

Alena Rakhman
H&P #3
Rotation 6 – Family Medicine

Location: Rego Park Outpatient Office

Date: 7/22/19

Time: 15:20

CC: "back pain" x1 week

HPI

37-year-old female with no significant past medical history presents today complaining of lower back pain x1 week. Pain is b/l, constant, burning, radiating down left thigh posteriorly, has been getting progressively worse, and is exacerbated with bending and sitting. She rates the pain 5/10 when standing and 10/10 when she tries to sit down. Pt states that she has been taking Tylenol and Advil with relief, until the medication wears off and the pain returns. She states that she works as a cashier at JFK airport and stands on her feet all day long.

Denies recent physical strenuous activity, paresthesias, numbness, direct trauma, fall, previous injury, fever, chills, weight loss, bowel or bladder incontinence, steroid use, past back surgeries or recent travel.

✓ Good ROS

Differential diagnosis

- Lumbosacral sprain/strain
- Spinal stenosis
- Cauda equina
- Spondylosis
- Malignancy

PMH

- No significant past medical history

Immunizations

- UTD including influenza vaccine

Past surgical hx

- C-section 2x (2009, 2012) – no complications

Past hospitalizations

- See surgical hx
- Never hospitalized for medical reason

Medication

- Flonase 50 mcg/dose inhaler (1 spray in each nostril nasally once a day PRN)

Allergies

- NKDA, food or environmental allergies

Family history

- Father → deceased, diagnosed with CVA
- Mother → alive, diagnosed with HTN

Social History

- She is married and lives with her husband and 2 children in a 2-story house in Queens.
- She works as a cashier at a JFK airport.
- Denies smoking cigarettes, drinking alcohol or illicit drug use.
- Education – Bachelor's degree.
- Does not follow any specific diet.
- Goes to the gym 2x/wk, mostly does cardio.
- Safety measures – admits to wearing a seatbelt.
- Sexual hx – She is currently sexually active with her husband. Does not use protection. Denies hx of STIs.

ROS

General

- denies generalized weakness/fatigue, loss of appetite, recent weight loss or gain, fever or chills, or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo, or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia, or pruritus; does not wear glasses or contacts

Ears

- denies deafness, pain, discharge, or tinnitus

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- denies sore tongue, sore throat, mouth ulcers, voice changes, or bleeding gums; last dental exam was 3 months ago

Neck

- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- denies cough, SOB, DOE, orthopnea, wheezing, hemoptysis, cyanosis, or PND

Cardiovascular System

- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- denies loss of appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Menstrual and Obstetrical

- **G2P2002**; denies menorrhagia, metrorrhagia, premenstrual symptoms, dyspareunia, dysmenorrhea, or vaginal d/c; first menarche at 12 years old

Nervous System

- denies HA, seizures, loss of consciousness, weakness, sensory disturbances, ataxia, loss of strength, or change in cognition/mental status/memory

Musculoskeletal System

- **lower back pain**; denies deformity/swelling, redness, or arthritis

Peripheral Vascular System

- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System

- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric

- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

Pt is AOX3, looks stated age, appears well-developed and well-nourished w/ appropriate hygiene. **She appears to be in mild distress, prefers standing to sitting due to pain.**

Vitals

BP → 102/78

HR → 84

RR → 16

Temp → not taken

SpO2 → 98% (room air)

BMI → 25.43

HEENT

Skin

warm and moist, good turgor, nonicteric, no lesions/scars/tattoos noted

Eyes

symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, conjunctiva & cornea clear, visual fields full OU, PERRLA, EOMs full w/o nystagmus

HENT

head is normocephalic, atraumatic, non-tender to palpation throughout; ears are symmetrical and normal in size, no evidence of lesions/masses/trauma on external ears, TMs pearly white & intact with light reflex in normal position AU; nose is symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally/nasal mucosa pink & well hydrated; oropharynx is well hydrated, no evidence of exudate/masses/lesions/foreign bodies, uvula pink, no edema/lesions

Neck/thyroid

trachea midline, no masses/lesions/scars/pulsations noted, supple, non-tender to palpation, full ROM, no stridor noted, 2+ carotid pulses, no thrills/bruits noted bilaterally, no palpable adenopathy noted, no thyromegaly

