



Structure of this document

1. Case information

Brief narrative overview of the case.

2. Patient profile

Overview of key information about the patient.

3. Sources used

List of all medical records utilized and the filters applied to compile this summary.

4. Medical record summaries

Structured summary to review the most critical information without sifting through extensive medical records.

5. Medical records

All source documents utilized as references in the summary.

How to navigate this document

1. Using embedded hyperlinks in document

The **hyperlinks in the header** ('Guidelines / Case...') allow you to navigate to specific sections of the document, while the **hyperlinks in the summary sections** ('[1]') help you navigate to the source information in the referenced medical records. The **go back** ('← Go back') link allows you to return to the previously viewed page.

2. Using bookmarks in Adobe Acrobat Reader

Use the bookmarks in Adobe Acrobat Reader as a 'Table of Contents' to navigate the summary more efficiently. To access them, click the Bookmarks button on the left side of the screen, or go to View > Show/Hide > Navigation Panes > Bookmarks.

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Case overview

Patient name	Date of birth	Gender
Galen Topper	06-21-2002	Male

Overview

Current Medical Status

Right Ankle and Calf Injury

The patient presents with right posterior ankle pain and a suspected low-grade strain of the Soleus and Gastrocnemius muscles. [84–85] Sharp pain occurs after three steps when running, though walking is largely unaffected. [84–85] Physical examination revealed mild tenderness at the calcaneus-achilles junction with negative Thompson test. [85] POCUS was negative for Achilles or gastrocnemius tear. [85]

Athletic Activity Status

The patient is currently discontinuing competitive activities following graduation. [76] Running capability is impacted by current injuries. [82] Activity is limited to walking per treatment plan, with MRI deferred for monitoring. [85]

Current Vital Signs

Recent vital signs show blood pressure of 123/75 mmHg, pulse of 75 bpm, and oxygen saturation of 96%, all within normal ranges. [86], [100], [698]

Active Medications

Emergency Medications

The patient is prescribed EpiPen 0.3 mg auto-injector for emergency use, with instructions to carry two auto-injectors simultaneously. [75] A trainer pen must be kept separate to avoid confusion during emergencies. [166] The current prescription started 4/22/2024 with no refills remaining. [139]

Respiratory Medications

Current respiratory medications include Albuterol HFA 90 mcg (1-2 puffs every 6 hours PRN) and Breo Ellipta 100-25 mcg inhaler for daily use. [75] The Breo Ellipta was started 5/13/2024 with 3 refills. [91]

Supplements

The patient takes Vitamin D3 5,000 units on weekdays only, which was started 9/6/2024. [139]

Case overview

Recent Medical History

Ankle and Foot Injuries

The patient has experienced multiple right ankle injuries, including a sprain with peroneal tendon injury in January 2024 and another sprain in January 2025. [76] MRI from January 2024 showed minimally displaced avulsion injury of the dorsal talar head, chondral fissuring, and peroneus brevis and longus tendinopathy. [100]

Post-Viral Fatigue Episode

The patient experienced post-viral fatigue in December 2023, following an illness characterized by fevers, chills, malaise, and sore throat. [76], [382] The episode significantly impacted exercise capacity, requiring extended recovery periods after physical activity. [382], [422]

Anaphylactic Episodes

The patient has experienced two significant anaphylactic episodes. [131] The first episode involved hives on arms, neck, eyelids and throat swelling during a 3-mile warm-up. [131] The second episode presented with facial flushing, eye swelling, and throat discomfort during stretching. [131] Both episodes responded to Benadryl, and subsequent tryptase and C4 levels were normal. [131], [136]

Diagnostic Results

MRI Findings

Recent MRI revealed minimally displaced avulsion injury of the dorsal talar head, chondral fissuring of the superomedial tibial plafond and medial talar dome, moderate dorsal talonavicular ligament sprain, and peroneus brevis and longus tendinopathy with peritendinitis. [100]

Pulmonary Function Tests

Pulmonary function testing showed FEV1/FVC ratio of 67.04% pre-bronchodilator, improving to 78.95% post-bronchodilator. [134] The ACT score was 22 and FENO was 29 ppb. [134]

Laboratory Results

Recent laboratory studies showed normal complete blood count, with adequate Vitamin D levels at 36 ng/mL and normal ferritin at 99.4 ng/mL. Tryptase and complement C4 levels were within normal ranges following anaphylactic episodes. [163–164]

Patient Profile

Patient name	Date of birth	Gender
Galen Topper	06-21-2002	Male

Patient Profile

Patient Information

Demographics

Galen Topper is a 22-year-old male born on June 21, 2002. [68] He is a Stanford University student-athlete participating in track and field, specializing in cross country events. [82], [343], [346] His current residence is 341 Galvez Street, Stanford CA 94305-6106. [784] His primary language is English, and he identifies as Non-Hispanic/Non-Latino of White race. [68], [73], [582], [590]

Physical Measurements

The patient's height is 1.728 m (5' 8.03"), weight is 61 kg (134 lb 8 oz), and BMI is 20.43 kg/m, which falls within the normal weight classification. [182], [196], [199] His body surface area is 1.71 square meters. [182], [196], [199]

Vital Signs

As of March 20, 2025, vital signs showed blood pressure of 137/70 mmHg (elevated, measured sitting, right arm), pulse of 58 beats per minute (normal), temperature of 36.4C (97.5F, normal), respiratory rate of 16 (normal), and oxygen saturation of 98% (normal). [70]

Medical History

Active Medical Conditions

Current active conditions include acute nonintractable headache (since June 29, 2018), anaphylactic syndrome, breathing difficulty (since January 8, 2020), dermatographism (since October 31, 2013), keratosis pilaris, lactose intolerance (since August 17, 2018), multiple allergies (since February 13, 2014), right foot pain (since January 14, 2024), high-risk sacroiliitis with CMS-HCC designation (since October 4, 2022), and vasovagal syncope (since June 29, 2018). [68]

Resolved Medical Conditions

Previously resolved conditions include bradycardia (July 2, 2018 to January 8, 2020), growth concerns (July 2, 2015 to August 17, 2018), and viral warts (August 16, 2017 to August 17, 2018). [68] A heart murmur was documented in July 2004 and August 2005. [821]

Allergies and Immunologic History

The patient has multiple allergies diagnosed on February 13, 2014. [71] Food allergen testing shows high reactivity to shellfish (shrimp 11.0, crab 6.32, lobster 6.12, octopus 3.19, scallops 1.81) and moderate reactivity to peanut (0.59). [132], [134], [136] Environmental allergen testing reveals positive results for grasses (rye 0.75, timothy 0.80), weeds, cockroach (19.4), cat dander (5.95), dog dander (1.00), and dust mite (11.8). [135] Total IgE is elevated at 592. [135] The patient has dermatographism, which contraindicates skin testing, and chronic rhinitis. [540], [821] An EpiPen is prescribed for severe reactions. [69]

Patient Profile

Neurological History

The patient has experienced episodes of tunnel vision with headache and loss of consciousness after strenuous activity, first documented in September 2017, with significant episodes on June 14 and 15, 2018. [71] A syncope episode following a long run with tunnel vision lasting hours occurred in September 2017. [71]

Developmental History

The patient has a history of development delay (noted January 2004), language delay, and growth concerns with T111 at age 13 (noted July 2015). [71], [821]

Family History

The patient is a twin with a living brother and sister who have no known health problems. [285] His father has allergies and elevated lipids. [72] His mother's pregnancy was achieved through IVF. [72] His paternal grandfather is deceased at age 79 from myocardial infarction with coronary artery disease. [72]

Social History

The patient is a computer science major at Stanford University and participates in track and field, competing in 1500m/5K events. [343], [346], [487] He is a non-smoker and has never used smokeless tobacco or vaping products. [285] He denies current alcohol or drug use and reports no pet exposure. [207], [318]

Immunization Status

Recent immunizations include flu vaccine (October 5, 2022), COVID-19 vaccines (Moderna December 24, 2021, Pfizer May 12, 2021), and HPV-9 (completed series August 30, 2019). [68–69] All routine vaccinations are up to date including Hepatitis A/B, Hib, MMR, MMRV, Meningococcal, Pneumococcal, Polio, Tdap, and Varicella. [69]

Current Medications

The patient was prescribed Loratadine 10mg for allergy symptoms but reports no significant improvement. [203] Previous medications included Benzonatate 100mg and Cholecalciferol (Vitamin D3) 1,000 units daily, both discontinued as of February 2, 2024. [606]

