**CC**: “ I have left lower back pain for the past 2 days”

**HPI**:

A 60 years old female, PMHx of HTN presents to the clinic for an initial evaluation s/p MVC that occurred on 8/30/2020 at 11:30PM while driving eastbound on the Southern State Parkway in NY. Patient reports while driving home to Queens from a friends home in Hempstead NY, in a rental car, 2020 Hyundai Elantra, in the center lane, restrained, going 40mph, she was rear ended by a motorcycle; airbags didn't deploy. Patient reports being jolted back and forth and being startled by impact and images of flying debris (parts of motorcycle) due to impact. EMS was dispatched to the scene, and the patient refused transport stating she was concerned about leaving her rental car at the side of the road. She was able to drive herself home from the scene and began to feel pain in her lower back; left sided. Pt describes the lower back pain as constant, 9/10, left sided, shooting, that radiates to the left leg. Pain is aggravated by walking, lying down and certain movements; deneis alleviating factors. Denies chest pain, shortness of breath, abdominal pain, nausea, vomiting, fever, chills, bowel or bladder control problems, numbness or tingling.

**PMHx**: HTN

**PSHx**: none

**Meds**: Amlodipine, Ibuprofen, Acetaminophen

**Allergies:** Denies

**Family History-** denies family history of cardiovascular diseases, cancer and strokes.

**Social history:** denies smoking, alcohol and illicit drug use

**Review of Systems**

**General:** Denies generalized weakness, fatigue, loss of appetite, chills, diaphoresis, weight loss/gain, fatigue and fever.

**Head** –Denies headache, vertigo or head trauma.

**Neck** – Denies localized swelling/lumps or stiffness/decreased range of motion

**Pulmonary system** – Denies dyspnea, dyspnea on exertion, cough, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

**Cardiovascular system** – Denies chest pain, palpitations, irregular heartbeat, edema/swelling of ankles or feet. syncope or known heart murmur

**Gastrointestinal:** Denies abdominal pain, constipation, diarrhea, dysphagia, pyrosis(heartburn), flatulence, eructation, change in appetite or blood in stool

**Muskuloskeletal**: admits lower back pain and decrease range of motion but denies joint swelling, joint pain, shoulder or knee pain.

**Genitourinary system** – denies urinary frequency, urgency, nocturia, polyuria, oliguria, dysuria,

incontinence, or flank pain.

**Neurological:** Negative for dizziness, tremors, syncope, weakness, numbness and headaches.

Physical Exam

**General:** pt is oriented to person, place, and time. She appears well-developed and well-nourished. Non-toxic appearance. She does not appear ill but mild distress.

**Vital Signs:**

BP: R sitting 118/72

R: 16/min unlabored

P: 64 regular

T: 98.2 degrees F (oral)

O2 Sat: 99% Room air

**Nails:** no sign of clubbing, cyanosis, koilonychia, paronychia. capillary refill <2 seconds

throughout.

**Skin:** warm, moist and smooth to touch, good turgor. Nonicteric, no evidence of hypo or

hyper pigmentation, erythema, mass, lesions, scars or tattoos.

**Head:** normocephalic, atraumatic, no specific facies.

**Eyes:** Pupils are equal, round, and reactive to light.

**Neck**:Trachea midline. No masses; lesions; scars Normal range of motion. Neck supple.

**Heart:** Regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4,

splitting of heart sounds, friction rubs or other extra sounds.

**Lungs**: Clear to auscultation and no evidence of adventitious sounds.

**Abdomen**: Flat / symmetrical / no evidence of scars, striae, caput medusae or abnormal

pulsations. Bowel sounds present in all four quadrants; Soft, non-tender to palpation; no masses, no organomegaly, rebound, guarding, or rigidity.

**Musculoskeletal:**

Lumbosacral spine: No edema, ecchymosis, or erythema. Moderate tenderness to lumbar paraspinal muscles. No spinal point tenderness. Lumbar spine range of motion, flexion 60/90 degrees, extension 20/25 degrees. Left rotation 30/40 and right rotation 30/40 degrees, left lateral flexion 15/25 degrees and right lateral flexion 15/25 degrees. Straight leg raise is negative.

**Neurological:** She is alert and oriented to person, place, and time.

**Assessment:**

60 years old female PMHx of HTN, presents for an initial evaluation s/p MVC that occurred 2 days ago and complaining of lower back pain. Based on physical examination there is a suspicion traumatic fracture vs herniated disc.

