THE COLLIS GROUP

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February 28, 2011

Steve Takacs, D.O.
10780 Kinsman Rd.
Newbury, Ohio 44065

CC:
Jeffrey Talon
10205 Robinson Ave.
Garfield Hts., Ohio 44125

Dear Dr. Takacs:

Today, the 22nd of February 2011, I examined Jeffrey Talon due to complaints of chronic neck, mid back and lower back pain. Multiple degenerated discs in the cervical, thoracic, lumbar area. Neck pain, thoracic pain and lumbar pain.

He has too many degenerated discs to make a fusion practical. I would not advise surgery.

I advised mild stretching daily. Rheumatology consult. Maintain normal weight.

Sincerely,

John Collis, M.D.
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JC:ew

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HISTORY AND PHYSICAL

PATIENT: JEFFREY TALON

DATE OF BIRTH: 10/30/55

CHIEF COMPLAINT: Chronic neck, mid back and lower back pain.

PRESENT ILLNESS: This 55 year old male has a history of chronic neck, mid back and lower back pain since 1981. The patient states at that time he was involved in a parachuting accident injuring his back. The patient had increased neck pain beginning in 1992 after an assault to his jaw. Since the time of his injuries, he has had extensive conservative care but feels his condition continues to get gradually worse. He presents today with constant, daily, neck, mid back and lower back pain. He described it as an aching, dull sensation. He rates it a 5/10. He states he will have occasional weakness of his right leg. He denies any kind of numbness or tingling sensations now. He is often constipated. He denies bladder problems. Symptoms are made worse with any kind of sitting and standing and bending over. Symptoms can be made better with rest, lying down and medications. She has been having a difficult time sleeping. He is not working and hasn't since 1994. He denies any kind of recent accidents or injuries contributing to his condition.

PAST HISTORY: The patient was seen in the office on July 24, 1997 and gave the following history: Patient has had headache, suboccipital pain with vertigo and neck pain since 1992. He has had back pain with bilateral leg pain since 1992. He has paresthesias, in the bilateral legs posteriorly (had episode of bilateral upper extremity tingling) since 1992. He has no bladder symptoms. He has no weakness. He last worked 2½ years ago as a pilot for United Airlines (on illness LOA). He had an automobile accident on 1/29/94, fender bender no injury. He has had multiple industrial injuries, 7/22/92 struck in face by another pilot, 7-24-92 hurt low back and legs while lifting luggage, 4/24/93 while in cockpit hurt low back lifting luggage, 5/31/94 bend over in shower and hurt low back. "Previously very active pilot who was involved in four workers' compensation injuries resulting in constant low back and leg pain with neck pain and headaches. Conservative care has helped somewhat. Sitting exacerbates symptoms."

CONSERVATIVE OUTPATIENT TREATMENT:
Physical therapy, decompressive therapy, massage therapy, application of heat and cold, acupuncture, TENS unit, traction, neck and back braces, cortisone injections, pain clinics, Vicodin, Naprosyn, Celebrex, Valium.

PAST SURGICAL HISTORY: 1989 Right maxillofacial surgery (upper and lower). Wart right foot excision. Manipulation under anesthesia cervical spine and lumbar spine X4. Vasectomy 2009.

PAST GENERAL HEALTH: Review of Systems: Patient denies any asthma, heart disease, hypertension, abdominal or bowel disorders or diabetes. Medications include Vicodin and Valium. Patient does not smoke.

ALLERGIES: No known drug allergies.

GENERAL EXAM: Revealed a height of 6'2", weight of 190 pounds, blood pressure of 140/90 and pulse of 70.

NEUROLOGICAL EXAM: Revealed an appearance, sensorium, and speech to be within normal limits. The gait was stable. The Romberg Test was normal. The finger-to-nose test was normal. Downward Drift is negative.

RE: Jeff Talon (History and Physical continued)

The radial pulses, dorsalis pedis, and posterior tibial pulses were equal bilaterally. No carotid bruits.

The deep tendon reflexes were as follows: biceps, triceps, knees and ankles were equal bilaterally. The Babinski Sign was absent.

The strength on functional testing of the muscles of the upper and lower extremities was within normal limits. The hip range of motion was full and painless. Straight leg raising test was negative. Toe and heel walks were intact. Knee bend was normal. Shoulder range of motion was full and painless.

The examination to pin and touch sensation was intact.

Cervical range of motion on flexion/extension was full with endpoint pain, bilateral bending and bilateral rotation was moderately decreased in both directions.

Lumbar range of motion on flexion was decreased due to tightness; extension, lateral bending and rotation was painless and with full range of motion.

Pain located in the neck, mid back and lower back.

DIAGNOSIS: Multiple degenerated discs in the cervical, thoracic, lumbar area. Neck pain, thoracic pain, lumbar pain.

X-RAYS: (Outside)

2/22/10-LS-MRI-See report.
2/22/10-TS-MRI-See report.
2/22/10-CS-MRI-See report.
07/02/09-LS-MRI-See report.
07/02/09-TS-MRI-See report.
07/02/09-CS-MRI-See report.
03/27/08-LS-MRI-See report
03/27/08-TS-MRI-See report
03/27/08-CS-MRI-See report
3/16/01-Myelo-CT-See report
3/92 Head MRI: Normal study.
3/95 Thoracic MRI: Degenerative left central bulging T6-7 and T8-9.
3/95 Cervical MRI: Small central protrusion, disc herniation at T2-3 partially effacing the ventral thecal sac and abutting on the ventral aspect of the cord; early spondylitic changes C4-C5 and C6-C7.
6/95 Lumbar MRI: Mild degenerative bulging discs at L3-4 and L4-5 with small marginal osteophytes minimally indenting the ventral thecal sac.
7/95 Thoracic MRI: No change as compared to previous study, degenerated left central bulging T6-T7 and T8-9.
8/95 Lumbar MRI: Small left paramedian disc protrusion L4-5; degeneration and bulging disc with focal central prominence of L3-4 mildly indenting the ventral sac; early degenerative disc at L5-S1.
9/95 Head MRI: Normal brain MRI.
1/96 Thoracic MRI: Minimal spondylitic changes with minimal anterior left extradural defects T6-7 and T8-9. No compression.
1/96 Lumbar MRI: Mild left herniated disc L4.
2/96 Head MRI: Normal brain MRI.
4/96 EEG: Within normal limits.
8/96 Cervical MRI: Small rignt paracentral disc herniation C6-7; multi-level bulging discs.

RE: JEFFREY A. TALON (History and Physical continued)

1/97 EMG (bilateral upper extremities):
2/97 Lumbar MRI: Mild to moderate degenerative narrowing L3-L5 discs; central disc protrusion L3-4 (5 mm.); small central and left herniation L4-5 with mild caudal migration; mild central disc protrusion L5-S1 (5 mm.).

X-RAYS:

2/97 Cervical Spine X-rays, AP, Lateral, Oblique: Normal cervical spine.
2/97 Thoracic Spine X-rays, AP, Lateral: Normal thoracic spine.
2/97 Lumbar Spine X-rays, AP, Lateral: Disc space narrowing L4-5 and L5-S1.
2/97 EMG (bilateral lower extremities):
5/97 Cervical CAT Scan: Asymmetry anterior scalene muscles; otherwise no abnormality throughout neck.

John Collis, M.D.

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