

CASE REPORT BY DR. GLENN D. BABUS, D.O.

Date of Birth: 09/02/1954 **Age:** 56Y

CHIEF COMPLAINT: Chronic back pain.

CASE REPORT: This is a patient that was first seen in the practice on September 21, 2005. The patient has a long history of chronic back pain going into the waist and hips. Working diagnosis has been chronic back pain secondary to lumbar disc bulge, lumbar degenerative disc disease, and lumbar radiculopathy. The patient has had past back surgery in 1987 and has had multiple treatments including interventional injections such as epidural steroids. The patient has also had spinal cord stimulation and implant put in and has been placed on multiple medication trials and now is on Opana ER 40 mg q.i.d., oxycodone 30 mg q.i.d., and Lyrica 75 mg. The patient has trouble in getting around, driving in the car, and walking on a daily basis.

On July 13, 2011, the patient has given a DDS belt, extra large. We then followed up with the patient on August 10, 2011. She was able to report now that she was able to walk longer through the day by 2-4 hours. She was able to ride in the car long distances. In fact, she comes from Upstate New York and was able to drive with less pain and is able to drive and sit in the car with her husband and do more activity during the day.

We also noticed that we had to decrease her medication. She was on Opana ER 40 mg and was taking two pills every eight hours, and we were able to decrease this down to Opana 40 mg one pill four times a day. We were able to take away 40 mg of her long-acting medication.

In summary, with the DDS belt, we were able to increase her level of activity and function as well as decrease her escalation of narcotics at this time. We will continue to follow her in the office.

Glenn D. Babus, D.O.