

Progress Notes

Progress Notes by Julie Ann M. Barker at 03/28/22 0815

Neurosurgery History and Physical

Referring Physician:

Center, Dallas Va Medical
ATTN: MEDICAL RECORDS/PCP/FILE ROOM SCANNING
4500 S LANCASTER RD
DALLAS, TX 75216

Primary Physician:

Center, Dallas Va Medical

History of Present Illness:

Michael Stuart is a 63 y/o male with a PMHx significant for chronic pain syndrome, hypertension, anxiety/depression who was referred for evaluation of his lumbar spine and questionable hardware lucency/pseudoarthrosis. He does have a history of multiple prior lumbar surgeries dating back to 2008 most recently to include a L1 laminectomy, left L2-L3 foraminotomy, TLIF with L1-L3 instrumented fusion on 8/3/2021 performed by Dr. Kesterson. His main complaint on today's visit is low back pain however this does not seem mechanical in nature. He otherwise reports his preoperative LE radicular pain has resolved. He denies any significant LE paresthesias or weakness. He denies any B/B incontinence or saddle anesthesias. He is currently taking ibuprofen, lyrica and baclofen for pain. He reports undergoing a 6 month course of PT with significant improvement in symptoms. He otherwise of note has a history of undergoing multiple injections and RFA's most recently to include a left L2-L3 TFESI on 6/29/2021 performed by Dr. Patel. He states that he underwent a CT scan of the lumbar spine in January 2021 which showed some concerns of hardware lucency however that imaging study was not available for review on today's visit. He does report that he is been using a bone growth stimulator for the last 3 months. He otherwise states that he is not followed up with his surgeon, Dr. Kesterson, as of recent as he no longer seems to be working in the Fort Worth area.

Review of Systems:

As noted in HPI. Please see patient reported ROS for full review of systems.

Past Medical History:

Past Medical History:

Diagnosis

Date

- Anxiety disorder
- Arthritis
- Depressive illness
- High cholesterol
- Hypertension
- Irritable bowel syndrome
- Seasonal allergies

Past Surgical History:

Past Surgical History:

Procedure

Laterality

Date

- BACK SURGERY
 - TRANSFORAMINAL INJECTION
- Left 6/29/2021
Performed by Patel, Ankit Mukesh, MD at OUTPATIENT SURGERY CENTER

Allergies:

Allergies as of 03/28/2022

- (No Known Allergies)

Medications:**Outpatient Encounter Medications as of 3/28/2022**

Medication	Sig	Dispense	Refill
• BACLOFEN ORAL			
• cholecalciferol, Vitamin D3, 1,000 unit oral tablet	TAKE ONE TABLET BY MOUTH EVERY DAY FOR SUPPLEMENTATION		
• IBUPROFEN ORAL			
• levothyroxine (SYNTHROID) 125 mcg oral tablet	TAKE ONE-HALF TABLET BY MOUTH QDAILY WITHOUT FOOD FOR LOW THYROID		
• methocarbamol (ROBAXIN) 500 mg oral tablet	TAKE 1 TABLET BY MOUTH THREE TIMES DAILY FOR MUSCLE SPASM (Patient not taking: Reported on 9/16/2021)		
• oxyCODONE (OXYCODONE I.R.) 5 mg oral tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN FOR UP TO 5 DAYS (Patient not taking: Reported on 9/16/2021)		
• phentermine (ADIPEX-P) 37.5 mg oral tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY BEFORE BREAKFAST		
• Polyvinyl Alcohol-Povidone 1.4-0.6 % Ophth Dpt	INSTILL 1 DROP IN AFFECTED EYE(S) TWICE A DAY AS NEEDED FOR EYE IRRITATION OR DRY EYES		
• PREGABALIN ORAL			
• selegiline 6 mg/24 hr TD PT24	APPLY ONE PATCH TO SKIN EVERY DAY -REMOVE OLD PATCH BEFORE APPLYING NEW PATCH.		
• tramADoL (ULTRAM) 50 mg oral tablet	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN UP TO FOR 10 DAYS (Patient not taking: Reported on 9/16/2021)		
• triamcinolone (KENALOG) 0.5 % topical cream	APPLY CREAM TOPICALLY TO AFFECTED AREA TWICE DAILY (Patient not taking: Reported on 9/16/2021)		

