

Ian Wert
February 26th, 2024

H&P 2- Family Medicine Rotation

Chief Complaint:

"I have a pain in my left buttocks and my left leg for 4 days"

History Of Present Illness:

I 72 y.o female with no significant pmh who presents with complaints of constant sharp left buttocks pain that radiates down her left thigh for the past 4 days. She also complains of numbness and tingling sensations in her left foot. She rates the severity of the pain a 9/10 and states that it often wakes her from her sleep. She also reports worsening of the pain when she is sitting for a prolonged time. She uses Aleve and reports it provides temporary relief of her pain. She denies any history trauma, fever, incontinence, and saddle anesthesia.

Past Medical History:

Past medical illnesses: denies

Hospitalizations: denies

Childhood illnesses: denies

Immunizations: Up to date

Screening Tests: Up to date

Surgical History:

denies

Medications:

Naproxen prn (for chief complaint)

Allergies:

N.K.D.A

Family History:

Father- deceased, doesn't recall medical history

Mother-deceased, doesn't recall medical history

1 sister- breast cancer survivor

1 brother- non-insulin dependent DM

Social History:

I.W is a 72 y.o married female who is currently retired.

Habits- Patient denies smoking and denies illicit drug use. Patient reports consuming 1-2 glasses of wine/wk and drinks one 1-2 cups of caffeinated coffee/day.

Diet: She states she cooks at home and has a healthy well balanced diet.

Exercise: She reports she use to regularly exercise but her current pain prevents her from doing so.

Sleep: typically 8 hours but her pain has prevented her from regular nights sleep.

Recent Travel: denies

Sexual History: She is currently sexually active with her husband and denies any history of STD's.

Review Of Systems:

General- Denies fever, chills, night sweats, fatigue, weakness. Denies loss of appetite, denies recent weight loss or gain.

Skin, hair, and nails – Denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritis, or changes in hair distribution.

Head: Denies head trauma, headache, vertigo, syncope, fracture, or coma.

Eyes – Denies visual disturbances, fatigue, lacrimation, photophobia, pruritis, use of glasses or contacts. Last eye exam unknown.

Ears – Denies hearing loss, pain, drainage, tinnitus, and the use of hearing aids.

Nose/sinuses – Denies epistaxis, discharge, and obstruction.

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, or use of dentures. Last dental exam was roughly 3 months ago.

Neck – Denies localized swelling or lumps, stiffness, or decreased range of motion.

Breast – Denies lumps, nipple discharge, or pain.

Pulmonary system – Denies dyspnea, cough, wheezing, SOB, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea.

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

Gastrointestinal System- Denies abdominal pain. Denies constipation, dyspepsia, pyrosis, regurgitation, loss of appetite, nausea, vomiting, flatulence, eructation's, jaundice, hemorrhoids, and renal bleeding.

Genitourinary System- Denies urinary retention, urinary urgency, dysuria, polyuria, nocturia, hematuria, pyuria, and incontinence.

Nervous system- Denies seizures, loss of consciousness, ataxia, change in cognition, change in mental status, change in memory, weakness, sensory disturbances, paresis, and hyperesthesia's, **reports left foot weakness, numbness and dysesthesia.**

Musculoskeletal System – **Reports left buttocks pain with radiculopathy down the posterior lateral aspect of the left lower extremity.** Denies deformities, arthritis, and swelling.

Peripheral vascular system – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color changes.

Hematological system – Denies anemia, easy bruising or bleeding, enlargement of lymph nodes, blood transfusions, or history of DVT or PE.

Endocrine system – Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, or hirsutism.

Psychiatric – Denies feelings of helplessness or hopelessness, lack of interest in usual activities, depression, sadness, anxiety, OCD, or ever seeing a mental health professional.

Physical:

General: Well-groomed female with appropriate posture appears his stated age of 72. Presents awake, alert, and oriented to person, place, time, and situation. **Patient appears to be in pain.**

Vitals:

BP: Seated- (R) 129/86

T: 98. F (Tympanic)

R: 16 breaths/min, unlabored

P: 76 beats/min, regular rate, and rhythm

O2 Sat: 99% room air

Height: 5' 6 inches Weight: 168 lbs BMI: 27.11

Skin, Hair, Nails:

Skin: warm & moist, good turgor. No masses, no ulcers, no erythema, no discoloration, no lesions, no scars, and no tattoos.

