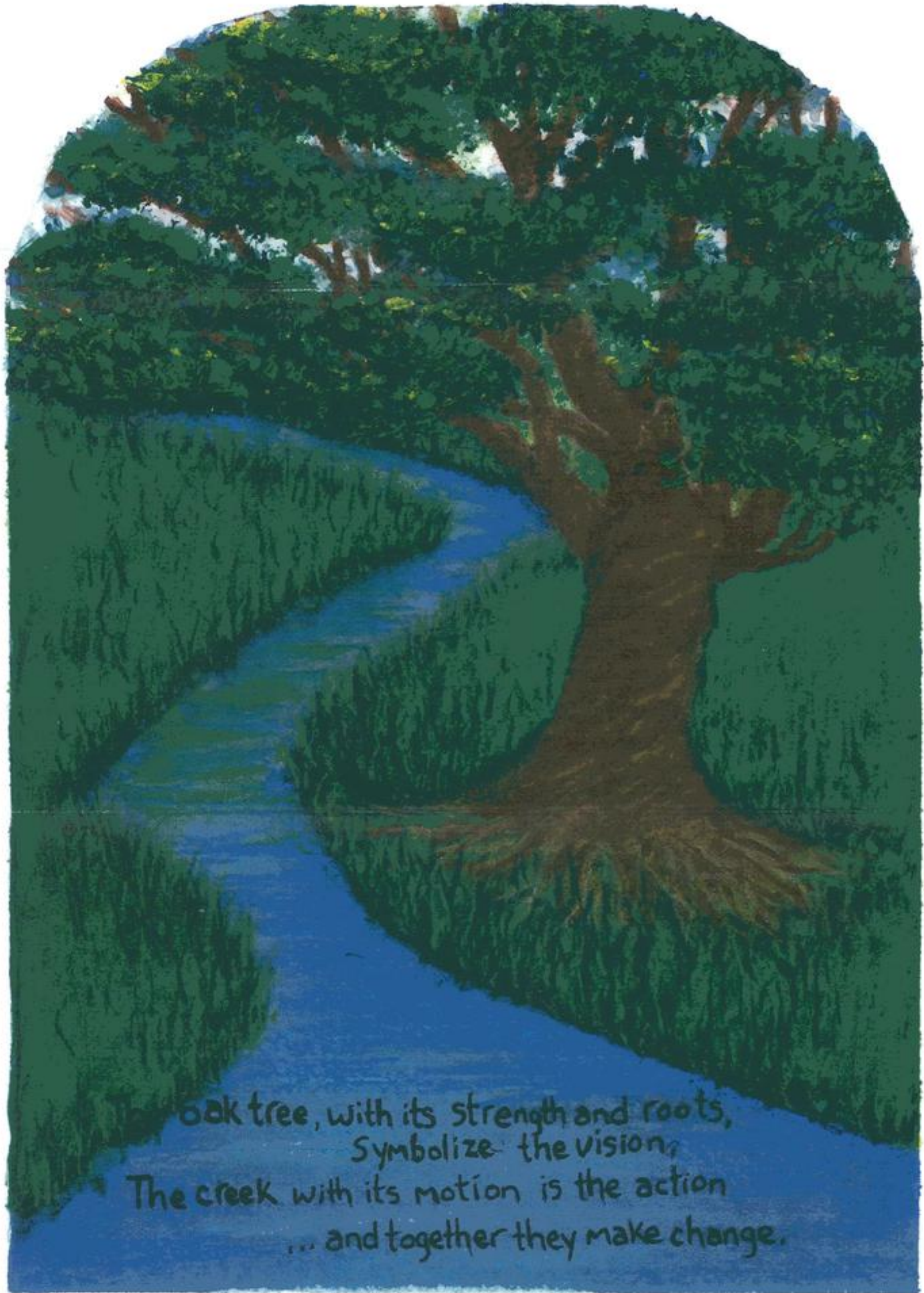


A watercolor tribute to Ernestyna, for her selfless service helping prisoners learn Life Skills - available at <http://course.volunteerministers.org>



9" x 12" Watercolor draft/proposal - for 6' x 9' Wall in Educ. Dept



Oak tree, with its strength and roots,  
Symbolize the vision,  
The creek with its motion is the action  
... and together they make change.

symbolizes  
period  
after  
vision  
(not comma!)

