Name: Diane Harris | DOB: 5/30/1957 | MRN: 110890159 | PCP: No Pcp Asked | Legal Name: Diane Harris

Telemedicine - Sep 04, 2026

with Mary Vo, MD at Houston Methodist Stanley H. Appel Department of Neurology

Notes from Care Team

Progress Notes by Mary Vo, MD at 9/4/2026 11:30 AM

HM Neuropathy Center Telemedicine Follow-up Note

History of Present Illness

Diane Harris is a 69 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 minimal 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.

She notes internal abdominal cramping is worse with stress.

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 09/04/26:

She reports increased cramping and muscle spasm in the setting of stress and needed to take 3 doses of valium, in the span of a week. She had only needed 8-9 doses of valium in the 2 years prior to this.

Overall, symptoms are well controlled with clonazepam 1mg BID and baclofen 10 mg TID.

She continues to exercise diligently 30-90 minutes daily and does home PT several days weekly.
She notes worsening SPS symptoms with dietary indescretions and generally adheres to an antiinflammatory diet.

She is being treated with a UTI and PCP suggested that she hold oxybutinin.

Planning to move in Tennessee in the next year.

Medications

Current Outpatient Medications:
- oxyBUTYnin XL (DITROPAN-XL) 10 MG 24 hr tablet, TAKE 1 TABLET(10 MG) BY MOUTH DAILY, Disp: 90 tablet, Rfl: 3
- clonAZEPAM (KlonoPIN) 1 MG tablet, Take 1 tablet (1 mg total) by mouth 2 (two) times a day., Disp: 60 tablet, Rfl: 0
- diazePAM (VALIUM) 10 MG tablet, Take 1 tablet (10 mg total) by mouth every 12 (twelve) hours as needed for anxiety., Disp: 30 tablet, Rfl: 0
- baclofen (LIORESAL) 10 MG tablet, TAKE 1 TABLET(10 MG) BY MOUTH THREE TIMES DAILY, Disp: 270 tablet, Rfl: 1
- 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:
- cholecalciferol, vitamin D3, 50 mcg (2,000 unit) capsule capsule, Take 1 capsule (2,000 Units total) by mouth daily., Disp: , Rfl:
- CRANBERRY ORAL, Take by mouth., Disp: , Rfl:
- magnesium glycinate 100 mg magnesium capsule, Take 200 mg by mouth nightly., Disp: , Rfl:
- omeprazole (PriLOSEC) 40 MG capsule, Take 1 capsule (40 mg total) by mouth daily., Disp: , Rfl:
- PaxiL 20 mg tablet, Take 1 tablet (20 mg total) by mouth., Disp: , Rfl:

Assessment / Plan

Diane J Harris is a 69 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
Hold oxybutynin for UTI and monitor for urinary retention

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

This visit was a patient initiated telemedicine visit conducted via the use of audio-visual virtual platform.

Total clinician time spent on the date of this encounter is 30 minutes, including: