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In Reference	:	**Kennington, Ron**
Date Of Birth	:	06-17-1959
Gender	:	Male
Attending Physician	:	Todd Gravori M.D., FACS, QME
Current Evaluation	:	04-09-2018

Initial Comprehensive Neurosurgical Consultation

History of Present Illness

Reason For Consultation

Mr. Ron Kennington is a 58 year right handed dominant male, who presents today for a Comprehensive Neurosurgical Consultation with regards to injuries sustained in a personal injury, occurred on the above-mentioned date.

History of Injury

The patient was involved in a motor vehicle accident. The accident occurred on 03-26-2017. The patient states that he was a seat belted driver. Following the accident, the patient reports suffering from lower back pain. The patient reports injury to legs as well. He has been undergoing evaluation and treatment since that time that include physical therapy, chiropractic maneuvers, massage therapy and interventional pain management. The patient has also undergone diagnostic studies that include MRI scan.

Treatment To Date

The treating chiropractic physician is Dr. Dr. Long. An MRI of the lumbar spine was performed on 07-10-2017.

Lumbar Pain

Mr. Kennington is a 58 year old male who is being evaluated for pain in lower back. The patient is right hand dominant. He states that the onset of the symptoms was on 03-26-2017. The patient remembers the onset of the symptoms to be immediately following a traumatic event. Mr. Kennington was in his usual state of health until he experienced a motor vehicle accident after which the symptoms started. On a scale of 1 - 10 with 10 being most intense, the patient states that his pain is rated at 8/10. Leg pain scale of 4/10. The back pain that the patient is experiencing, is best described as aching, stabbing, tingling, sharp and stiffness.

The back pain has been constant over time. The lumbar spine pain is experienced along the midline of the lower back. He complains of numbness in the lower extremity. The patient complains of numbness in the right lower extremity involving the buttock, posterior thigh, posterior calf and bottom of the foot. The patient is experiencing of numbness in the left lower extremity involving the buttock, posterior thigh, posterior calf and bottom of the foot. He complains of weakness in the lower extremity. The patient is experiencing weakness in the right lower extremity when bending the knee, straightening the knee and lifting the foot. The symptoms are exacerbated with standing, walking, sitting, lumbar extension, activity, movement, lifting, driving, coughing and lumbar flexion. The patient reports some improvement of the symptoms with rest, laying down and icing the area. Mr. Kennington states that as a direct result of his symptoms, he is experiencing significant impairment with regards to his "activities of Daily Living" (ADL), including difficulty with daily function performance, mood and emotional imbalance, physical activity, sleeping including restlessness or interruption of normal sleep pattern and traveling such as riding, driving or flying. He has tried non-surgical and conservative treatment options previous to the consultation today which include physical therapy, chiropractic care, massage therapy and epidural injection.

Past Medical History
No Known Past Medical History

Surgical History

The patient did not undergo any surgical procedures.

Family History
Alzheimer's: Father.

Current Medication
gabapentin

Allergy
No Known Drug Allergies.

Social History
Use Of Drugs/Alcohol/Tobacco: The patient denies ever having used tobacco. The patient currently consumes alcohol. He consume 1-2 alcoholic drink per day.
Family: Current Marital Status: single.
Occupation:employed - He is self-employed.
Highest education level: College.
The patient consumes caffeinated drinks minimally. He exercise occasionally. He follows healthy diet.

Review of Systems
General: Denies Fever, Chills or Night Sweats.
HEENT: Denies Ear Ache, Vision Changes, Nose Bleed or Sore Throat.
Skin: Denies Rash, Itch or Dryness.
Cardiovascular: Denies Chest Pain, Murmur or Irregular Heart Rhythm.
Respiratory: Denies Productive cough, Bloody cough, Shortness Of Breath or Wheezing.
Gastrointestinal: Denies Nausea, Vomiting, Diarrhea or Constipation.
Endocrine: Denies Weight Loss, Weight Gain, Hair Loss or Excess Fatigue.
Genitourinary: Denies Kidney Stones, Kidney Disease or Sexually Transmitted Disease.
Neurology: Denies Tremors, Seizures or Stroke.
Musculoskeletal: Denies Abnormal Joints or Posture abnormalities. Denies Lupus.

Vitals
Weight: 218.00 lbs.
Height: 74.00 inches.
Body Mass Index: BMI: 28 .

Physical Examination
***Inspection:** Direct palpation of the posterior aspect of the spine reveals tenderness in the area of lumbar spine. Severe tenderness in the lumbar spine. Lumbar paravertebral palpation was performed and was significant for muscle tenderness and spasm noted to be severe bilaterally.
Lumbar Spine:** ***Palpation of the bilateral sacroiliac joint area reveals right and left sided pain. Mild on the right and none on the left. The palpation of the sciatic notch is significant for bilateral tenderness. Severe on the right and moderate on the left. Palpation of the greater trochanteric bursa reveals no tenderness. ***Anterior lumbar flexion causes pain. Extension of lumbar spine is noted to be 5 degrees. There is pain noted with lumbar extension.*** **Comments:** It is very difficult to examine his motor examination due to the severe pain that he has. .
***Neurology - Coordination: Comments:** Gait is with a lot of pain. .
Neurology - Straight Leg Raising:** ***Right sided straight leg raising: positive. Left sided straight leg raising: positive. **Comments:** more on the right than left. .
***Neurology - Sensation:**
L1 - Right upper thigh: normal .
L2- Right mid-thigh: normal.
L3 - Right knee: normal.
L4 - Right medial leg: normal.
L5 - Right dorsal foot: decreased.
S1- Right plantar foot: decreased.

L1- Left upper thigh: normal.
L2 - Left mid-thigh: normal.
L3 - Left knee: normal.

L4 - Left medial leg: normal.
L5 - Left dorsal foot: normal.
S1 - Left plantar foot: normal.
He clearly has atrophy in the right lower extremity/calf muscle compared to the left side.

Lumbar Spine AROM	Normal	Observed
Anterior Flexion:	90°	20 degrees
Anterior Extension:	30°	5 degrees
Left lateral flexion:	25°	
Left lateral bending :	25°	

Radiology Reviewed:
Order No: EXR15556 Dated: 07-10-2017

Test	Result
MRI	
Lumbar spine (w/o contrast)	L3-4 disc hernia. L5-S1 right disc hernia and collapse.

Assessment and Plan
ICD: Lumbar back pain (M54.5)
ICD: Lumbar disc herniation (M51.26)
ICD: Lumbar radiculopathy (M54.16)
ICD: Muscle spasm (M62.838)
Plan: The patient is a 58-year-old gentleman status post-MVA who suffers from severe low back pain with radiating pain down the leg, right more than left. He clearly has atrophy in the right lower extremity/calf muscle compared to the left side. On examination, the patient has a clear evidence of radiculopathy with numbness, pain, sciatic notch tenderness, and straight leg raising that is positive, right more than left. He has numbness in the L5 and S1 distribution and a possible weakness although I cannot really assess him due to the severe pain that he is experiencing. The lumbar spine is suffering from a significant amount of muscle spasm and tenderness with almost no range of motion. The MRI of the lumbar spine clearly demonstrates

disc herniation at the level of L5-S1 towards the right side affecting the traversing nerve root with collapse at L5-S1. There is also disc herniation at the level of L3-4 noted.

At this point, the patient has exhausted conservative treatment and I believe that he is a candidate for surgery. The recommended surgery would be an L5-S1 right-sided TLIF. In addition, the patient may require decompression at L3-4 and potentially at L4-5 depending on the findings on examination. I have discussed this with the patient extensively. We also discussed the pros and cons as well as the risks and the benefits of the surgery including but not limited to pseudoarthrosis and adjacent level disease. The patient clearly understands and would like to discuss this with his family. He will contact my office if he would like to proceed with the surgery. All questions have been answered.

Follow-up: As needed.

Sincerely

CPT Codes:
High level new patient office visit (99205)
MRI of lumbar spine without contrast (72148)

Follow up: As needed

Todd Gravori M.D., FACS, QME

This has been electronically signed by Todd Gravori M.D., FACS, QME on 04-09-2018.