

Document info

Result type: PM&R Consult
Result date: Oct 03, 2013, 12:00 a.m.
Result status: authenticated
Performed by: Peter Dorsher
Verified by: Peter Dorsher

Patient: OTTO SNOW

SNOW, OTTO MR.



10/03/2013 Peter T. Dorsher, M.D.
390

Referred by Shane A. Shapiro, M.D., with sacroiliac pain.

He is very pleasant, 57-year-old gentleman from North of Tampa who has been having these issues for 6 years intermittently. He has pain in the right lumbosacral region extending to the right medial inguinal region with the tendency for his right patella to sublux laterally and his right ankle to feel like it will twist. He notes his left foot tends to be internally rotated. He was concerned because he had a cholecystectomy and a right inguinal mesh repair in November 2012 which did not relieve the symptoms. If he sleeps on his stomach, he will also feel pain in the sacroiliac area. He notes he did wear orthopedic shoes as a child due to being pigeon-toed. He has not had any leg fractures just an ankle sprain, but has been told by a number of clinicians that he has a leg-length discrepancy and fit with anti-pronation orthotics in his shoes. No leg weakness is described or buckling or numbness and no change in bowel or bladder function. He was frustrated by a lack of diagnosis and its impact on his ability to function.

PAST MEDICAL/SURGICAL HISTORY

1. COPD in the setting of prior tobacco use.
2. Depression.

3. Hiatal hernia.
4. Tonsillectomy.
5. Hemorrhoidectomy.
6. Inguinal herniorrhaphy.

FAMILY HISTORY

Positive for migraines, osteoporosis, hypertension and depression.

SOCIAL HISTORY

He is single. He is self-employed. He is attempting to quit smoking with nicotine patches. Ethanol intermittent

MEDICATIONS/ALLERGIES

Reviewed per electronic record.

REVIEW OF SYSTEMS

GENERAL: Negative.

HEENT: Negative.

CARDIOVASCULAR: Negative.

RESPIRATORY: Negative.

GASTROINTESTINAL: Negative.

GENITOURINARY: Negative.

MUSCULOSKELETAL: Negative.

INTEGUMENTARY: Negative.

NEUROLOGIC: Negative.

PSYCHIATRIC: Negative.

ENDOCRINE: Negative.

HEMATOLOGIC/LYMPHATIC: Negative.

ALLERGIC/IMMUNOLOGIC: Negative.

PHYSICAL EXAMINATION

On exam, he is a pleasant gentleman of relatively slight build. Height 175 cm, weight 72.3 kg, pulse was 82 and regular. He was able to walk on his heels and toes. He does have pes planus. He can tandem walk as well. He has pes excavatum. He had some increased kyphosis in the low thoracic area but not dramatic. His arm reflexes are +1, legs +2. No clonus. Babinski's flexor. Tone and bulk normal. Sensation to touch, pin and vibration was normal at C4-T1 and L2-S1. Strength C4-T1 and L2-S1 was normal except weakness in the right hip flexor on active straight-leg raising. Seated straight-leg raising and hip maneuvers were negative but he is tender over the right SI and the right hemipelvis was lower than the left and the PSIS forward consistent with an anterior innominate. He had also positive active straight-leg raise on that side. Abdomen was benign.

I would note that he is also mildly hypermobile diffusely.

ASSESSMENT/PLAN

He shows signs of an anterior innominate, sacroiliac dysfunction on the right. I was able to manually reduce his innominate and he had immediate relief of his lumbosacral and inguinal pain. His pelvis leveled off as well. I am going to refer him for therapy closer to home to work on stretching his hip flexor and his hip extensor. I think he has an excellent prognosis. Total time an hour, over half face-to-face counseling

PTD:ad

D:10/03/2013 17:36

T:10/04/2013 14:35

REVISED DATE: TRANS:1730