Recent Injuries

Recent injuries include right ankle sprain in January 2025 (unresolved), right ankle sprain in November 2024 (resolved), RSI joint pain in September 2022 (resolved), and posterior/lateral ankle pain documented in March 2025 (unresolved). No history of head injuries, concussions, or fractures during time at Stanford University. [82]

Case overview

Sources

Medical records used:

[Requested Record.pdf](#)

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-10-2020 Unspecified provider Blake Wilbur Clinics	<p>COVID-19 Protocol Guidelines</p> <p>Temporal Context</p> <ul style="list-style-type: none">– March 2020 guidance during flu season [949] <p>COVID-19 and Flu Care Protocol</p> <ul style="list-style-type: none">– Call ahead required for flu-like symptoms (fever, cough, sore throat) [949]– Video/telephone visits prioritized; no walk-ins accepted for flu-like symptoms [949]– Emergency cases directed to 911 or ER [949] <p>Preventive Measures</p> <ul style="list-style-type: none">– Stay home when sick [949]– Regular hand washing with soap and water [949]– Use alcohol-based sanitizers when soap unavailable [949]– Avoid facial touching with unwashed hands [949]– Maintain distance from sick individuals [949]– Practice proper respiratory hygiene [949]– Regular cleaning of frequently touched surfaces [949]– Flu vaccination recommended [949]
03-20-2020 Unspecified provider Arrillaga Sports Medicine Center	<p>COVID-19 Care Instructions</p> <p>Emergency Protocol</p> <ul style="list-style-type: none">– Call 911 for medical emergencies [947]– Contact primary care office for influenza-like symptoms [947] <p>Telemedicine Services</p> <ul style="list-style-type: none">– Video visits available via smartphone or computer [947]– Video visit instructions provided prior to appointment [947]– In-person visits may convert to video/telephone format [947]– Provider may convert video/telephone visit to in-person format if medically necessary [947] <p>Appointment Guidelines</p> <ul style="list-style-type: none">– Delay non-urgent and routine preventive care visits [947]– Use video or telephone visits when appropriate [947] <p>Hygiene Measures</p> <ul style="list-style-type: none">– Wash hands with soap for 20 seconds regularly [948]– Use alcohol-based hand sanitizers [948]– Avoid touching face with unwashed hands [948]– Cover coughs/sneezes with tissue or elbow [948]– Wash hands after coughing or sneezing [948] <p>Social Safety Guidelines</p> <ul style="list-style-type: none">– Practice social distancing [947]– Avoid contact with sick individuals [947]– Stay home when sick [948]– Clean frequently touched surfaces regularly [948]– Follow local shelter-at-home orders [947]

Summary (Grouped by date)

Date / Provider / Facility	Summary
06-26-2020 Walton, Juliana, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing COVID-19 Testing <ul style="list-style-type: none"> Specimen collected on 6/26/2020 at 0855 [945] Diagnoses <ul style="list-style-type: none"> COVID-19 documented as primary and secondary diagnosis [945] Medications <ul style="list-style-type: none"> Levalbuterol inhaler 45 mcg/actuation, 2 puffs pre-exercise [945] Prescribed 1/8/2020, discontinued 10/28/2021 due to therapy completion [945]
10-07-2020 Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Cornel, Anna, RN, Khong, Thanh M., PA, Kong, Christina S., MD, Abunokaira, Amina, Nocon, Joegard, RN Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Information <ul style="list-style-type: none"> Seen at Stanford Express Care, Hoover on 10/7/2020 for viral screening [943] Test Details <ul style="list-style-type: none"> Nucleic Acid Amplification Test (NAAT) using RT-PCR/TMA [944] FDA authorized test under EUA, validated for NP, nasal, and OP specimens [944] Mid turbinate nasal swab collected on 10/8/2020 [943] SARS-CoV-2 RNA not detected (processed at Hillview Laboratory, reported 10/8/2020 at 2223) [943-944] Clinical Status <ul style="list-style-type: none"> Patient asymptomatic at time of testing [943] Medication History <ul style="list-style-type: none"> Levalbuterol 45 mcg/actuation inhaler (prescribed 1/8/2020) discontinued on 10/28/2021 [943]
10-08-2020 Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Abunokaira, Amina, Cornel, Anna, RN, Khong, Thanh M., PA, Nocon, Joegard, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing Clinical Context <ul style="list-style-type: none"> Asymptomatic COVID-19 screening following exposure [940], [942] Reported exposure to cousin while traveling in Utah [940], [942] Testing Details <ul style="list-style-type: none"> Mid turbinate nasal swab collected on 10/8/2020 at 10:43 [941] FDA Emergency Use Authorized NAAT test utilized [941] Testing performed via RT-PCR/TMA using Hologic Panther System [941] Test validated for nasopharyngeal, nasal, and oropharyngeal swab specimens [941] Results <ul style="list-style-type: none"> SARS-CoV-2 RNA Not Detected [941] Results reported on 10/08/2020 at 22:23 [941]

Summary (Grouped by date)

