



2065 E. South Blvd
Suite 204
Montgomery, AL 36116

7461 East Dr
Montgomery, AL 36117

Re: DEVONNA GRAY

Date of Visit: 4/1/2022

Dear LINDSEY BARTON

Thank you for sending your patient to my office, here is my assessment and recommendations. Attached you will find the full document from my visit.

If you have additional questions regarding this information, please contact:

Pirofsky, Jeffry G, DO
2065 East South Blvd.
Parker Pavilion Suite 204
Montgomery, AL 36116
(334) 747-7300

Sincerely,

Jeffry Pirofsky

The following document(s) were included in the letter:
April 01, 2022 10:25:42 CDT - (4/1/2022) *Ambulatory Office Visit Note

4/4/22
Reviewed
J. Barton, CRNF

Referring Physician

Referring Physician: BARTON, LINDSEY T, NP

Chief Complaint

Chronic neck and low back pain with bilateral hand and foot numbness

History of Present Illness

Complaint: Chronic neck and low back pain with radiation of pain and numbness bilateral hands and feet

Symptoms: Pain and numbness

Location: Cervical, lumbar spine, bilateral hands and feet

Quality: Dull

Severity: Slight 2/10, however this varies

Duration: Chronic with progressive worsening

Timing: Constant

Context: No recent precipitating event

Moderating Factors: Increased with physical activity and sitting. Better with medication.

History: 61-year-old African-American female presents to this clinic at the request of nurse practitioner Barton with multiple chronic, unstable, progressively worsening conditions. She is accompanied by an office note dated 2/4/2022 referring her for MRI scans which were performed on 2/25/2022. She is not the best historian. She reports treatment in New York for this and has undergone therapy in the distant past. Even though today her pain is slight yesterday it was an 8/10. She is also complaining about what sounds like a trigger finger.

Review of Systems**Constitutional:** All Negative**Eyes:** All Negative**ENMT:** Loss of smell, Ears ringing**Respiratory:** All Negative**Cardiovascular:** Chest Pain**GI:** Heartburn**GU:** All Negative**Blood:** Easy bruising**Endocrine:** All Negative**Immune:** All Negative**Musculoskeletal:** Back Pain, Neck pain, Joint Pain, Joint stiffness, Joint swelling, Muscle Pain, Difficulty walking, Back stiffness**Skin:** All Negative**Psychiatric:** All Negative**Neurologic:** Tingling, Right arm numbness, Left arm numbness, Right leg numbness, Left leg numbness, Difficulty walking**Physical Exam****Vitals and Measurements****HR(Monitored):** 59 bpm(04/01/22 09:14:00)**RR:** 16 br/min(04/01/22 09:14:00)**BP:** 122/65 mmHg(04/01/22 09:14:00)**Problem List/Past Medical History****Ongoing**

No qualifying data

Home Medications

budesonide 32 mcg/inh nasal spray, 2 Spray, NASAL, DAILY

Eliquis Starter Pack for Treatment of DVT and PE 5 mg oral tablet, 5 mg= 1 Tab, PO, As Directed

hydroCHLOROthiazide 25 mg oral tablet, 25 mg= 1 Tab, PO, Every Morning

Allergies

No Known Medication Allergies

Social History**Alcohol**

Alcohol Use: No.

Substance Abuse

Drug Use: No.

Tobacco

Tobacco Use: Never (less than 100 in lifetime). Non-Smoking Literature: Non-smoker.

Diagnostic Results

X-rays of the cervical, lumbar spine and pelvis were ordered by me today. These were personally interpreted and reviewed by me with the patient. AP cervical spine reveals side bending which is slight to the right.

There is multilevel disc degeneration and spondylosis however there is more severe disc degeneration and spondylosis in the upper incompletely visualized segments of the thoracic spine. On flexion and extension views there is no acute instability with multilevel disc degeneration and spondylosis as well as ossification of the anterior longitudinal ligament.

AP view of the lumbar spine reveals a mild thoracolumbar scoliosis with multilevel disc degeneration and spondylosis and again with more thoracic spondylosis compared

Height: 64 in(04/01/22 09:14:00)
Weight: 93.7 kg(04/01/22 09:14:00)
BMI: 35 (04/01/22 09:14:00)

General: Well Developed/severely obese African-American female
 Psych: Alert and oriented X 3 in no acute distress. Speech coherent.
 Appearance and behavior appropriate.

Total Spine

Musculoskeletal:

Gait: The patient could heel and toe walk without difficulty. Nonantalgic.

Posture Palpation: The posture was erect with no palpable tenderness or muscle spasm over the cervical spine, bilateral trapezius area, thoracic spine, lumbar spine, or paralumbar musculature. The patient had normal muscle tone. Shoulder height, iliac crest, PSIS all symmetrical. No scoliosis was appreciated. No abnormality with respect to kyphosis or lordosis. No asymmetry was appreciated. There was no dermal stigmata. No tenderness was appreciated over the bilateral SI joints. No spinal deformities were appreciated.

