SunCoast SpineCare
Jay H. Schwartz, DC, DIBE
Board Certified in Electrodiagnosis
409 6th Ave. East Bradenton, FL 34208
941-365-6400 Fax: 845-507-1153

Neck Pain with Bilateral Arm Pain Relieved

May 30, 2013
Patient: Ms. B

CHIEF COMPLAINT:
Ms. B presented herself to my office on May 29, 2013 with a primary complaint of neck pain rated 8/10, radiating into the bilateral upper extremities to the hands and all digits. She reports intermittent headaches as well. She describes the pain as throbbing, shooting and sharp with paraesthesia and numbness. She also complains of weakness in her arms and a feeling of tiredness. Ms. B states that this is a constant unrelenting problem that is present 100% of the time and she never has a moment of relief from the symptoms. There is definite effect on her ability to perform her routine daily activities of living because of the current symptoms. Ms. B feels that her overall lifestyle has been moderately altered due to this problem. She states she must significantly change the way she approached every activity to avoid making the symptoms worse or causing pain. Because of the current problem she has difficulty with personal grooming, holding and using the telephone and reaching for things. She states that her symptoms are generally relieved with sitting and resting. The problem appeared gradually over the past few months and it is gradually getting worse.

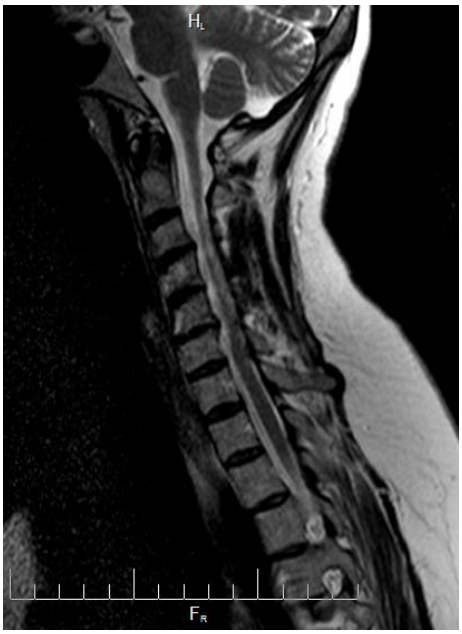
EXAMINATION OBJECTIVE FINDINGS:
Limitations noted in her active cervical range of motion:
Flexion 40 with pain in the neck.
Extension 20 with pain in the neck and left arm.
Left/right rotation 40 and 50 with pain in the neck and left arm.
Lateral flexion normal bilaterally with pain in the left arm to the left and right arm to the right.

Spurling's or Foraminal Compression Test is positive both to the left and right. ==>VBI Test, VAS or vertebral artery screening test (George's Test) was normal. The test is normal with no increased risk identified today.

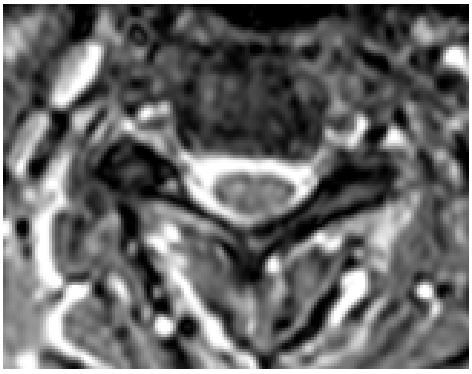
Muscle strength is normal in the upper extremities at 5/5 bilaterally, the upper deep tendon reflexes are normal at +2 bilaterally in her biceps, brachioradialis and triceps and her superficial sensation was normal when tested with a pinwheel in the upper extremities over her C5, C6, C7, C8 and T1 dermatomes.
Phalen's Test was negative. Tinnel's Sign was not present.
Subluxation listings: C5, 6, C7
Palpation of the soft tissue structures were normal in her upper body with the exception of spasm, tenderness, pain and trigger point activity in her left cervical paraspinal muscles and right cervical paraspinal muscles. 4/5.

An EMG and NCS was performed which demonstrated no evidence of radiculopathy and some evidence of left ulnar neuropathy most likely at the tunnel of Guyon.

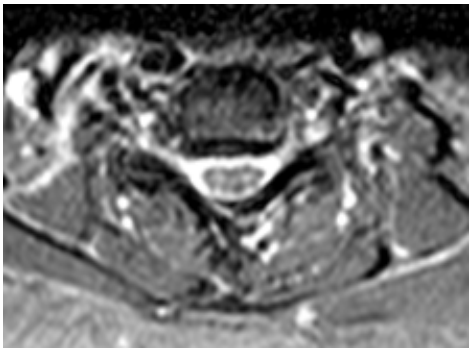
IMAGING:



Sagittal image reveals a reversed sagittal curve with a small C3-4 disc protrusion and a C5-6 disc protrusion.



A left lateral bone spur which does not indent the cord but extends into and narrows the left lateral foramen at C3-4.



Here is a small right foraminal disc protrusion which compresses the right foramen. A bone spur is also narrowing the left foramen.

SunCoast SpineCare
Jay H. Schwartz, DC, DIBE
Board Certified in Electrodiagnosis
409 6th Ave. East Bradenton, FL 34208
941-365-6400 Fax: 845-507-1153

MRI of the cervical spine was obtained by her primary care physician on 4/23/13 which demonstrates a left lateral bone spur which does not indent the cord but extends into and narrows the left lateral foramen at C3-4. At C4-5, there is desiccation of the disc and no evidence of herniation or stenosis. There is mild desiccation and narrowing of the disc at C5-6. There is a small central disc protrusion that does not indent the cord. There is a small right foraminal disc protrusion which compresses the right foramen. A bone spur is also narrowing the left foramen.

ASSESSMENT:
PATIENT'S WORKING DIAGNOSIS LIST:
723.4 Brachial Neuritis; Cervical Radiculitis; Radicular Syndrome of Upper Extremity
782.0 Hypeaesthesia/Paraesthesia
722.0 Cervical Herniated disc.
784.0 Headache

PLAN:

SHORT TERM TREATMENT GOALS:
Alleviate 50% of her symptoms within one month of three times per week treatment.

TREATMENT consisted of Cox cervical distraction and ultrasound.

PROGRESS:
Ms. B felt about 50% less pain after 4 visits with milder paraesthesia and numbness, but no change in her subjective symptom of weakness. After 12 visits, her pain, along with paraesthesia and numbness had virtually dissipated, but she continued to complain of weakness and tired feeling in her arms. After 17 visits, she was symptom free. She continued to undergo stabilization care.