

Patient: LO

History and Physical:

- HPI: 53 year old lady who had previously undergone an ACDF C5-7 and lumbar fusion L4-S1 in 2002. She reported relief of lower back and RLE pain up until March 2018. She now has constant lower back pain that radiates to right hip and anterior thigh. She has numbness to anterior thigh and cramping to bilateral lateral calves and feet. She denies numbness and tingling in the left LE. She recently stopped working as an ER RN secondary to pain. She has had several injections, last ESI, being in April and she developed a spinal headache and was admitted for 3 days. She takes Tramadol, Naproxen and Flexeril prn and Gabapentin at night. She has had 6 week course of physical therapy and with no results

PMH: Thyroid Ca, hypothyroidism, obesity, HLD, CKD

Exam

- Stands well compensated in the coronal and sagittal plane.
- Gait is antalgic with weakness on the right leg. Able to heel and toe walk
- Lumbar range of motion is limited throughout. Straight leg raise is negative bilaterally.
- Motor strength testing is 5 out of 5 in all muscle groups for roots C5-T1 and L2-S1 left, and 4/5 right IP/Ham/Qaud, and 5/5 right TA/EHL/GS.
- Sensation to light touch is grossly intact in the upper and lower extremities.
- Reflexes are present and symmetric at the knees and ankles. Plantar responses are flexor bilaterally. There is no clonus.

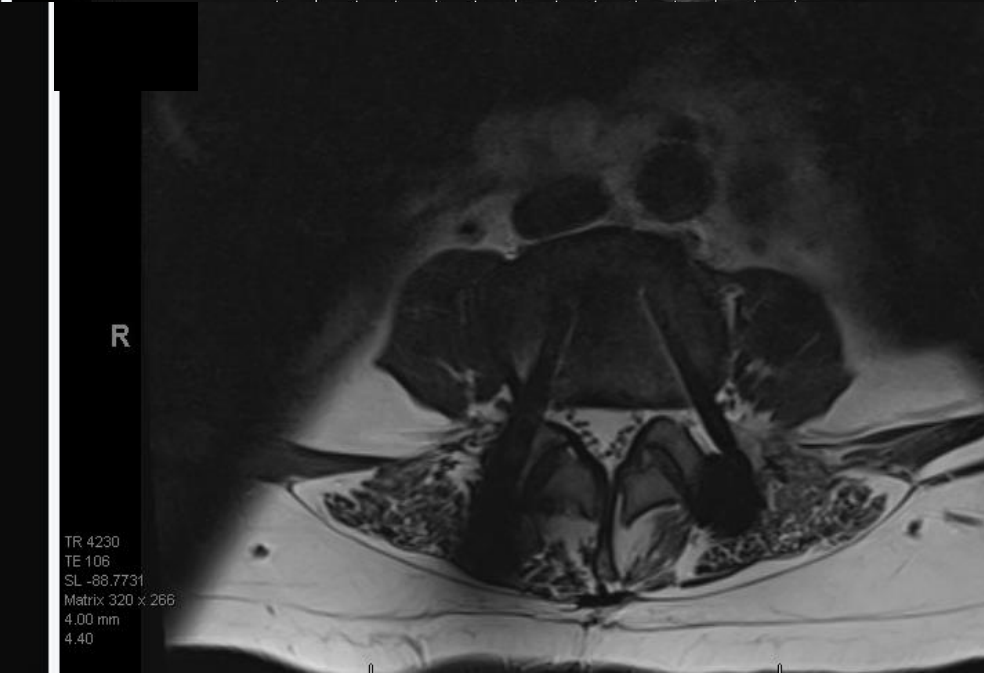
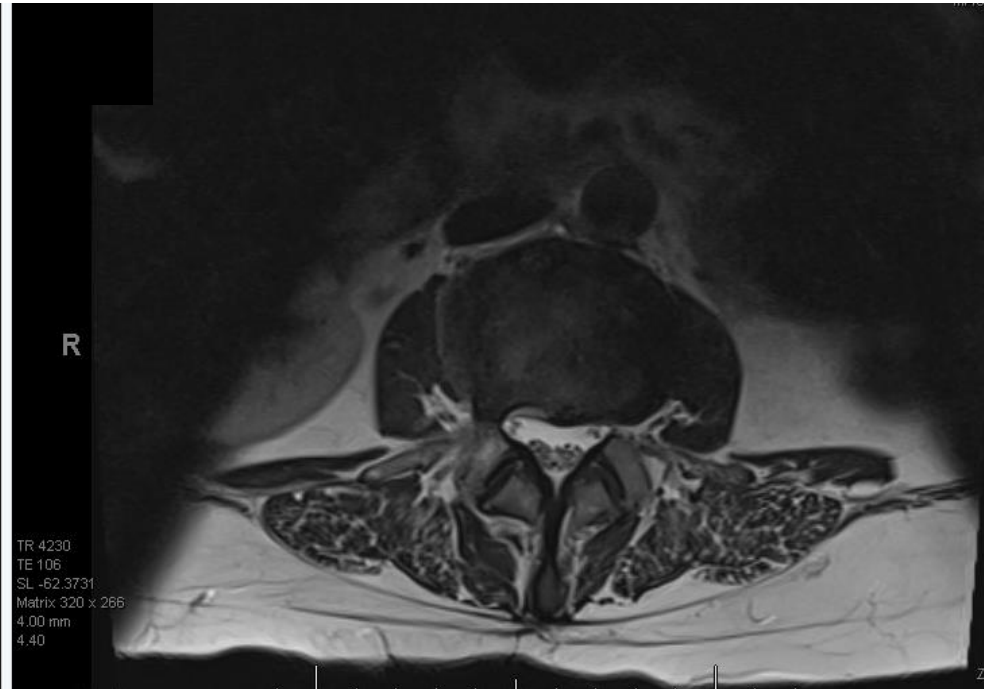
Preoperative Imaging (7/18/18):

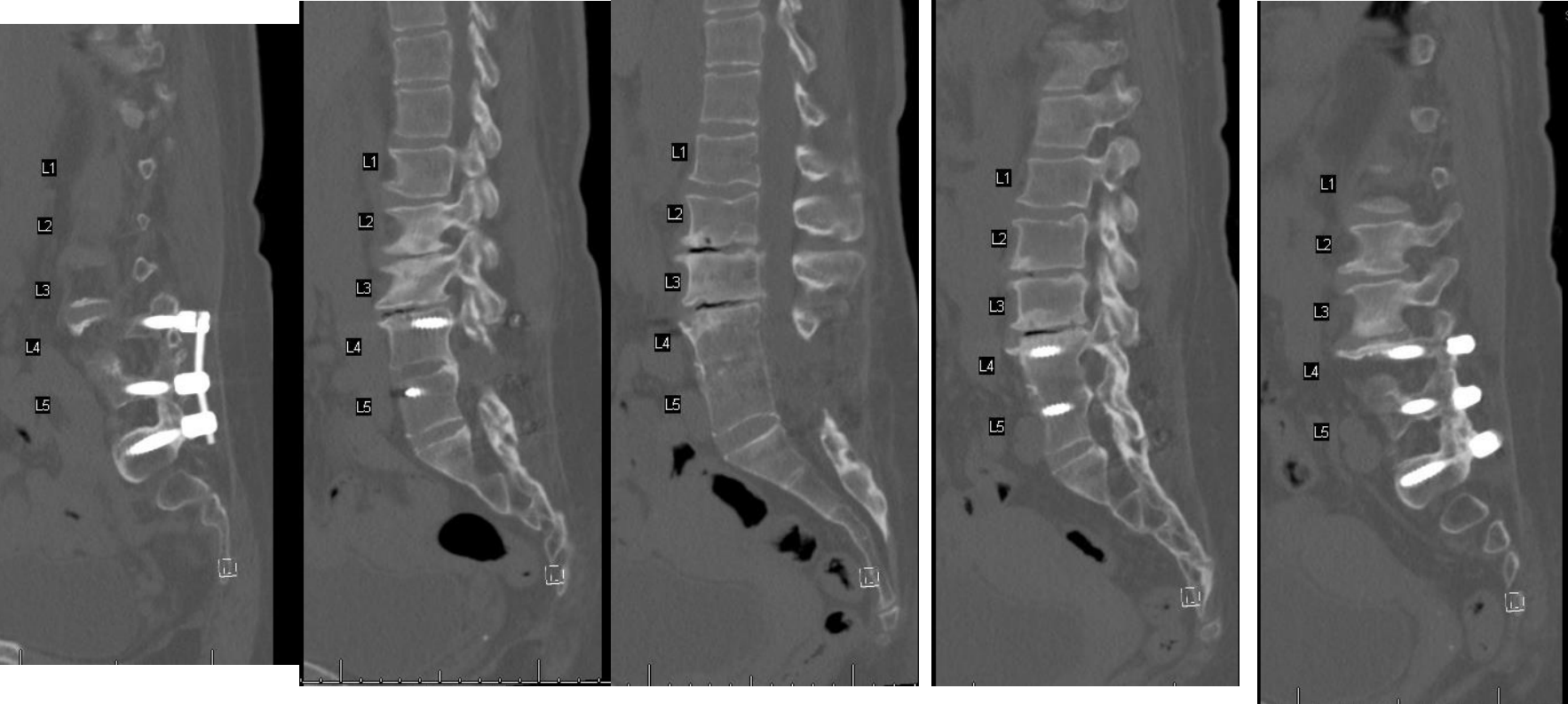


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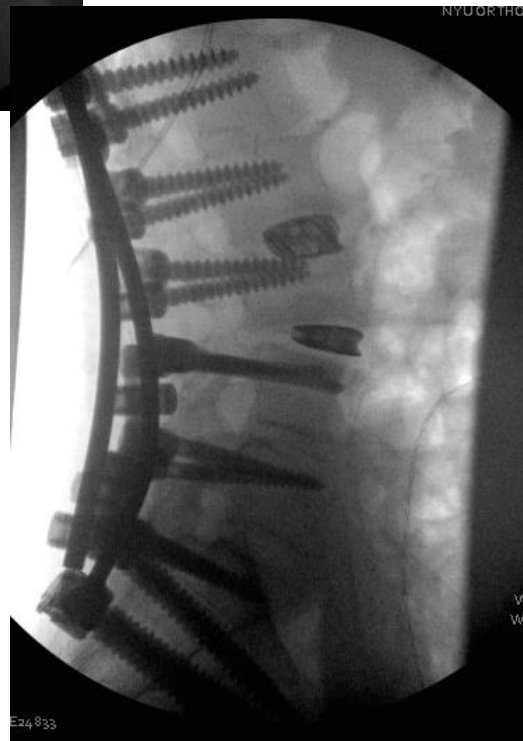
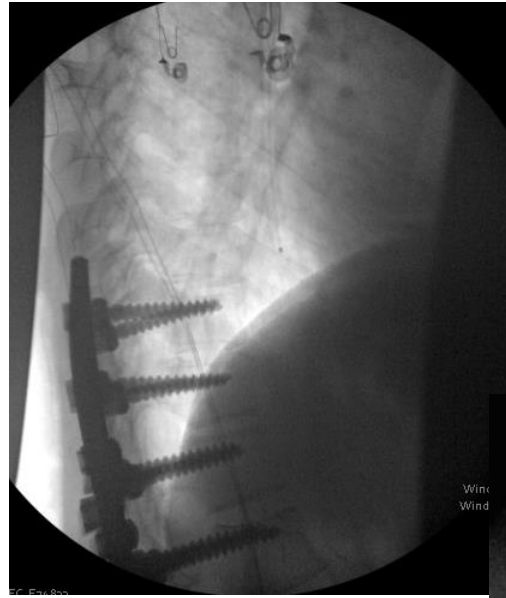


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INTRA-OP IMAGING (2/6/19)



2/12/19 (POSTOP)