Date / Provider / Facility	Summary
08-29-2021 Vukicevic, Jelena V., MD, Hernandez, Jesse, MA Arrillaga Sports Medicine Center	Laboratory Tests Medication History <ul style="list-style-type: none">– Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler discontinued on 10/28/2021 with one refill remaining [939]– Originally prescribed by Dr. Vukicevic on 1/8/2020 [939]– Previous dosage: 2 puffs pre-exercise [939] Visit Purpose <ul style="list-style-type: none">– Laboratory tests ordered as part of CPE [939]– Unspecified primary diagnosis noted [939]
08-31-2021 Tsao, Jessica M., MD, Fredericson, Michael, MD, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Hock-Hanson, Susan, RN, Kuo, Kevin F., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	Sports Medicine Physical Examination Athletic History <ul style="list-style-type: none">– Varsity athlete in Cross Country and Track and Field - completed 3 full seasons and 1 partial COVID-19 season [923]– Sever's Disease in September 2017 with full recovery after physical therapy and bracing [924]– 90-day absence from training due to Sever's Disease [924] Vital Signs & Measurements <ul style="list-style-type: none">– Height: 5'8", Weight: 123 lbs, BMI: 18.7 [924]– Blood pressure: 122/68 after 5 minutes rest [926] Physical Examination <ul style="list-style-type: none">– Normal musculoskeletal examination [927]– Normal findings for heart, lungs, abdomen, and other systems [926]– No evidence of Marfan's syndrome [926] Nutritional Assessment <ul style="list-style-type: none">– BMI within normal range [924]– No disordered eating behaviors reported [924-925]– Patient reports satisfactory eating patterns [924-925] Medical Clearance <ul style="list-style-type: none">– Cleared for sports with no restrictions [914], [920]– Previous syncopal episode with normal EKG [914]– Negative cardiovascular risk assessment [932]– Pending sickle cell trait testing [930] COVID-19 Testing <ul style="list-style-type: none">– Negative SARS-CoV-2 PCR test on 8/31/2021 [935-937]– Pre-procedural screening test [935]– Patient asymptomatic at time of testing [917], [919], [935]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-02-2021 Kuwabara, Anne M., MD, Fredericson, Michael, MD, Hernandez, Jesse, MA, Vukicevic, Jelena V., MD, Kong, Christina S., MD, Mlakar, Rachel, Manalac, Justin Arrillaga Sports Medicine Center	Laboratory Testing Laboratory Results <ul style="list-style-type: none">– WBC 4.3, RBC 5.21, Hemoglobin 14.7, Platelets 229 K/uL [910]– Elevated eosinophils at 0.21 K/uL [910]– Ferritin normal at 58.2 ng/mL [911]– Vitamin D adequate at 34 ng/mL (D3 34 ng/mL, D2 <4 ng/mL) [912] Historical Medications <ul style="list-style-type: none">– Levalbuterol inhaler 45 mcg/actuation prescribed by Dr. Vukicevic on 1/8/2020, 2 puffs pre-exercise [909] Clinical Notes <ul style="list-style-type: none">– Biotin may interfere with ferritin test results [911]
09-03-2021 Vukicevic, Jelena V., MD, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Hernandez, Jesse, MA, Kong, Christina S., MD, Suzan, MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Context <ul style="list-style-type: none">– Varsity athlete required COVID-19 screening within 72 hours of scheduled procedure [905]– Asymptomatic at time of testing following COVID-19 exposure [905] Test Details and Results <ul style="list-style-type: none">– COVID-19 PCR test performed on September 3, 2021 at 13:00 [905]– Mid-turbinate nasal swab specimen collected [905]– SARS-CoV-2 RNA not detected, results reported at 19:18 [905-906] Medications <ul style="list-style-type: none">– Levalbuterol 45 mcg/actuation prescribed on 1/8/2020, 2 puffs 20-30 minutes before exercising [905]– Medication discontinued on 10/28/2021 [905]
09-08-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Suzan, MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Reason <ul style="list-style-type: none">– COVID-19 screening due to reported viral disease exposure [901] COVID-19 Specimen Collection <ul style="list-style-type: none">– Mid-turbinate nasal swab collected on 9/8/2021 at 12:00 PM [901]– Testing conducted for pre-procedural screening (patient asymptomatic) [901] COVID-19 Test Results <ul style="list-style-type: none">– SARS-CoV-2 RNA test performed using NAAT with RT-PCR/TMA methodology [902]– Test results: Not Detected [902] Medications <ul style="list-style-type: none">– Levalbuterol 45 mcg/actuation inhaler discontinued on 10/28/2021 (therapy completed) [901]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-14-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Suzan, MD, Shrestha, Sweta Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing Test Purpose <ul style="list-style-type: none">– Pre-procedural COVID-19 screening for varsity athlete [897]– Contact with or exposure to viral disease (Z20.828) [897–898] Testing Methodology <ul style="list-style-type: none">– RT-PCR methodology used under FDA Emergency Use Authorization [898]– Test performed in high-complexity CLIA-certified laboratory [898]– Validated for nasopharyngeal, nasal, and oropharyngeal swab specimens [898]– Sensitivity and specificity undetermined for other specimen types [898] Specimen Details and Results <ul style="list-style-type: none">– Mid-turbinate nasal swab collected at 0800 [897]– Specimen ID: 21S-257VI0256 [897]– SARS-CoV-2 RNA not detected [898]– Final result reported at 2150 [897] Patient Status <ul style="list-style-type: none">– Asymptomatic at time of testing [897]
09-20-2021 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Shrestha, Sweta Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing COVID-19 Test Details <ul style="list-style-type: none">– Mid turbinate nasal swab specimen (ID: 21S-263VI0162) collected on September 20, 2021 at 0900 [892–893]– RT-PCR methodology used under FDA EUA in CLIA-certified high complexity laboratory [893]– Test validated for nasopharyngeal, nasal, and oropharyngeal specimens [893]– Results reported as Not Detected on September 20, 2021 at 2305 [892–893]– Test performed for pre-procedural screening [892] Clinical Status <ul style="list-style-type: none">– Patient asymptomatic at time of testing [892]– History of viral exposure reported [892], [894] Current Medications <ul style="list-style-type: none">– Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler - 2 puffs 20-30 minutes before exercising [892]– Medication discontinued effective 10/28/2021 [892]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-27-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Nguyen, Phuong Arrillaga Sports Medicine Center	COVID-19 PCR Testing Test Specifications <ul style="list-style-type: none">– RT-PCR test performed under FDA Emergency Use Authorization [888-889]– Specimen collected via mid turbinate nasal swab [888]– Testing conducted in CLIA-certified high complexity laboratory [889]– Specimen ID: 21S-270VI0199 [888]– Test validated for nasopharyngeal, nasal, and oropharyngeal swab specimens [889] Timeline <ul style="list-style-type: none">– Specimen collected on September 27, 2021 at 0900 [888-889]– Results reported on September 28, 2021 at 0045 [888] Results <ul style="list-style-type: none">– SARS-CoV-2 RNA Not Detected [889]– Patient asymptomatic at time of collection [888] Clinical Context <ul style="list-style-type: none">– Testing required for pre-procedural screening within 72 hours of planned procedure [888]
10-04-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Iwai, Naomi Arrillaga Sports Medicine Center	COVID-19 Screening Test Test Details <ul style="list-style-type: none">– Mid turbinate nasal swab collected on 10/4/2021 at 1000 hours [883]– Results reported on 10/5/2021 at 1229 hours [883-884]– SARS-CoV-2 RNA not detected [883-884] Clinical Context <ul style="list-style-type: none">– Patient asymptomatic at time of testing [883]– Pre-procedural screening (required within 72 hours) [883] Testing Methodology <ul style="list-style-type: none">– RT-PCR methodology under FDA Emergency Use Authorization [884]– Test validated for nasopharyngeal, nasal, and oropharyngeal specimens [884]– Performed in CLIA-certified high complexity laboratory [884]– Sensitivity/specificity unknown for other specimen types [884]
10-11-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Hernandez, Jesse, MA, Vukicevic, Jelena V., MD, Kong, Christina S., MD, Nguyen, Phuong Arrillaga Sports Medicine Center	COVID-19 Screening Test Diagnosis <ul style="list-style-type: none">– Contact with or exposure to viral disease [878] COVID-19 Testing <ul style="list-style-type: none">– Pre-procedural screening test [878]– Mid turbinate nasal swab collected 10/11/2021 1000, results reported 10/12/2021 0032 [878-879]– SARS-CoV-2 RNA not detected [878-879] Clinical Status <ul style="list-style-type: none">– Patient asymptomatic at time of testing [878]

Summary (Grouped by date)

Date / Provider / Facility	Summary
10-18-2021 Hwang, Calvin E., MD, Hernandez, Jesse, MA, Vukicevic, Jelena V., MD, Hock-Hanson, Susan, RN, Keane, Gerald P., Suzan, MD, Kong, Christina S., MD, Rotunno, William, Afamasaga, Jaracz, Sartin, Tanya, Abrams, Geoffrey D., MD, Shrestha, Sweta Arrillaga Sports Medicine Center	Diagnostic Evaluation URI Exposure and Symptom History <ul style="list-style-type: none">– Exposed to sick roommate ill for 2.5 weeks [867]– Symptoms began 5 days prior to visit [867]– Tight throat and difficulty breathing upon waking [867]– Painful swallowing and persistent cough with yellow-green mucus [867]– Fatigue, persistent headache, feeling cold without fever [867] Prior Treatment <ul style="list-style-type: none">– Self-treated with decongestants and ibuprofen [867] Physical Examination <ul style="list-style-type: none">– Patient well-appearing without distress [868]– Mild anterior cervical lymphadenopathy [868]– Unlabored breathing [868]– Warm and well-perfused distal pulses [868] Diagnostic Testing <ul style="list-style-type: none">– COVID-19 PCR test negative (10/18/2021) - screening test when asymptomatic [873-875]– Rapid Strep test negative (10/19/2021) [869-870]– Strep PCR test negative (10/20/2021) [870] Treatment Plan <ul style="list-style-type: none">– Diagnosed with viral upper respiratory tract infection [867], [869]– Prescribed Levalbuterol inhaler (1/8/2020 - 10/28/2021) [867]– Recommended OTC cough and cold medications [868]– Cleared for training and competition as tolerated [868-869]– Follow-up as needed [869]
10-26-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Vukicevic, Jelena V., MD, Kuo, Kevin F., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Shrestha, Sweta Arrillaga Sports Medicine Center	COVID-19 Screening Test Reason for Visit <ul style="list-style-type: none">– Contact with or exposure to viral disease [861] COVID-19 Testing Details <ul style="list-style-type: none">– Asymptomatic pre-procedural screening test [861]– Test performed on October 26, 2021 at 13:00 [861]– Mid turbinate nasal swab specimen (ID: 21S-299VI0517) [861]– SARS-CoV-2 RNA not detected [862]– Results reported October 26, 2021 at 21:30 [861] Current Medications <ul style="list-style-type: none">– Azithromycin 250mg prescribed 10/25/2021 [861]– 5-day course: 2 tablets initial dose, then 1 tablet daily [861] Discontinued Medications <ul style="list-style-type: none">– Levalbuterol 45 mcg/actuation (2 puffs pre-exercise) initiated 1/8/2020, discontinued 10/28/2021 [861] Testing Methodology <ul style="list-style-type: none">– FDA Emergency Use Authorization RT-PCR methodology used [862]– Test validated for nasopharyngeal, nasal, and oropharyngeal specimens [862]

Summary (Grouped by date)

