Initial Neurosurgical Evaluation

RE: First Last
DOB: MM/DD/YYYY

Date: Month DD, YYYY

Visit dictation initial sparkler date of birth March 13, 1987 date.from March 11, 2016

Chief Complaint: Low back pain with radiculopathy.

History of Present Illness: (Private Removed) is a 28-year-old right-handed female with a

Past Medical History: Significant for prediabetes, chronic, gallbladder issues, pancreatitis, treated in September 2015, who comes into the neurosurgery clinic today for evaluation of low back pain with radicular symptoms. She states that her low back pain began about a year ago without any traumatic onset. She states it couple months later, which would be may of 2015. She was lifting a heavy backpack and kayak. A couple days after that felt and needles. Sensation as well as pain into the left buttock, posterior thigh, posterior calf and into the bottom of the foot. She states that her entire left leg felt like a pins and needles been in and she went to the ER, where she was given prednisone. Prednisone, did help with the symptoms of pain, however, she did have him needles. Sensation remain in the bottom of her left foot. She states that since that time. The pain comes and goes, which is worsened with walking, prolonged standing, lifting. She does get some relief with sitting and laying down, however, it not, with and needles sensation in the bottom of her foot. She states that she has been physical therapy, top, right. In the fall, because of his insurance issue. She has taken Tylenol 3, which did not provide any relief. She was referred to national spine and pain and has seen Dr. **(Private Removed)** for pain management. She has undergone 3 epidural steroid injections. The first one providing her with some relief, however, the second, and third injection, which the most recent was in the fall, did not provide any relief. She did have improvement of her symptoms with physical therapy, and states that that helps diminish. The pain in her left calf, however, she still continues to complain of low back pain with radiation to the left buttock and then the pins and needles sensation in the left foot. She denies any bowel or bladder dysfunction or saddle anesthesia. She is ambulatory and is able to perform her ADLs. However, states that she is afraid exercise, as she does not know if that would cause any worsening of her symptoms. Past medical history:Significant for prediabetes, gallstones, pancreatitis in September of 2015

Family History: Significant for grandparents-diabetes.Grandfather-stroke.Paternal grandmother-MS.Brother-migraines, psychological issues.

Social History: The patient is an ArthroCare and works mostly a desk job. However, does

travel somewhat. She denies tobacco use. Socially consumes alcohol.

Medications: Gabapentin 300 mg at night. Since July.Metformin, decubitus. Allher sulfate, Tylenol 3 p.r.n.

Allergies: Latex shooting-results in a slight, itching, and discomfort.

Review of Systems: Positive for heartburn, diarrhea, constipation, nausea, vomiting, muscle pain, tingling, numbness, weight change, depression. Negative for hives, tinnitus, congestion, chest pain, tremors, swollen glands, headaches, rashes, vision changes, incontinence.

Physical Examination: Alert, oriented, appears stated age, in no acute distress.Cranial nerves grossly intact. The patient is able to transition from sitting to standing position without issue. The patient is able to ambulate on her own without assistance. The patient is able to walk on her heels and toes without difficulty.She is able to tandem walk and stand on a single leg without issue. Straight leg raise is negative bilaterally. Negative Patrick's test bilaterally.Minimal tenderness of the lumbar spine was palpated. Otherwise no tenderness. Sensation intact to light touch and pinprick throughout. However, does have subjectively decreased sensation along the dorsum of the left foot toward the fourth and fifth toes.Reflexes are symmetric throughout with the exception of absent ankle reflex on the left. Strength is 5 out of 5 throughout all extremities.

Imaging Reviewed: Imaging was reviewed Imaging was reviewed by Dr. **(Private Removed)** demonstrating a large herniated disc at the L5-S1 level.

Assessment and Plan: Ms. **(Private Removed)** is a 20-year-old right-handed female comes into the neurosurgery clinic today for evaluation of low back pain with radicular symptoms. Dr. **(Private Removed)** spoke with the patient regarding her imaging results and possible treatment options. The patient expressed. She is not interested in surgery. We did discuss that since her pain is pretty much well controlled with Tylenol, that that would be of her option, and we discussed conservative conservative measures including, core strengthening exercises as well as is continuation of the physical therapy. We discussed the option of a discectomy and discussed. Risks versus benefits. The patient and was not interested in surgery at this time, however, she changed her mind. She was normal and the notify us and we would be more than happy to see her in clinic. If we were to proceed with a discectomy. We would need order an MRI of the lumbar spine as her most recent one was done back in the summer of 2015. All questions were answered to patient satisfaction. She understood and was in agreement with the plan.Dictated by: **(Private Removed)**, PAC. Please cc **(Private Removed)**.

(Private Removed), PA-C

cc:

(Private Removed)