:**

other medications.

Other medications include:

Celebrex 200 mg mg.

---

**Outside Medical Care & Conservative Management History as of 03-14-2023:**

Preop CM:  
HEP/PT > 1 year completed.  
NSAIDs several weeks w/o success for pain control

Postop CM:  
ACDF: PT 2 months completed; ongoing 2x/week  
NSAIDs PRN

---

**Past Medical History**

No Known Past Medical History

**Current Medication**

No Known Medication

**Allergy**

No Known Drug Allergies.

**Review of Systems:**

**Constitutional Symptoms:** Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness

and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history. **Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history. **Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history. **Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

#### **Social History:**

##### **Family:**

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

#### **Vitals:**

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

#### **Physical Examination:**

**General:** Patient is alert and oriented. They present sagittally balanced. He is in no acute distress.

**Cervical Spine Exam:** The cervical spine is non-tender.

- **ROM Flexion:** 40 degrees (Normal: 60 degrees) with firm endpoint palpable.
- **ROM Extension:** 45 degrees (Normal: 75 degrees) with firm endpoint palpable.
- **ROM Left lateral rotation:** 50 degrees (Normal: 80 degrees) with firm endpoint palpable.
- **ROM Right lateral rotation:** 60 degrees (Normal: 80 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Incision:** Fully healed without complications

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.*

**Facet Syndrome:** *Focal tenderness to palpation of the facets with painful extension during range of motion testing.*

**Straight leg raise:** *Positive bilaterally*

- **ROM Forward Flexion:** 60 degrees (Normal: 110 degrees) with firm endpoint palpable.
- **ROM Extension:** 20 degrees (Normal: 25 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** *The patient displays an antalgic gait* The patient is able to heel and toe walk.

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

*There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist*

*Both lower extremities were examined. Right knee reduced ROM*

#### **SI Joint Provocative Tests:**