Range of Motion: Cervical, thoracic and lumbar spine range of motion was decreased 40%. Bilateral hip range of motion was decreased 40%.

Straight Leg Raise: Negative in the seated and supine position. Leg length discrepancy, muscle atrophy, and pelvic asymmetry were not appreciated. Fabere's maneuver was negative bilaterally.

Neurologic:

Strength: Muscle testing bilateral upper and lower extremities 5/5 in all major muscle groups tested.

Reflexes: 2 and symmetrical throughout the bilateral upper and lower extremities. Babinski, clonus, and Hoffman's were not noted. Spurling's sign negative bilaterally.

Sensation: Grossly intact to pinprick bilateral upper and lower extremities.

Assessment/Plan

1. Degeneration of cervical disc without myelopathy

Ordered:

Office Visit Level 4 New 99204, 04/01/22 10:23:00 CDT, Degeneration of cervical disc without myelopathy | Cervical spondylosis with radiculopathy | Neuroforaminal stenosis of cervical spine | Disc degeneration, lumbar | Other spondylosis with radiculopathy, lumbar region

Referral to Neurosurgery, 04/01/22 10:23:00 CDT, Routine, Doan, Ninh B, MD, Chronic cervical and lumbar radiculopathy including cervical stenosis, please provide neurosurgical consultation, Baptist Health Neurosurgery, Degeneration of cervical disc without myelopathy | Cervica...

Referral to Rheumatology, 04/01/22 10:23:00 CDT, Routine, Ruiz, Ximena Del Pilar, MD, Please rule out ankylosing spondylitis or other rheumatological conditions, UAB Multi Speciality Clinic, Degeneration of cervical disc without myelopathy | Cervical spondylosis with radiculop...

2. Cervical spondylosis with radiculopathy

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to lumbar spondylosis but again the thoracic spine was incompletely visualized. On flexion-extension views there is anterior movement which is slight of L4 over L5 with multilevel disc degeneration and spondylosis as well as the lower thoracic spine segments.

AP pelvis x-ray reveals slight elevation of the right iliac crest with mild-moderate hip joint degeneration bilaterally.

I was able to review results of a MRI scan of the cervical and lumbar spine both performed at Baptist Medical Center East on 2/25/2022.

MRI cervical spine was without acute abnormality C2-C3 with a disc osteophyte complex with mild-moderate bilateral narrowing with no central stenosis. At C4-C5 there is a disc osteophyte complex with severe bilateral narrowing and moderate central stenosis. At C5-C6 there is disc degeneration with a disc osteophyte complex somewhat asymmetric to the left with moderate left sided narrowing.

At C6-C7 there is a disc osteophyte complex asymmetric to the left with moderate left and mild-moderate right-sided narrowing. At C7-T1 there is a disc osteophyte complex with moderately severe bilateral and moderate central stenosis. Lumbar spine MRI reveals a mild disc osteophyte complex with facet arthropathy without significant foraminal stenosis at L1-L2. There is mild spondylosis at L2-L3. There is a disc osteophyte complex at L3-L4 with asymmetric right-

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3. Neuroforaminal stenosis of cervical spine

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4. Disc degeneration, lumbar

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5. Other spondylosis with radiculopathy, lumbar region

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6. Neuroforaminal stenosis of lumbar spine

7. Thoracic spondylosis

8. Scoliosis

9. Cervical stenosis of spine

sided facet arthropathy with moderate right-sided narrowing. At L4-L5 there is a mild disc bulge with moderate facet arthropathy without significant foraminal stenosis.

At L5-S1 there is a disc osteophyte complex with moderate facet arthropathy and a grade I spondylolisthesis with moderate left and mild-moderate right-sided narrowing. All of these findings were personally reviewed by me with her today.

10. Chronic pain syndrome

11. Trigger finger

She presents with multiple chronic, unstable, progressively worsening conditions specifically as relates to her cervical and lumbar radiculopathy. She is also complaining about her finger sticking which is a trigger finger. Based upon the appearance of her x-rays I do believe that she may have ankylosing spondylitis as well secondary to multiple bridging osteophytes specifically in the thoracic spine. Rheumatology consultation will be expedited for her. She states that she is unable to attend physical therapy at this time. We did discuss potential for elective major surgery on her cervical and possibly lumbar spine. She would like to discuss these options and may be reconsider spinal injections in the future. Continue prescription medication as discussed.

Signature Line

(Electronically Signed On 04.01.22 10:25 CDT)

Pirofsky, Jeffry G, DO

D: 04.01.22 10:25 CDT