Date / Provider / Facility	Summary
10-28-2021 Fredericson, Michael, MD, Fausett, Cameron L., MD, Choo, Hyunwoo J., MD, Kuo, Kevin F., MD, Hernandez, Jesse, MA Arrillaga Sports Medicine Center	COVID-19 Screening Follow-up Current Symptoms and Testing <ul style="list-style-type: none">COVID-19 symptoms began 10/11/2021 [820], [843]Two-week history of URI symptoms [820]Resolving sinus pressure and headache [820]Current cough and sore throat without fever [820]Symptoms improved after Azithromycin initiation; cough no longer productive [820]Negative strep and COVID-19 tests [820], [822]COVID-19 symptom screening score: 12 (Positive) [843] Physical Examination Findings <ul style="list-style-type: none">Erythema and swelling of tonsils [821]Mild anterior lymphadenopathy [821]Clear lung sounds without wheezing [821]Regular cardiac rate and rhythm [821] Medications <ul style="list-style-type: none">Azithromycin 250mg initiated 10/25/2021: two tablets day one, one tablet daily days 2-5 [820], [826]Benzonatate 100mg prescribed for cough [820], [822]DayQuil and ibuprofen as needed for symptom relief [822]Levalbuterol discontinued 10/28/2021 [820] Activity and Return Protocol <ul style="list-style-type: none">Currently restricted from practice and competition [822]Limited strength and conditioning until symptom improvement [822]Anticipated return to running following week [822] Isolation Requirements <ul style="list-style-type: none">72 hours fever-free without medication [830], [851]Minimum 10 days from symptom onset [830], [851]Must notify close contacts for self-quarantine [829] Follow-up Care <ul style="list-style-type: none">Follow-up with Dr. Fredericson scheduled October 28, 2021 at 1:45 PM [825]
11-01-2021 Choo, Hyunwoo J., MD, Fausett, Cameron L., MD Arrillaga Sports Medicine Center	Viral Exposure Assessment Primary Diagnosis <ul style="list-style-type: none">Contact with or exposure to viral disease [819] Discontinued Medications <ul style="list-style-type: none">Benzonatate 100mg prescribed 10/28/2021 (15 capsules, TID PRN for cough) discontinued on 3/30/2023 [819]No current active medications [819]

Summary (Grouped by date)

Date / Provider / Facility	Summary
11-02-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	<p>COVID-19 Diagnostic Testing</p> <p>Patient Status</p> <ul style="list-style-type: none"> Asymptomatic at time of testing [814] <p>Testing Context</p> <ul style="list-style-type: none"> Testing conducted following viral disease exposure [814] Testing performed for pre-procedural screening [814] <p>Test Results</p> <ul style="list-style-type: none"> Mid turbinate nasal swab specimen collected on 11/02/2021 at 1300 [814] COVID-19 PCR test negative (reported 11/02/2021 at 2038) [814-815] <p>Medication Changes</p> <ul style="list-style-type: none"> Discontinued Benzonatate 100 mg (prescribed 10/28/2021, ended 3/30/2023) [814]
11-08-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD, Tam, Gordon Arrillaga Sports Medicine Center	<p>COVID-19 Screening Test</p> <p>Clinical Context</p> <ul style="list-style-type: none"> Pre-procedural screening [809] Testing ordered due to viral disease exposure [809] Patient asymptomatic at time of testing [809] Diagnosis code Z20.828 assigned [809-810] <p>COVID-19 Test Information</p> <ul style="list-style-type: none"> RT-PCR test performed using mid turbinate nasal swab [809-810] Specimen ID: 21S-312VI0212 [809-810] Test conducted under FDA Emergency Use Authorization [810] Test sensitivity/specificity unknown for non-validated specimen types [810] Sample collected November 8, 2021 at 1100 hours [809] Results reported November 8, 2021 at 2132 hours [809] SARS-CoV-2 RNA not detected [810] <p>Medications</p> <ul style="list-style-type: none"> Benzonatate prescribed 10/28/2021, discontinued 3/30/2023 [809]
11-12-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	<p>COVID-19 Diagnostic Testing</p> <p>COVID-19 Test Information</p> <ul style="list-style-type: none"> Varsity athlete pre-procedural screening [806] Mid turbinate nasal swab collected 11/15/2021 at 0900 [806] SARS-CoV-2 RNA not detected (11/15/2021 at 2106) [806-807] Nucleic Acid Amplification Test (NAAT): RT-PCR/TMA via Hologic Panther System [807] Test validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens [807] <p>Clinical Context</p> <ul style="list-style-type: none"> Patient asymptomatic at time of testing [806] Pre-procedural screening requirement within 72 hours of procedure [806]

Summary (Grouped by date)

Date / Provider / Facility	Summary
11-15-2021 Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing Specimen and Test Details <ul style="list-style-type: none">– Mid turbinate nasal swab collected 11/15/2021 0900, results available 2106 [804]– Specimen ID: 21S-316VI0939 [804]– COVID-19 PCR test performed [804]– Test validated for multiple specimen types including NP, nasal, OP, and BAL specimens [804] Results and Context <ul style="list-style-type: none">– Negative for SARS-CoV-2 RNA [804]– Pre-procedural screening for asymptomatic patient [804]– Test performed within required 72-hour window [804]
11-28-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Diagnoses <ul style="list-style-type: none">– Contact with or exposure to viral disease [801] COVID-19 Testing <ul style="list-style-type: none">– Mid turbinate nasal swab collected on 11/29/2021 at 0900 [801]– Test performed as pre-procedural screening (required within 72 hours of procedure) [801]– Patient asymptomatic at time of testing [801]– SARS-CoV-2 RNA not detected (resulted 11/29/2021 at 2237) [801–802]– FDA EUA authorized NAAT: RT-PCR/TMA on Hologic Panther System [802] Medications <ul style="list-style-type: none">– Benzonatate 100mg TID PRN cough prescribed 10/28/2021 [801]
11-29-2021 Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing Test Details <ul style="list-style-type: none">– Mid turbinate nasal swab collected on 11/29/2021 at 0900 [799]– Test performed for pre-procedural screening [799]– Test valid for 72 hours for planned procedure/treatment [799]– Results available 11/29/2021 at 2237 [799] Results <ul style="list-style-type: none">– SARS-CoV-2 RNA not detected [799]– Patient was asymptomatic at time of testing [799]
12-02-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing COVID-19 Screening <ul style="list-style-type: none">– Asymptomatic pre-procedural screening required within 72 hours of procedure [794]– Nasal swab collected December 2, 2021 at 1300 hours [794]– Results negative for SARS-CoV-2 (December 3, 2021) [794–795] Medications <ul style="list-style-type: none">– Benzonatate 100mg prescribed 10/28/2021, discontinued 3/30/2023, not taken by patient [794]

Summary (Grouped by date)

