Final Site Evaluation H&P
History and Physical Rotation 6
Name: Abd-Manaaf Bakere
Rotation 6: Ambulatory
Date: 07/23/2024
Rotation Location: Center Urgent care.

Name: GM
DOB: xx/xx/85
Age: 39 y/o
Address: Calamus Ave NY
Date/Time: July 18 ,2024, 2:15 PM
Location: Center of urgent Care Middle Village
Source of Information: Self
Reliability: Reliable
Preferred Language: English

Chief complaint: "I have lower back pain for 4 days"

History of Present Illness
A 39 y/o male taxi driver presents with lower back pain that started 4 days ago. He first noticed when he was trying get out of his car and felt sharp back pain. He cannot longer rotate his trunk. He states the pain only comes when he is tries to move and rate >10/10. No pain at rest. Admits 3 days ago he could not get out bed. He took prednisone, methylprednisolone, and Advil without relief. He denies weight loss, recent trauma, fever, headache, dizziness, chills, chest pain, Shortness of breath, Nausea, vomiting, diarrhea. No bowl or bladder incontinence.

Past Medical History
Urinary tract infection
Past Surgical History
No significant PSHx
Family History
Mother: Not available
Father: Not available
Social History
Habits – denies drinks caffeinated drinks such as coffee.
Smoking – Admits smoking cigarettes.
Illicit drugs - Denis any use of drugs.
Alcohol - Reports social alcohol use of about standard drink of alcohol per week.
Diet – Admits normal diet
Exercise – Admits moderate regular exercise.
Sleep - Admits to getting 6-7 hours of sleep a night.

Allergies/Intolerance:
Ciprofloxacin: anaphylaxis
Medication:
Discontinued Sulfamethoxazole-Trimethoprim 800-160 MG Tablet 1 tablet
Immunization
Up to date with all immunizations

Review of Systems (ROS):
General: denies weight loss, fevers, weakness, fatigue, night sweats, chills, body aches, sleep
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: denies trauma, headache, nausea, vomiting, dizziness
• Eyes: denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
• Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
• Mouth/Throat: denies bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
• Nose/Sinuses: denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Breast: denies lumps/masses, skin changes, pain, discharge
• Respiratory: denies cough, SOB, wheezing, sputum (color/quantity), hemoptysis, pleurisy, snoring
Cardiac: denies palpitations, pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
• Gl: denies dysphagia, appetite, nausea, vomiting, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits, diarrhea, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice
• Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream
• Genital: Admits interest, function,
• Male: denies bulges, penile discharge or sores, testicular pain/ masses, birth control method, history of STDs
• Vascular: denies claudication, edema, varicose veins, past clots
• Musculoskeletal: **admits lower back pain, lumbar stiffness, limited range of motion,** Denies muscle pain, stiffness, arthritis, gout, weakness, swelling, redness, instability
• Neurological: **Admits gait disturbance**. denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: denies nervousness, mood, anxiety, depression or suicidal ideation.

Vital Signs
BP: 139/85 mm Hg,
HR: 80 /min,

RR: 18 /min,
Oxygen sat %: 98 %,
Temp: 98.3 F,

General Examination

Constitutional:
GENERAL APPEARANCE: Alert, well developed, well nourished, in no acute distress
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: No tenderness, discharge, No inflammation of nasal mucosa, septum or turbinate. No foreign body, No polyps
Mouth/Throat:
Mouth: Mucous membranes are moist. No erythema, exudates, uvula midline, good dentition
Pharynx: Normal mucosa.
LYMPH NODES: No lymphadenopathy.
Eyes:
General: PERRLA present. EOM intact. No scleral icterus. No discharge
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Regular rate, rhythm, S1 and S2 appreciated. No gallops, murmurs, rubs
Pulses: Normal pulses.
Pulmonary:
Effort: No respiratory distress. Bilateral chest symmetry.
Breath sounds: clear to auscultation bilaterally, no wheezes, rales, rhonchi
Chest:
Chest wall: No tenderness.
Abdominal:
General: Intact skin. Bowel sounds presents, no distention,
Palpations: Abdomen is soft, No rigidity, rebound or guarding, No CVA tenderness. Negative murphy sign, McBurney point tenderness. No shifting dullness.
SKIN: no suspicious lesions, warm and dry.
MUSCULOSKELETAL: Back: Skin intact with no deformity noted. NO erythema, no edema no ecchymosis noted. decrease range of Motion of back due to discomfort. Gait discomfort. No weakness or atrophy. Tenderness noted along paravertebral muscles along the L spine No bony tenderness noted.
Able to ambulate
Neurological:
General: No focal deficit present, Sensation: Pain, temperature, position, vibration present
Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Assessment

GM is a 39-year-old male taxi driver presenting with acute onset of severe lower back pain rated >10/10, initiated 4 days ago while exiting his car. The pain is exacerbated by movement and has

resulted in significant functional impairment, including difficulty ambulating and rotating the trunk. There is localized tenderness along the paravertebral muscles of the lumbar spine without bony tenderness or other concerning findings such as weight loss, fever, bowel or bladder incontinence, or recent trauma. The patient's use of prednisone, methylprednisolone, and Advil has not provided relief. He has a significant history of smoking and is otherwise healthy with no significant past surgical history.

Differential Diagnoses

Muscle Strain

The acute onset associated with a specific movement (exiting the car), localized tenderness along the paravertebral muscles, and absence of neurological symptoms support muscle strain as the most likely diagnosis.

Lumbar Disc Herniation

The severe pain with movement, functional limitation, and the patient's occupation involving prolonged sitting could contribute to disc herniation. The absence of radicular pain or neurological deficits makes this less likely but still possible.

Lumbar Spondylosis

Chronic mechanical stress from the patient's occupation could lead to degenerative changes in the spine. While the patient denies chronic symptoms, acute exacerbations can occur, and imaging would be needed to confirm this.

Facet Joint Syndrome

The localized nature of the pain, especially with certain movements, could indicate facet joint involvement. This condition is often exacerbated by twisting or extending the back, which aligns with the patient's presentation.

Plan

Pain Management:

Gave Therapeutic Injections***Ketorolac** : 30 mg (Dose No:1) (Route: Intramuscular) on left arm intramuscular.

Prescribed Naproxen Tablet, 500 MG, 1 tablet with food or milk as needed, Orally, every 12 hrs, 10 days, 20 Tablet, Notes: prn pain

Prescribed Cyclobenzaprine HCl Tablet, 10 MG, 1 tablet at bedtime as needed, Orally, Once a day, 5 days, 5 Tablet, Notes: prn muscle spasm

Physical Therapy:

Recommended a referral to physical therapy for targeted exercises to improve flexibility, strength, and pain relief.

Imaging:

If there is no improvement or if symptoms worsen**, consider lumbar spine X-ray or MRI** to rule out structural abnormalities such as disc herniation or spondylosis.

Activity Modification:

Educated the patient on proper body mechanics and ergonomics, especially related to his occupation as a taxi driver.

Encouraged frequent breaks to stretch and change positions.

No heavy lifting/carrying/pushing/pulling. Rest on a firm surface flat on your back with a pillow underneath your knees.

Smoking Cessation:
Provided resources and support for smoking cessation, as smoking can impede healing and exacerbate back pain.
Follow-up:
Follow up with your Primary care physician in the next 2-5 days. Follow-up to reassess symptoms and response to treatment.
Advised the patient to go ER if he experiences new or worsening symptoms, such as neurological deficits or significant changes in bowel/bladder function.