Differential Diagnosis

* Traumatic fracture
* Herniated disc
* Muscle strain
* Whiplash
* Sciatica
* Spinal stenosis

Plan:

* X-Ray of Lumbar spine; preliminary views are negative for fracture; official report to follow
* MRI of Lumbar spine requested to r/o Herniated nucleus pulposus (HNP) and tears
* Physical therapy, acupuncture, 2-3x a week for 4 weeks for strengthening and to reduce pain
* Ibuprofen 800mg 3 times daily given for pain;
* Start lidocaine patch 5%, 1 patch every 12 hours, once a day
* Flexeril 10mg nightly
* Apply icy hot/bengay over affected region
* Apply ice, rest and elevate
* Follow up in 3 days, sooner if needed

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60 years old female with PMHx of HTN, right hand dominant present to the facility today for initial visit c/o of left lower back pain, left shoulder pain and headache s/p MVA on Sunday 08/30/20. Pt was returning from a one of the friend house opening around 11:30pm using the southern state parkway, Hempstead town of 3050. Pt was driving a 2020 Hyundai Elantra model at the speed of 40mph in the middle lane, when a motorcycle driver hit the left side of her car from the back. Pt was wearing a seatbelt when the incident took place and the airbag didn't deploy. Pt was terrified by the incident and she failed to stop the car promptly, which caused the car to go on for a while until pt changed the gear to parked mode. Pt was baffled by the accident and she pulled the car on the left side of the road and stepped out of the car to check on the impact. Pt then walked to the scene and found the motorcycle owner sitting by the right side of the road while his motorcycle was scattered in pieces.

Once the police and ambulance came to the scene, pt did not want to go to the emergency room leaving her car unattended as she was renting the car. Pt started to experience left lower back pain, ratsd 9/10, constant shooting pain radiating to the left leg. The left lower back pain aggravated with walking, laying down and movement. Pt denied taking any medication or ice compression for pain relief and there are no alleviating factors. The left lower back pain has worsened since the incident so the patient seeked Emergency care at Northwell on 08/31/2020 where the patient was given one lidocaine patch, ibuprofen 600mg, and acetaminophen 650mg. No imaging was performed and the patient is still experiencing severe pain so she came to this facility today.

Since yesterday, the patient has been experiencing left shoulder pain, which was chronic pain due to job responsibility as a CNA in the Silvercrest facility. Pt was receiving care for left shoulder pain as pt reports receiving physical therapy and steroid injection in the past. According to the patient, her shoulder pain alleviated with the previous treatment and the MVA has aggravated the pain. Pt describes the shoulder pain as sharp constant,, rates 7/10, non radiating with mild tingling in the left hand. Denies aggravating or alleviating factors.

Patient is also c/o of severe headache starting yesterday and rates the headache 9/10.Pt describes it as sharp shooting radiating to both of the eyes. Denies alleviating or aggravating factors. Denies LOC, migraine Hx, injury to head, dizziness, blurry vision or any visual disturbances.

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Patient reports continued to drive, due to shock, but stopped roughly 1 mile past the site of impact. She reports changing gears without braking, causing the vehicle to stop abruptly, further jolting her back and forth. She then pulled over to the left and parked at the left middle shoulder. She was able to ambulate after the incident, walking back to the scene of the accident. Driver of motorcycle was sitting at roadside, minor injuries, EMS was dispatched to the scene, patient refused transport stating she was concerned about leaving her rental car at side of road. She was able to drive herself home from the scene and began to feel pain in her lower back; left sided; No head injury, LOC, dizziness, blurred vision. The next morning, pain persisted and she presented to Long Island Jewish Hospital, Northwell, ED for evaluation. She did not receive diagnostic imaging; she was prescribed Ibuprofen 600mg, Acetaminophen 650mg, and Lidocaine patches for pain; pt did not receive Lidocaine patches. Patients admit that meds provide little relief. She reports that she began to develop headaches and left shoulder pain on 8/31/20; she admits to prior injury to left shoulder in 3/2019, due to repetitive movements related to her profession, CNA. Care of the left shoulder is being managed by her PCP Dr. Mahendra AMIN and Neurologist Dr. Jefferey Mallin; s/p steroid injections and previously attended physical therapy; patient reports accident aggravated her injury.

Today, a patient reports headaches, left shoulder and lower back pain.

Headaches are 9/10, constant, sharp, shooting, that radiates to bilateral eyes. No blurred vision, visual disturbance, photophobia, or dizziness. Patient denies aggravating and alleviating factors. No numbness or tingling.

Patient is a Certified Nurses Aide, states she was working full duty prior to the accident and tolerating it well.