Date / Provider / Facility	Summary
12-06-2021 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD, Suzan, MD, Nguyen, Phuong Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Information <ul style="list-style-type: none">Presented for COVID-19 screening for pre-procedural clearance [790] COVID-19 Testing <ul style="list-style-type: none">RT-PCR test performed on December 6, 2021 at 1100 [790-791]Mid turbinate nasal swab specimen collected [790-791]SARS-CoV-2 RNA not detected [791]Results reported December 6, 2021 at 2308 [790]Patient asymptomatic at time of testing [790]Test required within 72 hours of scheduled procedure [790]Testing indicated due to viral disease exposure [790-791]RT-PCR test validated for NP, nasal, and OP swabs under FDA Emergency Use Authorization [791] Medication History <ul style="list-style-type: none">Benzonatate 100mg prescribed 10/28/2021 (TID PRN, 15 capsules), discontinued 3/30/2023 [790]Patient reported non-compliance with medication [790]
01-02-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD, Alday, Mark Anthony A. Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Information <ul style="list-style-type: none">Contact with or exposure to viral disease (Z20.828) [787] Pre-procedural Screening <ul style="list-style-type: none">Mid turbinate nasal swab collected on 1/3/2022 [787]SARS-CoV-2 PCR test negative on 1/4/2022 [788]Patient asymptomatic at time of testing [787] Prior Medications <ul style="list-style-type: none">Benzonatate 100mg three times daily PRN for cough (not currently taking) [787]Previous prescription expired 3/30/2023 [787]
01-03-2022 Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD, Alday, Mark Anthony A. Arrillaga Sports Medicine Center	Laboratory Test COVID-19 Test Information <ul style="list-style-type: none">Mid turbinate nasal swab collected on 1/3/2022 [785]Negative for SARS-CoV-2 RNA on 1/4/2022 [785] Clinical Context <ul style="list-style-type: none">Pre-procedural/pre-treatment screening requirement [785]Test required within 72 hours of procedure/treatment [785]Patient asymptomatic at time of testing [785]Clinical indication: Contact with or exposure to viral disease [Z20.828] [785]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-07-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	Pre-procedural COVID-19 Screening Visit Purpose <ul style="list-style-type: none"> Pre-procedural COVID-19 screening required within 72 hours of planned procedure [780] COVID-19 Screening <ul style="list-style-type: none"> Mid turbinate nasal swab collected on 01/07/2022 at 1300 [780] Patient asymptomatic at time of testing [780] SARS-CoV-2 RNA Not Detected (result reported 01/08/2022) [780-781]
01-10-2022 Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Kong, Christina S., MD, Suzan, MD, Tam, Gordon Arrillaga Sports Medicine Center	Pre-procedural COVID-19 Screening Visit Information <ul style="list-style-type: none"> Presented January 10, 2022 for pre-procedural COVID-19 screening [775-776] History of viral disease exposure [775-776], [778] COVID-19 Testing <ul style="list-style-type: none"> Mid turbinate nasal swab collected at 1000 hours [776], [778] SARS-CoV-2 RNA Not Detected [776-777] Patient asymptomatic at testing [776] Medications <ul style="list-style-type: none"> Benzonatate 100 mg prescribed October 28, 2021 (reported not taking) [776]
01-19-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Test Details <ul style="list-style-type: none"> Mid turbinate nasal swab collected on January 19, 2022 at 1100 hours [771] Results reported at 1823 hours as negative [771-772] Patient asymptomatic at time of testing [771] Clinical Context <ul style="list-style-type: none"> Testing required for pre-procedural screening [771] Ordered due to contact with viral disease exposure (Z20.828) [771] Test completed within required 72-hour window [771] Test Specifications <ul style="list-style-type: none"> NAAT (RT-PCR/TMA) performed on Hologic Panther System [772] Validated for NP, nasal, OP swab and BAL specimens [772] Laboratory-validated but not FDA-cleared assay [772] Specimen requires green bag for proper processing [771]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-24-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Tam, Gordon, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Laboratory Testing Test Details <ul style="list-style-type: none"> – RT-PCR SARS-CoV-2 RNA test performed under FDA Emergency Use Authorization [767] – Test conducted in CLIA-certified laboratory for high complexity testing [767] – Validated specimen types include nasopharyngeal, nasal, and oropharyngeal swabs [767] – Mid turbinate nasal swab collected at 1000 hours [766] – Test ordered due to contact with or exposure to viral disease [766] – Testing required within 72 hours of procedure [766] – Patient asymptomatic at time of collection [766] Results <ul style="list-style-type: none"> – SARS-CoV-2 RNA Not Detected [767] – Final results reported at 2221 hours [766]
01-26-2022 Kuwabara, Anne M., MD, Fredericson, Michael, MD, Walker, Clayton R., MD, Nitichaikulvatana, Prachaya, MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Kong, Christina S., MD, Mlakar, Rachel, Manalac, Justin Arrillaga Sports Medicine Center	Sports Physical Examination Visit Information <ul style="list-style-type: none"> – Sports physical examination at Arrillaga Sports Medicine Center [759-760] Medications <ul style="list-style-type: none"> – All prescribed medications currently not being taken [759] – Vitamin D3 1,000 units daily (3 refills remaining) [759] – Meloxicam 7.5mg daily (1 refill remaining) [759] – Prednisone 10mg tapering: 6 tabs days 1-3, 4 tabs days 4-6, 2 tabs days 7-9, 1 tab days 10-12, 0.5 tab days 13-15, then stop (no refills) [759] – Benzonatate 100mg TID PRN for cough (no refills) [759]
01-31-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Test Timeline <ul style="list-style-type: none"> – Mid turbinate nasal swab collected on January 31, 2022 at 1000 hours [755], [757] – Results reported at 1948 hours [755-756] Test Specifications <ul style="list-style-type: none"> – Nucleic Acid Amplification Test (NAAT) methodology using RT-PCR/TMA [756] – Hologic Panther System utilized [756] – FDA-authorized under Emergency Use Authorization [756] – Validated for nasopharyngeal, nasal, oropharyngeal swabs and bronchoalveolar lavage specimens [756] Test Results <ul style="list-style-type: none"> – SARS-CoV-2 RNA Not Detected [755-756] Clinical Context <ul style="list-style-type: none"> – Asymptomatic screening test [755] – Required for pre-procedural clearance within 72 hours of planned procedure [755], [757] – History of contact with viral disease (Z20.828) [755]

Summary (Grouped by date)

Date / Provider / Facility	Summary
02-03-2022 Kuwabara, Anne M., MD, Walker, Clayton R., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD Arrillaga Sports Medicine Center	Medication Record Review Medication History <ul style="list-style-type: none"> – Benzonatate 100mg for cough: Prescribed 10/28/2021 (15 capsules, 3 times daily PRN), discontinued 3/30/2023 by Dr. Choo [750] – Vitamin D3: Initially prescribed as 1,000 units daily, modified 2/3/2022 to 25 mcg (1,000 unit) daily (100 capsules, 3 refills); patient reported non-adherence 3/30/2023; discontinued 2/2/2024 by Dr. Walker with unknown adherence status [750–752]
02-07-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Kong, Christina S., MD, Tam, Gordon Arrillaga Sports Medicine Center	COVID-19 Screening Test COVID-19 Testing and Status <ul style="list-style-type: none"> – Pre-procedural screening test [746] – Mid turbinate nasal swab collected on February 7, 2022 at 1000 hours [746] – Results reported at 2118 hours: SARS-CoV-2 RNA Not Detected [746–748] – Patient asymptomatic at time of testing [746] – History of contact with or exposure to viral disease [746] Medications <ul style="list-style-type: none"> – Benzonatate (not currently taking) [746] – Vitamin D3 (not currently taking) [746]
02-14-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	Pre-procedural COVID-19 Screening COVID-19 Assessment <ul style="list-style-type: none"> – Pre-procedural screening required within 72 hours of scheduled procedure [741] – Asymptomatic patient with viral disease exposure [741–742] – Mid turbinate nasal swab collected 02/14/2022 at 1000 hours [741] – SARS-CoV-2 RNA Not Detected (reported 02/14/2022 at 22:18) [741–742] Current Medications <ul style="list-style-type: none"> – Benzonatate 100 mg TID PRN for cough (ends 3/30/2023) [741] – Cholecalciferol 1,000 units daily (ends 2/2/2024) [741]
02-21-2022 Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Kong, Christina S., MD, Tam, Gordon Arrillaga Sports Medicine Center	COVID-19 Screening Test Diagnoses <ul style="list-style-type: none"> – Contact with or exposure to viral disease (Z20.828) [736–737] Laboratory Results <ul style="list-style-type: none"> – COVID-19 PCR test performed for pre-procedural screening [736], [738] – Test performed February 21, 2022 at 0900 via mid turbinate nasal swab [736], [738] – SARS-CoV-2 RNA not detected (reported 2142) [737–738] – Patient asymptomatic at time of testing [736] – Test required within 72 hours of planned procedure [736] Current Medications <ul style="list-style-type: none"> – Benzonatate 100 mg (expired 3/30/2023, no refills) [736] – Vitamin D3 1,000 units (valid until 2/2/2024, 3 refills) [736]

Summary (Grouped by date)