Facility-Administered Encounter Medications as of 3/28/2022

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• lactated ringers infusion		intraVENOUS	CONTINUOUS	Patel, Ankit Mukesh, MD		

Social History:
Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: Never
- Drug use: Never

Family Medical History:

No family history on file.

Exam:

Wt Readings from Last 3 Encounters:

09/16/21 214 lb (97.1 kg)
07/12/21 218 lb 3.2 oz (99 kg)
06/29/21 216 lb (98 kg)

Temp Readings from Last 3 Encounters:

09/16/21 36.2 °C (97.2 °F)
07/12/21 36.6 °C (97.8 °F) (Skin)
06/29/21 36.7 °C (98 °F) (Temporal)

BP Readings from Last 3 Encounters:

09/16/21 118/73
07/12/21 (!) 134/93
06/29/21 125/80

Pulse Readings from Last 3 Encounters:

09/16/21 96
07/12/21 93
06/29/21 70

GENERAL: WDN, NAD

ENT: NCAT, tracks in room with EOM, nares patent, mucus membranes pink and moist

NECK: supple, trachea midline

CHEST: normal chest expansion, unlabored breathing

NEUROLOGICAL: No significant TTP of the midline lumbar spine. There is a well-healed midline lumbar incision. Strength in the left lower extremity is dorsiflexion 5/5, plantar flexion 5/5, Hamstring 5/5, Quadricep 5/5, Iliopsoas 5/5. Strength in the right lower extremity is dorsiflexion 5/5, plantar flexion 5/5, Hamstring 5/5, Quadricep 5/5, Iliopsoas 5/5. Reflexes are 2+ and symmetric at the bicep, tricep, brachioradialis, patella and achilles. Sensation is intact to light touch in the UE and LE throughout. Gait is steady without limp or list.

SKIN: warm and dry

PSYCHIATRIC: Appropriate affect

Imaging:

Imaging was personally reviewed and interpreted by myself and Dr. Al Tamimi to include MRI of the lumbar spine from 6/3/2021 which showed multilevel degenerative changes/lumbar spondylosis with dextroscoliosis centered at L2-L3. There is multilevel neuroforaminal stenosis worse at the L3-L4 and L5-S1 levels. There are multilevel laminectomy defect spanning from L2-S1. Of note this is his preoperative MRI from his most recent surgery in 8/20/2021. CT lumbar was not available for review on today's visit.

Assessment:

1. Lumbar spondylosis
2. Lumbago
3. History of lumbar laminectomy
4. History of lumbar fusion

Plan:

Mr. Stuart is a very pleasant 63-year-old male with a history of undergoing multiple prior lumbar surgeries to include a recent lumbar fusion on 8/2021. He seems to be recovering as expected with improving low back pain. He did reportedly have a CT of the lumbar spine which showed evidence of hardware lucency and questionable pseudoarthrosis per patient report however that imaging study was not available for review on today's visit. We will attempt to obtain a copy of that disc. He otherwise does not seem to be symptomatic or illicit any significant mechanical low back pain on today's visit. We recommend that he continue using his bone growth stimulator for a total duration of 9 months. He otherwise should continue conservative management at this time and may follow-up on an as-needed basis or with worsening of symptoms.

Patient was seen with and medical decision making was done in collaboration with Dr. Al Tamimi

Neurological Surgery Attending

I have seen and examined the patient and reviewed the pertinent medical history and imaging studies. I agree with the diagnosis and plan as outlined by Julie Barker, PA-C

Mazin Al Tamimi, MD