Chest

symmetrical, no deformities/evidence of trauma, respirations unlabored/no paradoxical respirations or use of accessory muscles noted, Lat to AP diameter 2:1, non-tender to palpation

Lungs

clear to auscultation and percussion bilaterally, chest expansion and diaphragmatic excursion symmetrical, tactile fremitus intact throughout, no adventitious sounds

Heart

JVP is <3cm above the sternal angle with the head of the bed at 30°, PMI in 5th ICS in mid-clavicular line, carotid pulses are 2+ bilaterally without bruits, S1/S2 are normal, no murmurs/extra heart sounds

Abdomen

flat, symmetrical, no evidence of striae/caput medusae/abnormal pulsations/masses/scars/striae or abnormal pulsations, BS present in all 4 quadrants, no bruits noted over aortic/renal/iliac/femoral arteries, no evidence of organomegaly, no evidence of guarding/rebound/CVA tenderness

Peripheral Vascular

skin normal in color and warm to touch in upper and lower extremities b/l, no calf tenderness b/l, equal in circumference, no palpable cords/varicose veins b/l, no cyanosis, clubbing or edema noted b/l

Musculoskeletal system

no soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities; **tender to palpation to the lumbar region b/l, left gluteus and posterior left thigh; ROM of left LE limited due to pain; positive straight leg raise of left LE; decreased plantar flexion of left LE;** no evidence of spinal deformities

Motor/Cerebellar/CN

CN I-XI WNL; normal muscle bulk and tone; no atrophy, tics, tremors or fasciculations; no pronator drift; gait normal with no ataxia; **greater difficulty walking on toes than on heels in left LE;** tandem walking shows intact balance; coordination by rapid alternating movement and point to point intact bilaterally; Romberg negative

Sensory

intact to light touch, sharp/dull, vibratory, proprioception, and point localization b/l

Reflexes

	R	L		R	L
Brachioradialis	2+	2+	Patellar	2+	2+
Triceps	2+	2+	Achilles	2+	3+
Biceps	2+	2+	Babinski	neg	
Abdominal	2+/2+	2+/2+	Clonus	negative	

Foot drop?
Strength testing
S/S throughout
except LLE

Assessment

37-year-old female with no significant past medical history presents today complaining of constant, burning, worsening, 5/10 lumbar back pain x1 week, radiating down posterior left thigh, exacerbated with bending and sitting. History and physical exam most consistent with radiculopathy of the lumbar region.

Plan

Radiculopathy of the lumbar region

- provide 1 week off

- moist heating pad to affected area on medium heat 2-3x/day for 1/2 or 1hr at a time
- Aleve 250 BID-TID, no more than for 1 week, then switch to Tylenol
- maintaining neutral spine position
- no heavy lifting
- avoiding sitting as much as possible, encourage walking
- f/u in 2 weeks to reassess
- consider PT and short course of systemic glucocorticoids if pain persists

Patient Education/Follow-up care

About lumbar radiculopathy:

- it is a painful condition that happens when a nerve in your lumbar spine (lower back) is pinched or irritated.
- nerves control feeling and movement in your body.
- you may have numbness or pain that shoots down from your lower back towards your foot.

Self-care:

- Stay active
 - o It is best to be active when you have lumbar radiculopathy. You should take walks to ease yourself back into your daily routine. Avoid long periods of bed rest. Bed rest could worsen your symptoms. Do not move in ways that increase your pain.
- Avoid heavy lifting
 - o Your condition may worsen if you lift heavy things. Avoid lifting if possible.
- Maintain a healthy weight
 - o Excess body weight may strain your back.
 - o Maintain neutral spine position at all times.
- Moist heating pad to affected area on medium heat 2 to 3 times per day for 1/2 to 1 hour at a time
 - o Do not fall asleep with pad on, set timer if allows auto shut-off.
- Aleve 250 two or three times per day with food
 - o Discontinue if having nausea, decreased appetite, vomiting.
 - o Do not use for more than 1 week, then try to use Tylenol instead.
- Take a week off to work on resolving your symptoms
 - o Follow up in 2 weeks to reassess.