Date / Provider / Facility	Summary
02-25-2022 Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD Arrillaga Sports Medicine Center	Medication Review Discontinued Medications <ul style="list-style-type: none"> – Benzonatate (Tessalon) 100mg: prescribed 10/28/2021, 15 capsules three times daily as needed for cough, valid until 3/30/2023, no refills remaining [734] – Cholecalciferol (Vitamin D3) 1,000 units: prescribed 2/3/2022, 100 capsules once daily, valid until 2/2/2024, 3 refills remaining [734]
02-28-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kong, Christina S., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Tam, Gordon Arrillaga Sports Medicine Center	Laboratory Testing Pre-procedural Screening <ul style="list-style-type: none"> – COVID-19 PCR test negative on February 28, 2022 [730-731] – Pre-procedural screening test, patient asymptomatic [730] – Specimen collected at 1100, results finalized at 2101 [730] Current Medications <ul style="list-style-type: none"> – Benzonatate 100 mg - prescribed for cough through 3/30/2023 (not taking) [730] – Cholecalciferol 1000 units - prescribed daily through 2/2/2024, 3 refills remaining (not taking) [730]
03-07-2022 Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Kong, Christina S., MD, Martinez, Ingrid E. Arrillaga Sports Medicine Center	Laboratory Testing Laboratory Results <ul style="list-style-type: none"> – Test performed on March 7, 2022 at 1000 hours [725] – Mid turbinate nasal swab specimen collected [725-726] – Results reported at 2227 hours: SARS-CoV-2 RNA not detected [725-726] – Testing indication: exposure to viral disease [725] – Patient asymptomatic at time of testing [725] Current Medications <ul style="list-style-type: none"> – Benzonatate 100 mg TID PRN for cough (15 capsules, no refills) [725] – Vitamin D3 1,000 units daily (3 refills remaining) [725]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-14-2022 Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Hock-Hanson, Susan, RN, Abrams, Geoffrey D., MD, Kong, Christina S., MD, Martinez, Ingrid E. Arrillaga Sports Medicine Center	Laboratory Testing COVID-19 Test Details <ul style="list-style-type: none">– Test performed on March 14, 2022 at 1000 hours [720]– Mid turbinate nasal swab collected [720]– Patient asymptomatic at time of testing [720]– Results negative, finalized at 2114 hours [720-721]– Test performed for pre-procedural screening [720]– Test required within 72 hours of scheduled procedure [720] Current Medications <ul style="list-style-type: none">– Benzonatate 100 mg TID PRN for cough (15 capsules) [720]– Vitamin D3 1,000 units daily (100 capsules) [720] Test Specifications <ul style="list-style-type: none">– FDA-authorized under Emergency Use Authorization [721]– RT-PCR methodology utilized [721]– Test validated for nasopharyngeal, nasal, and oropharyngeal specimens [721]– Sensitivity and specificity unknown for other specimen types [721]
03-22-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Screening Test Visit Information <ul style="list-style-type: none">– Seen for contact with or exposure to viral disease [717] COVID-19 Test Details <ul style="list-style-type: none">– Test performed due to viral disease exposure and pre-procedural screening requirements [717-718]– Mid turbinate nasal swab collected on 3/24/2022 at 1300 [717-718]– Results reported same day at 2020 hours [717-718]– Patient asymptomatic at time of testing [717]– SARS-CoV-2 RNA not detected [718]– Test performed using NAAT: RT-PCR or TMA (Hologic Panther System) [718] Current Medications <ul style="list-style-type: none">– Benzonatate 100 mg capsule prescribed 10/28/2021, no refills remaining [717]– Cholecalciferol 1,000 units daily prescribed 2/3/2022, 3 refills remaining [717]– Patient not currently taking either medication [717]

Summary (Grouped by date)

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03-24-2022 Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	<div>COVID-19 Screening Test</div> <div>Specimen Collection and Methodology</div> <ul style="list-style-type: none"> Mid-turbinate nasal swab collected on 03/24/2022 at 1300 [714] Testing performed via NAAT: RT-PCR/TMA (Hologic Panther System) [714] Test validated for nasopharyngeal, nasal, oropharyngeal swabs and bronchoalveolar lavage specimens [714] Specimen ID: 22S-081VI1018 [714] <div>Test Results</div> <ul style="list-style-type: none"> SARS-CoV-2 RNA not detected [714] Results reported on 03/24/2022 [714] <div>Clinical Context</div> <ul style="list-style-type: none"> Varsity Athlete pre-procedural/pre-treatment screening requirement [714] Patient asymptomatic at time of testing [714] Test required within 72 hours of planned procedure [714] Diagnosis code: Z20.828 (Contact with or exposure to viral disease) [714-715]
03-29-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kong, Christina S., MD Arrillaga Sports Medicine Center	<div>COVID-19 Screening Test</div> <div>Visit Context</div> <ul style="list-style-type: none"> Sports medicine center visit for exposure to viral disease [711-712] <div>COVID-19 Screening</div> <ul style="list-style-type: none"> Asymptomatic pre-procedural screening required within 72 hours of procedure [711] Mid turbinate nasal swab collected on 3/30/2022 at 0900 [711-712] RT-PCR/TMA test using Hologic Panther System [711-712] SARS-CoV-2 RNA Not Detected (resulted 3/30/2022 at 1908) [711-712] <div>Current Medications</div> <ul style="list-style-type: none"> Benzonatate 100 mg (expires 3/30/2023, no refills) [711] Cholecalciferol 1,000 units (expires 2/2/2024, 3 refills) [711] Patient reports not currently taking either medication [711]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-30-2022 Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	COVID-19 Diagnostic Testing Clinical Context <ul style="list-style-type: none">– Pre-procedural screening test for asymptomatic patient [709] Specimen Collection <ul style="list-style-type: none">– Mid-turbinate nasal swab collected [709] Testing Timeline <ul style="list-style-type: none">– Specimen collected 03/30/2022 at 0900 [709]– Results reported 03/30/2022 at 1908 [709] Testing Methodology <ul style="list-style-type: none">– RT-PCR/TMA using Hologic Panther System [709]– Performed under FDA Emergency Use Authorization [709] Results <ul style="list-style-type: none">– SARS-CoV-2 RNA not detected [709] Protocol Requirements <ul style="list-style-type: none">– Test required within 72 hours of scheduled procedure [709]
04-04-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Kong, Christina S., MD, Martinez, Ingrid E. Arrillaga Sports Medicine Center	COVID-19 Screening Test Diagnosis <ul style="list-style-type: none">– Contact with or exposure to viral disease [704] Diagnostic Test Results <ul style="list-style-type: none">– COVID-19 PCR screening (04/04/2022): SARS-CoV-2 RNA not detected [704–705]– Pre-procedural screening performed while patient asymptomatic [704] Current Medications <ul style="list-style-type: none">– Benzonatate 100mg - prescribed but not taking [704]– Vitamin D3 1,000 units - prescribed but not taking [704]

Summary (Grouped by date)

Date / Provider / Facility	Summary
04-12-2022 Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kong, Christina S., MD, Bora, Angela, RN, Smith, Jasmine Arrillaga Sports Medicine Center	<div>Diagnostic Laboratory Testing</div> <div>Diagnosis</div> <ul style="list-style-type: none"> Upper respiratory tract infection with confirmed Influenza A [700-702] <div>Vital Signs</div> <ul style="list-style-type: none"> Blood pressure 112/74 mmHg [698] Pulse 61 [698] Respiratory rate 18 [698] Temperature 36.1C [698] Oxygen saturation 96% [698] <div>Laboratory Results</div> <ul style="list-style-type: none"> RT-PCR on nasopharyngeal swab (4/12/2022) positive for Influenza A [700-702] RT-PCR on nasopharyngeal swab (4/12/2022) negative for Influenza B [700-702] <div>Discontinued Medications</div> <ul style="list-style-type: none"> Benzonatate 100 mg for cough (10/28/2021 - 3/30/2023) [698] Vitamin D3 1,000 units daily (2/3/2022 - 2/2/2024) [698], [700]

Summary (Grouped by date)