Hair: Appropriate quantity, texture, and distribution. No lice or dandruff.

Nails: No clubbing, cyanosis, paronychia, or splinter hemorrhages present. Capillary refill <3 seconds in upper and lower extremities.

Head: Normocephalic, atraumatic, non-tender to palpation throughout.

Eyes:

Eyes: Symmetrical OU. No strabismus, exophthalmos, or ptosis. Sclera white, cornea clear, conjunctiva pink.

Visual fields full OU. PERRLA, EOM's intact with no nystagmus.

Ears:

Ears: Symmetrical and appropriate in size. No lesions, masses, or trauma on external ears. No discharge/foreign bodies in external auditory canals AU. TM's pearly white/intact with light reflex in good position AU. Auditory canal intact to finger rub test AU.

Nose/Sinus:

Nose: Symmetrical. No masses, lesions, deformities, trauma, or discharge. Nares patent bilaterally. Nasal mucosa is pink and well hydrated. No discharge noted on anterior rhinoscopy. Septum midline without lesions, deformities, injection, or perforation. No foreign bodies present.

Sinuses: Nontender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.

Mouth, Pharynx:

Lips - Pink and moist. No cyanosis, lesions, or edema.

Mucosa - Pink and well hydrated. No masses, lesions, ulcerations, or leukoplakia.

Palate - Pink and well hydrated. Palate intact with no lesions, masses, scars, or ulcerations.

Teeth - Good dentition. No dental caries. No plaque buildup.

Gingivae - Pink and moist. No hyperplasia, masses, lesions, erythema, or discharge.

Tongue - Pink and well papillated. No masses, lesions, or deviation.

Oropharynx - Well hydrated. No injection, exudate, masses, lesions, or foreign bodies. Tonsils present with no injection or exudate. Grade 2 tonsils. Uvula midline, pink with no edema or lesions.

Neck, Trachea, Thyroid:

Neck - Trachea midline. No masses, lesions, scars, pulsations. Supple and nontender to palpation. FROM, no stridor noted. 2+ carotid pulses, no thrills or bruits noted bilaterally. No cervical adenopathy.

Thyroid - Nontender to palpation. No masses, thyromegaly or bruits noted.

Thorax and Lungs:

Chest - Symmetrical, no deformities, no trauma. Respirations unlabored/ no paradoxical respirations or use of accessory muscles noted. Non-tender to palpation throughout.

Lungs - Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. No adventitious sound

Abdominal:

Abdomen: Denies CVA tenderness. Abdomen flat and symmetric, no striae or pulsations noted. Bowel sounds normoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. Denies tenderness to palpation, no guarding or rebound noted. No hepatosplenomegaly to palpation.

Cardiac:

Heart: Regular rate & rhythm. S1/S2 with no splitting, murmurs, friction rubs or S3/S4. Carotid pulses are 2+ bilaterally, no bruits noted.

Musculoskeletal:

Tenderness to palpation of left Sacro Iliac joint, pain and limited range of motion in left hip, SLR positive on left lower extremity.

Neurology:

Absent left ankle reflexes, diminished sensations in left foot, reduced strength upon flexion of left hip. Antalgic gait. AO X3.

Differential Diagnosis:

- Sciatica
- Lumbar disc herniation
- Lumbar muscle spasm
- Peripheral neuropathy
- Degenerative disc disease

Assessment:

A 72 year-old female with no past medical history presents to the family care practice with left buttocks pain radiating down the left lower extremity with reported numbness and tingling of the left foot. Significant findings upon physical exam were left leg + SLR, tenderness to palpation over the Sacro iliac joint, decreased sensations of the left foot, and absent reflexes of left ankle. The patient's chief complaint and the physical examination performed indicates sciatica. The patient was prescribed Gabapentin 300 MG, 1 capsule at bedtime for 30 days. She was told she can continue to use naproxen during the day.

Plan:

- Gabapentin 300 MG, 1 capsule at bedtime for 30 days. Side effects discussed with patient, especially drowsiness. Patient told to take medication at night and not operate any vehicles after taking medication.
- Continue naproxen use during the day for pain relief.
- Possibility of prolonged symptoms for 4-6 weeks discussed with patient. Patient to follow up back in office in 2 weeks for reevaluation.