Name	John Heurung	Birthdate	1/26/54	
Date	Nojes			
	10 Hudine : 0-13.0 is			
	P-16.4 4	P- 16:4 (8) + Gaintrin romen da		
		_	3	
	trout Dr. Sixun	T: a:		
	Preumoray 500 In.			
/30/90	0 Letter/J. Roger Edson	n. M.D.		
		A xeroxed copy of a prothrombin crossed immunoelectrophoresis plate		
	is appended. There	s no slow moving s	shoulder to the main peak	
	that could be interp	eted as prothrombi	n immune complexes, which	
	are often found in as	sociation with str	onger lupus inhibitors. Our	
	evidence for autoimmu	ne disease in this	man is thus limited to	
	a weak positive inhib	oitor test, a defin	nitely positive platelet	
	neutralization test v	ith two reagents.	and a positive FANA in an	
	autinucleolar pattern	1.	and a positive tank in an	
1/16/9	90 Letter/John Fenyk, Jr	M D		
1/10/	Mr Heurung returns t	the GV office for	or follow-up of a cyst. He	
	states that this lesi	on is unchanged	My clinical impression is the	
	of a sebaceous cyst	I have elected to	refer the patient to a	
	plastic surgeon for r	emoval of this los	sion and the patient has chose	
	to see Doctor Bart Mu	ldowney	tion and the patient has chose	
	CO See Doctor Bare No	ituowney:		
12/3/90	Data Collection:			
12/0/30	Was checking to find out	what could be done ab	out the low back pain. Records	
	were reviewed and data co	Mected from Pro-Spor	ts Medicine, Dr. Peggy Naas, the	
	CT scan of the lumbar sp	ine, the EMG of the th	oracal lumbar spine and the	
	consultation from Dr. Ide	:lkope.		
	In May of 1990 Megan Vau	jht did a TEF test whi	ch showed a 29% deficit (weakness)	
	compared to normal males	in his age group. B e	cause of this, Megan Vaught	
,	referred him to his orth	ppedist, Dr. Peggy Naa	S	
	Dr. Naas felt that x-ray	and physical findings	would not preclude an active	
	aggressive physical thera	by program to increase	this patients lumbosacral and	
	abdominal musculature.	nino shound a dawntan		
	diffuse nesterior annular	spine snowed a develop	mentally small spinal canal, some at L4-5. This causes slight	
,	AP impingement upon both	15 narva roots rantes	11y. There is also slight vertica	
	narrowing at L5-S1 without	it mathologic disc pro	trusion	
	The EMG of the thoracal	lumbar paraspinal musc	le groups showed evidence of	
	hyperexcitability or irr	tability in these nar	aspinal muscle groups	
	Dr. Idelkope felt that h	is CT of the lumbar sp	ine did not show any significant	
	neuropathology or nerve	root compression. He	also thought his EMG showed	
	irritability of lumbosact	ral muscle groups but	no radicular abnormalities. Discu	
	all of the above today w	th Megan Vaught and D	r. Idelkope. It is his opinion	
	that he should be evalua-	ted at Pro Sports Medi	cine and a consistent treatment pl	
	be devised. MHS			
12/5/90		3/90 given to Pro Spo	rts Medicine with a note that they	
	should contact John to co	ome in.		
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