Date / Provider / Facility	Summary
05-18-2022 Lee, Moon O., MD, Williams, Sarah R., MD, Klingman, Lauren E., MD, MacDougall, Matthew S., MD, PhD, Africk, Benjamin N., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Tseu, Li Anne M., RN, Werner, Daugherty, RN, Womack, Sarah, RN, Dahmoush, Hisham M., MBChB, Vu, Van H., MD, Michelson, Sheryl A., RN, Masaquel-Santiago, Divina G., RN, Hamm, Christian, PharmD, Madden, Thomas, RT, Bucher, Zachary, RT, Remigio, Adrienne, PharmD Arrillaga Sports Medicine Center	<p>Emergency Department Evaluation</p> <p>Vital Signs</p> <ul style="list-style-type: none"> BP 123/65, pulse 62, respiratory rate 16 [642–643], [663] Temperature 37.1C, SpO2 99% on room air [642–643], [663] <p>Symptom Timeline</p> <ul style="list-style-type: none"> Initial cough and shortness of breath on May 8 [696] Sinus symptoms developed May 10-13 [696] Right eye symptoms began May 17 evening [629], [637], [696] Eye swollen shut with yellow discharge by May 18 morning [632], [637], [696] Pink eye outbreak reported on track team 2 weeks prior [629] <p>Current Symptoms</p> <ul style="list-style-type: none"> Right eye pain 4-5/10 with photophobia [644], [695–696] Blurred vision with yellow discharge [629], [696] Sinus fullness and pressure for 9 days [629], [633], [696] Clear to yellow nasal drainage with occasional blood [696] <p>Clinical Findings</p> <ul style="list-style-type: none"> Right eye visual acuity improved from 20/100 to 20/30 during visit [636], [666] Injected conjunctiva with chemosis and exudate [631–632], [634] Swollen and tender right eyelids [632], [696] Bilateral paranasal sinus disease (right > left) [632], [646] No evidence of corneal ulcer or orbital cellulitis [632], [634] <p>Current Medications</p> <ul style="list-style-type: none"> Benzonatate for cough [627] Cholecalciferol (Vitamin D3) daily [628], [631] <p>Treatment Plan</p> <ul style="list-style-type: none"> IV ceftriaxone administered [651], [655] Amoxicillin-clavulanate for 14 days [648], [659] Ciprofloxacin ophthalmic solution 4 times daily [628], [676] Tylenol/ibuprofen alternating every 3 hours for pain [644], [674] Saline nasal washes for sinusitis [634], [677], [696] Sports participation restricted until symptoms resolve [697] <p>Care Instructions</p> <ul style="list-style-type: none"> Remove eye crust with moist cotton from inside to outside [679] Apply cold/warm compresses for eye pain [679] Avoid contact lenses and eye makeup [679] Use warm moist air and facial heat packs for sinusitis [677] <p>Follow-up Plan</p> <ul style="list-style-type: none"> Primary care follow-up within 2-3 days [634], [674] Return to ED if temperature >100.5F [644], [674], [680] Return if worsening breathing, vision changes, or increased eye discharge [644], [674], [680]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-16-2022 Fredericson, Michael, MD, Choo, Hyunwoo J., MD, Willis, Marc H., DO, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Parivash, Sherveen N., MD, Biswal, Sandip, MD, Michelson, Sheryl A., RN, Morris, Victoria, Yang, Pahoua, RT, La Rosa, Stefanie, Lee, Sherrie, RT Arrillaga Sports Medicine Center	<p>Sports Injury Evaluation</p> <p>Clinical History</p> <ul style="list-style-type: none">– Hamstring strain 3 weeks ago during football [610]– Previous treatments: heat therapy, dry needling, cupping [610]– 7-pound weight loss during 3 weeks in Europe [610] <p>Pain Characteristics</p> <ul style="list-style-type: none">– Right SI joint and paraspinal pain developed during running [610], [621]– Pain worse with downhill running and hip/back extension [610], [621]– Pain provoked by full lumbar extension [610], [621]– Tenderness over right PSIS and L4/5 paraspinal area [610], [621] <p>Physical Examination Findings</p> <ul style="list-style-type: none">– Positive Gilet's test for SI joint [610]– Negative Patrick's, distraction, Gaenslen's, and compression tests [610]– Normal hip range of motion and strength [610]– Non-antalgic gait with normal heel raises [610]– Normal strength in gluteus medius bilaterally [610] <p>Imaging Results</p> <ul style="list-style-type: none">– Normal lumbar spine X-ray alignment [607], [616–617]– Bilateral sacroiliac joint sclerosis and irregularity on MRI [617]– Pubic symphysis shows sclerosis, bony edema, and irregularity (3/26) [616], [619]– Mild facet arthropathy with fluid in facets [616]– L5-S1 disc desiccation present [616] <p>Activity Restrictions</p> <ul style="list-style-type: none">– No competition permitted [611]– No impact activities [610–611], [613]– No spine loading [611], [613]– Must maintain neutral spine position [611], [613]– Swimming pool activities and aqua jogging allowed [610–611], [613] <p>Treatment Plan</p> <ul style="list-style-type: none">– NSAIDs and ice for symptom management [610], [613]– Lumbar spine MRI ordered to evaluate L5 pars defect [616], [622]
09-19-2022 Mlakar, Rachel, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD Arrillaga Sports Medicine Center	<p>Imaging Pre-Procedure Instructions</p> <p>Fasting Instructions</p> <ul style="list-style-type: none">– No food or drink for 4 hours before examination [604]– Small amount of water permitted with daily medications [604]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-27-2022 Fredericson, Michael, MD, Hock-Hanson, Susan, RN, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Mlakar, Rachel, Kong, Christina S., MD Arrillaga Sports Medicine Center	<p>Laboratory Results Review</p> <p>Laboratory Results and Considerations</p> <ul style="list-style-type: none"> – Ferritin: 76.3 ng/mL (10/04/2022) - within normal range [601–602] – Vitamin D: 55 ng/mL (10/04/2022) - within normal range [601–602] – Potential biotin interference noted for ferritin test from multivitamins, hair/nail supplements, and workout supplements [602] – Recommend ferritin retest after 12-hour biotin discontinuation if patient taking supplements [602] <p>Current Medications</p> <ul style="list-style-type: none"> – Benzonatate 100 mg TID PRN for cough - patient not taking (expires 3/30/2023, no refills) [601] – Vitamin D3 1000 units daily - patient not taking (expires 2/2/2024, 3 refills) [601]
09-29-2022 Parivash, Sherveen N., MD, Biswal, Sandip, MD, Choo, Hyunwoo J., MD, Fredericson, Michael, MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Hernandez, Esther, Michelson, Sheryl A., RN, Lee, Sherrie, RT Blake Wilbur Clinics	<p>Diagnostic Imaging Study</p> <p>Clinical Background</p> <ul style="list-style-type: none"> – Stanford cross country athlete [593], [596] – Acute right low back, pelvic, and thigh pain with stiffness [593–594], [596] – Concern for L5 pars fracture versus sacroiliitis [593], [596] – MRI pelvis without contrast performed on 9/29/2022 [593–594], [596] – Prior lumbar spine radiograph from 9/16/2022 [596] <p>MRI Findings - Joints</p> <ul style="list-style-type: none"> – Mild symmetric bilateral sacroiliac joint sclerosis and irregularity [596–597] – Mildly prominent pubic symphysis sclerosis with bony edema [596] – Preserved bilateral hip joints [596] – No significant joint effusion [596] <p>MRI Findings - Spine</p> <ul style="list-style-type: none"> – Mild facet arthropathy with fluid in facets [596] – Mild disc desiccation and height loss at L5-S1 [596] – No acute fracture identified [596–597] – Normal sciatic nerves [596] <p>Primary Diagnoses</p> <ul style="list-style-type: none"> – Athletic pubalgia [597] – SI joint changes exceeding age expectations, suggesting chronic sacroiliitis sequela or developmental variation [596–597] – No active inflammatory changes [596–597]

Summary (Grouped by date)

Date / Provider / Facility	Summary
10-01-2022 Fang, Andrea C., MD, Hao, Wei D., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Blair, Jessica, RN, Cicchi, Cristen, RN, Anulao, Sheila, RN, Zachariades, Georgia, RN, Smith, Jessica E., MD, Izuno, Samantha A., MD, Kuo, Kevin F., MD, Samara, MD, Paules, John, RN, Gama, Gloria Arrillaga Sports Medicine Center	<p>Emergency Department Alcohol Intoxication</p> <p>Initial Presentation</p> <ul style="list-style-type: none"> Found unresponsive in dormitory with alcohol containers present [587], [590] Symptoms onset 00:21:02, EMS arrival 00:27:47 [582], [586] Initial GCS 7 (Eye:1, Verbal:1, Motor:5) [584] <p>Clinical Course</p> <ul style="list-style-type: none"> GCS improved from 7 to 15, achieved Alert and Oriented level 4 [542], [545], [584] Required security assistance at 04:20 for attempted self-mobilization [545] Experienced bowel incontinence during stay [545] <p>Vital Signs</p> <ul style="list-style-type: none"> BP 130/60 mmHg, HR 90 [547] Blood glucose 107 [548] <p>Clinical Findings</p> <ul style="list-style-type: none"> Left lower abdominal, forearm, and pelvis abrasions noted [542], [591] Pupils 4mm bilaterally, brisk and reactive [541], [557] No signs of head trauma identified [541], [543], [591] <p>Safety Measures</p> <ul style="list-style-type: none"> High fall risk (score 9) due to confusion and intoxication [551], [563] Placed in high-visibility room with fall precautions [551] <p>Medical Interventions</p> <ul style="list-style-type: none"> IV fluids and vitamins administered [569] <p>Current Medications</p> <ul style="list-style-type: none"> Benzonatate 100mg PRN (not taking, expired 3/30/2023) [538] Cholecalciferol 1,000 units daily (not taking, valid until 2/2/2024) [538] <p>Discharge Status</p> <ul style="list-style-type: none"> Discharged ambulatory at 09:12 with family member [554], [563] Demonstrated stable vital signs and steady gait [547], [554], [562] Able to tolerate oral intake [554], [562] <p>Discharge Instructions</p> <ul style="list-style-type: none"> Maintain adequate hydration [569], [578] Consider counseling and Alcoholics Anonymous support [569] Seek immediate care for mental status changes, respiratory distress, or withdrawal symptoms [570], [579]

