Progress Notes by Mary Vo, MD at 3/2/2026 4:30 PM
HM Neuropathy Center Telemedicine Follow-up Note

History of Present Illness
Diane Harris is a 68 y.o. RN with remote history of L4-5 laminectomy with history of suspected seronegative stiff person syndrome who presents for follow-up evaluation.
She was last seen on 8/20/25.
She has had more than 10 years of episodic muscle spasm in the low back going done one or both legs. Episodes involve debilitating pain and usually wake her from sleep. Episodes have been more frequent since 2019, after her foot surgeries. For example, in 2021 she had an unprovoked episode where she woke up in the middle of the night with severe cramping down both legs and was unable to walk because she was unable to bend her legs. Symptoms were very painful and she sought evaluation in the local emergency room where she eventually had relief with diazepam 10 mg IV. She would have relief for weeks to months. No daytime episodes.
Exercise, emotional stress and over-exertion trigger symptoms.

In 2023, my examination showed subtle cerebellar signs including nystagmus and lower extremity dysdiadochokinesia that seem to improved at subsequent visits. She was treated with oral steroids, gabapentin, cyclobenzaprine, tizanidine, baclofen and caudal ESI with no improvement.

SPS was suspected but GAD antibody was negative. EMG findings were supportive of SPS and had dramatic improvement with 10 days of valium and baclofen.

Repeat EMG was normal. GAD antibody has been persistently negative. Genetic testing was uninformative.

She has been taking clonazepam 1 mg BID and baclofen 10MG tid. With this regimen, she has not had severe cramping, but has constant soreness in her legs. Mild spasms usually respond to message and stretching.

Diagnostic studies:
EMG/NCS 10/20/22 shows continuous involuntary motor activity in 5/6 thoracic paraspinal muscles, consistent with Stiff Person's Syndrome.

Interval history 03/02/26:
Symptoms are well controlled with clonazepam 1mg BID and baclofen 10 mg TID. She has needed rescued diazepam once in the past 6 months.
She continues to exercise diligently 20-30 minutes daily and does home PT several days weekly.
She adheres to an antiinflammatory diet and has started doing the Coimbra protocol (magnesium glycinate, calcium citrate, Vitamin D 6000 IU/day)

Her health history is significant for hiatal hernia causing chest pain and R ankle fracture several months ago.

Medications

Current Outpatient Medications:
- ascorbic acid, vitamin C, (Ascor) 500 mg/mL injection, Infuse into a venous catheter., Disp: , Rfl:
- aspirin (ECOTRIN) 325 MG enteric coated tablet, Take 1 tablet (325 mg total) by mouth., Disp: , Rfl:
- polyethylene glycol (GLYCOLAX) 17 gram/dose powder, TAKE AS DIRECTED BY PHYSICIAN FOR COLONOSCOPY PREP, Disp: , Rfl:
- clonAZEPAM (KlonoPIN) 1 MG tablet, Take 1 tablet (1 mg total) by mouth 2 (two) times a day., Disp: 60 tablet, Rfl: 0
- baclofen (LIORESAL) 10 MG tablet, Take 1 tablet (10 mg total) by mouth 3 (three) times a day., Disp: 270 tablet, Rfl: 1
- cholecalciferol, vitamin D3, 100 mcg (4,000 unit) tablet, Take 2 tablets (4,000 Units total) by mouth daily., Disp: , Rfl:
- CRANBERRY ORAL, Take by mouth., Disp: , Rfl:
- magnesium glycinate 240 mg magnesium capsule, Take 500 mg by mouth nightly., Disp: , Rfl:
- omeprazole (PriLOSEC) 40 MG capsule, Take 1 capsule (40 mg total) by mouth daily., Disp: , Rfl:
- oxyBUTYnin XL (DITROPAN-XL) 10 MG 24 hr tablet, Take 1 tablet (10 mg total) by mouth daily., Disp: 90 tablet, Rfl: 3
- diazePAM (VALIUM) 10 MG tablet, Take 1 tablet (10 mg total) by mouth prn as needed for spasms., Disp: 30 tablet, Rfl: 0
- PaxiL 20 mg tablet, Take 1 tablet (20 mg total) by mouth., Disp: , Rfl:

Physical Exam
Gen: WNWD, NAD
Speech: Normal. No aphasia or dysarthria
Motor Testing: Normal bulk. Tone throughout. Moves all extremities antigravity.

Gen: WNWD, NAD
Neck: supple, full ROM
Skin: no rashes
Ext: collapsed arch on right foot.
Motor Testing: Normal bulk and tone throughout. There was no pronator drift. Fine finger movements were normal.
Detailed motor examination revealed full strength throughout the upper and lower extremities.
Sensory exam intact to temperature
Reflex Exam: Reflexes were 2+ and symmetric throughout, except for absent left patellar.
Gait: Gait was mildly antalgic secondary to foot tendon injury.
Right foot externally rotated at ankle.

Assessment / Plan
Diane J Harris is a 68 y.o. woman with likely seronegative SPS with history of cerebellar involvement. Prior EMG showed continuous motor activity in thoracic paraspinal muscles. She is doing very well with baclofen and lifestyle modifications cerebellar symptoms remain resolved and today's examination is normal.

Continue baclofen 10mg TID and clonazepam 1 mg BID.
Continue diazpeam prn severe spasm

Will pursue CSF GAD antibody if symptoms progress. Defer IVIG or rituximab for severe disease.
The patient expressed understanding and all questions were answered satisfactorily.

Mary L. Vo, MD, PharmD
Director, HM Neuropathy Center

Total clinician time spent on the date of this encounter is 30 minutes, including:
- Preparing to see the patient and review of prior notes, tests and other records.
- Obtaining, reviewing and/or confirming history.
- Ordering medications, tests, procedures, therapy and/or specialty referrals.
- Documenting clinical information, findings, diagnosis and plan in the medical record.