Patient: GOEHLER, WILLIAM ROBERT  
DOB/Age/Sex: 2/15/1963 59 years Male  
Encounter Date: 5/22/2008  
Attending:

CDCR #: K77832  
PID #: 11123924  
Referring:

**Consultation Notes**

Document Type: Physical Therapy Consultation  
Document Subject: PT Eval for Chronic LBP w/ L LE radiculopathy, Eval only  
Service Date/Time: 11/17/2022 13:12 PST  
Result Status: Auth (Verified)  
Perform Information: LIC PT (11/17/2022 13:16 PST)  
Sign Information: L or Physician & Surgeon (11/18/2022 08:10 PST);  
M IC PT (11/17/2022 13:20 PST)  
R LIC PT (11/17/2022 13:20 PST); LIC  
PT (11/17/2022 13:17 PST)

Encounter Info: Patient Name: WILLIAM GOEHLER, DOB: 02/15/1963, CDCR: K77832, FIN: 10000002711123924K77832, Facility: MCSP, Encounter Type: Institutional Encounter

S: "I got my MRI, says something about disc stuff and I'm just trying to figure how to be able to sleep better at night and maintain my composure throughout the day in this dangerous prison so that I don't look like someone to pick on. I don't want to exercise too much cause I don't want to mess with my chi and zen that I've created in my body. I'll do a little cardio tho cause I'm getting old and becoming at risk for dzs like diabetes and heart dz."

O: L/S mvmt screen: L/S Ext syndrome w/ L LE radicular sx's during L quadrant overpressure test. IP had good AROM for all directions.

A: Impression: L/S Ext syndrome w/ L LE radicular sx's during L quadrant overpressure test. IP had good AROM for all directions. Eval only per IP request.

NOTE: thorough education provided and all IP's questions answered during exam. IP verbalized understanding and asked very good questions. Additional tips provided on positions of sleep that may be comfortable w/ him and exercises that would help him maintain his composure that he feels he must maintain in this environment.

P: D/C w/ education & HEP. F/u w/ PCP PRN. Eval only.

**Chart Review:**

Service Date: 08/30/2022

CLINICAL INDICATION: age > 18, spinal stenosis seen on MRI severe L3-L4, pain in lower extremities, on Lyrica but continued symptoms, MRI requested by neurosurgery

COMPARISON: 2/14/2020

TECHNIQUE: Multiplanar, multisequence MRI of the lumbar spine. 137 images.

*Discontinued to regain mental clarity*

MCSP - Mule Creek State Prison

Patient: GOEHLER, WILLIAM ROBERT

DOB/Age/Sex: 2/15/1963 / 59 years / Male

CDCR: K77832

Consultation Notes

FINDINGS:

Preservation of normal lumbar lordosis. Excluding endplate degenerative changes, vertebral body heights are preserved. Multilevel disc space height loss. No marrow signal abnormality to suggest infiltrative process. No cord signal abnormality distal thoracic cord. The conus terminates at approximately the L1-L2 level. Even distribution of the cauda equina nerve roots in the distal thecal sac.

No prevertebral or posterior paraspinous soft tissue abnormality.

No abnormality limited imaged intraabdominal contents.

Segmental Analysis:

T12-L1: No spinal canal or foraminal stenosis.

L1-L2: No spinal canal or foraminal stenosis.

L2-L3: Right central disc protrusion. No spinal canal stenosis. Mild left foraminal stenosis.

L3-L4: Disc bulge, ligamentum flavum hypertrophy, and facet arthropathy. Severe spinal canal stenosis. Severe right and mild left foraminal stenosis

L4-L5: Disc bulge with superimposed inferiorly oriented left central disc extrusion facet arthropathy. Mild spinal canal stenosis with superimposed effacement of the left lateral recess. Severe left and moderate right foraminal stenosis

L5-S1: Disc bulge with superimposed central disc protrusion. No spinal canal stenosis. Severe bilateral foraminal stenosis.

IMPRESSION:

Multilevel degenerative findings with spinal canal or foraminal stenosis as described.

Electronically Signed on 11/17/2022 01:20 PM PST

PT, LIC PT

Electronically Signed on 11/18/2022 08:10 AM PST

q

Modified by: PT, LIC PT on 11/17/2022 01:17 PM PST

Modified by: PT, LIC PT on 11/17/2022 01:20 PM PST

Getting Old?