**Sandgate Spinal Medicine Clinic, Shop 5 51 Brighton Rd Sandgate Qld 4017.**

**Pain Management Plan.**

**Prepared by Dr Geoff Harding. Date: 21.10.14**

**For Dr Robert Miller**

**Patient Name: Garry ELLIOTT DOB: 27.12.61**

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| **SIGNIFICANT HISTORY** | 12 month history of severe neck pain an electric shock pain down left arm to fingers. Intersacapular pain as well. Onset after throwing heavy sling at work. Background as house re-stumper with low back pain and sciatica (and probably neck pain on and off). |
| **EXAM FINDINGS:** | Decreased painful rotation to left side at 60 degrees; very positive Spurling’s test left side, tender to palpation at C345 on left side > right side; Tender to palpation at T456 levels; no power loss = non-surgical. Negative brachial plexus tension test = paradoxical. |
| **LIKELY DIAGNOSIS** | Multilevel degenerative disc disease likely C45 C56 levels 🡪 brachialgia to left arm and somatic referred pain into scapular region as well as somatic referred pain into left arm. ? Degenerative osteophytes in pre-existing degenerative cervical spine. |
| **INVESTIGATIONS**  **TO BE DONE** | Magnetic resonance image cervical spine to determine level, severity and pathology (ie disc vs osteophyte) |
| **MEDICATIONS** | Takes Nurofen 6 per day for up to one week during acute episodes. Suggest regular Celebrex (sample of 10) plus script. Also Panadeine Forte + Panadol combination for the next two weeks. |
| **SPECIFIC TREATMENT(S)** | Cervical spine manual traction and to do at home. Handout give. |
| **EXPLANATION** | Somatic referred pain from generalised degenerative changes. Also disc protrusion/osteophyte causing nerve root irritation  There is a degree of inflammation, so needs trial of Celebrex. |
| **REASSURANCE** | This is not a surgical problem at this stage. |
| **ACTIVATION** | Needs to rest from postures (especially sitting prolonged) and heavy lifting till the pain level settles. Continue normal activities of daily living. |
| **POSTURES** | Avoid sitting amap during the day because this is not rest for your neck. |
| **SPECIAL EXERCISES** | Nil at present. |
| **LIFESTYLE CHANGES** | No gym suitable for this. Appropriate rest is the key. |
| **WORK** | Avoid heavy lifting and prolonged fixed postures (especially sitting). If can resume light duties. Avoid prolonged driving where possible. |
| **OTHER** |  |
| **REVIEW DATE** | **After Magnetic resonance image cervical spine.** |

**Many thanks for allowing me to be involved in the management of your patient.**

**Dr Geoff Harding**