Summary (Grouped by date)

Date / Provider / Facility	Summary
<div>10-04-2022</div> <div> Montagnino, Jami G., MD, Fredericson, Michael, MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Mlakar, Rachel, Jenkins, Sofia, Kong, Christina S., MD, Rieta, Ranilo R., Topper, Galen, Hock-Hanson, Susan, RN </div> <div>Arrillaga Sports Medicine Center</div>	<div>Rheumatology Diagnostic Evaluation</div> <div> Primary Diagnosis <ul style="list-style-type: none"> Sacroiliitis with concern for ankylosing spondylitis [531], [533] </div> <div>Diagnostic Laboratory Results</div> <div> <ul style="list-style-type: none"> Sacroiliitis evaluation (10/06/22): ESR 2 mm/hr, CRP <0.3 mg/dL, ANA negative [531-532] </div> <div>Medications</div> <div> <ul style="list-style-type: none"> Benzonatate discontinued on 3/30/2023 [530] Cholecalciferol discontinued on 2/2/2024 [530] </div> <div>Care Plan</div> <div> <ul style="list-style-type: none"> Routine referral to Immunology/Rheumatology for consultation and treatment [533] Return to PCP when stable [533] </div>
<div>10-05-2022</div> <div> Fredericson, Michael, MD, Montagnino, Jami G., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Fernandez-Vina, Marcelo, PhD, Mlakar, Rachel, Kong, Christina S., MD, Arber, Dan, Rieta, Ranilo R., Jenkins, Sofia </div> <div>Arrillaga Sports Medicine Center</div>	<div>Laboratory Diagnostic Evaluation</div> <div> Primary Diagnosis <ul style="list-style-type: none"> Sacroiliitis (CMS-HCC) [512], [520] </div> <div>Laboratory Results</div> <div> <ul style="list-style-type: none"> HLA-B typing: positive for B7, B18, and Bw6 [525] HLA-B27 negative (indicating lower risk for spondyloarthropathies) [512], [523] CRP and ESR within normal limits [521-522] ANA screening negative [521] </div> <div>Current Medications</div> <div> <ul style="list-style-type: none"> Vitamin D3 (not currently taking) [512] </div> <div>Discontinued Medications</div> <div> <ul style="list-style-type: none"> Benzonatate [512] </div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
<div>10-21-2022</div> <div> Moreno, Tamara L., PT, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Momoe, AT Arrillaga Sports Medicine Center </div>	<div>Physical Therapy Evaluation</div> <div> <div>Diagnoses</div> <ul style="list-style-type: none"> Primary diagnosis of sacroiliitis [509] Clinical assessment indicates right low back pain consistent with facet syndrome [510] </div> <div> <div>Injury History</div> <ul style="list-style-type: none"> Initial injury during football sprinting affecting right low back/glute [509] Ran 6 miles next day without notable pain [509] Significant pain developed two days post-football [509] Resumed running after 4 days rest for 4-5 days with minimal pain [509] Significant pain with downhill running [509-511] </div> <div> <div>Current Symptoms</div> <ul style="list-style-type: none"> Right low back/glute pain at 3-4/10 during running [509] Pain worsens with hill running and back extension [510-511] Pulling sensation progresses to stiffness and locking sensation [510] Currently running 20-25 minutes daily [509] </div> <div> <div>Physical Examination Findings</div> <ul style="list-style-type: none"> Neutral standing posture with normal gait [510] Normal squat and hop tests [510] Lumbar flexion to mid-shin with hamstring stiffness [510] 3/10 right low back pain with extension and right quadrant testing [510] Moderate SIJ hypomobility left versus right [510] Minimal bilateral hypomobility on March test [510] </div> <div> <div>Running Assessment</div> <ul style="list-style-type: none"> Cadence: 176 steps/minute [510] Moderate excessive vertical displacement [510] Mild right stance phase Trendelenberg [510] Minimal to moderate bilateral limb internal rotation during push-off [510] Self-selected speed: 9.0 (unit not specified) [510] </div> <div> <div>Medications</div> <ul style="list-style-type: none"> Prescribed benzonatate and Vitamin D3, currently not taking either medication [509] </div> <div> <div>Treatment Plan</div> <ul style="list-style-type: none"> Initial treatment session: 60 minutes [511] Decrease vertical displacement during runs [510] Avoid hill running temporarily [510-511] Low back soft tissue mobility work with athletic trainer [510-511] Core stability training with performance coach [510-511] Running form adaptation [510-511] Return to PT if improvements not achieved through current plan [511] </div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
11-03-2022 Nitichaikulvatana, Prachaya, MD, Fernandez-Vina, Marcelo, PhD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Nazlou, Nahrian, MA, Fredericson, Michael, MD, Kuo, Kevin F., MD, Forteza, Lilia C. Stanford Blood Center	Rheumatology Diagnostic Evaluation Vital Signs <ul style="list-style-type: none"> BP 123/71 mmHg, pulse 62, temperature 36.2C, respiratory rate 16 [488], [498] Height 1.702m, weight 59.9kg, BMI 20.67 [488], [497] Pain History <ul style="list-style-type: none"> Chronic right lower back pain persisting since August 2022 [486], [499] Initial hamstring strain during football in August 2022 [486] Pain occurs after running 3-4 miles, resolves within days [486], [499] Running mileage reduced from 65-70 to alternating 2 days running/1 day rest [486] No morning stiffness or radiation of pain [486], [499] Physical Examination Findings <ul style="list-style-type: none"> Mild pain in right sacroiliac joint area with lumbar extension [489], [491], [499], [502] Normal Schober test [489], [502] Normal muscle strength throughout [488] Laboratory Results <ul style="list-style-type: none"> Elevated phosphorus 5.4 mg/dL [490] Normal inflammatory markers (ESR 2 mm/hr, CRP <0.3 mg/dL) [480], [489] Negative HLA-B27, HLA-A29, and HLA-B51 [480], [489] Negative ANA [489] Imaging Findings <ul style="list-style-type: none"> Bilateral sacroiliac joint sclerosis and irregularity [491-492], [499] Mild pubic symphysis sclerosis with bony edema [491] L5-S1 disc desiccation and height loss [505] Mild facet arthropathy with fluid [505] Assessment <ul style="list-style-type: none"> Differential diagnosis: mechanical pain from running versus early ankylosing spondylitis [486], [499] Presentation atypical for inflammatory back pain [480], [486], [489], [499] Treatment Plan <ul style="list-style-type: none"> Meloxicam 7.5 mg daily prescribed, may increase to 15 mg if needed [486], [500] Previous treatments: dry needling, cupping, and heat [486], [499] Follow-up in 6 weeks to assess NSAID response [486], [492]
11-04-2022 Nitichaikulvatana, Prachaya, MD Blake Wilbur Clinics	Diagnostic Testing Results Diagnostic Results <ul style="list-style-type: none"> HLA B27 genetic test negative [473] Treatment Plan <ul style="list-style-type: none"> Meloxicam 7.5 mg daily prescribed for pain management, with potential increase to 15 mg if pain persists after 2 weeks [473]

Summary (Grouped by date)

Date / Provider / Facility	Summary
11-14-2022 Choo, Hyunwoo J., MD, Willis, Marc H., DO, Fredericson, Michael, MD, Fausett, Cameron L., MD, Kuwabara, Anne M., MD, Nitichaikulvatana, Prachaya, MD, Walker, Clayton R., MD, Girgis, Laurina, RT Arrillaga Sports Medicine Center	Ankle Injury Evaluation Clinical Findings <ul style="list-style-type: none"> – Right ankle inversion injury [467–468] – Tenderness throughout affected area [467–468] – Mild nonspecific soft tissue swelling [468] Diagnostic Imaging <ul style="list-style-type: none"> – Three views of right ankle: no acute fracture, malalignment, or arthropathy [468] – Study partially limited by artifacts [468] Medications <ul style="list-style-type: none"> – Meloxicam 7.5 mg prescribed daily (11/3/2022-11/3/2023, 1 refill remaining), currently not taking [467] – Previously discontinued medications: Benzonatate 100mg (discontinued 3/30/2023) and Vitamin D3 1000 units (discontinued 2/2/2024) [467], [470]

Summary (Grouped by date)

Date / Provider / Facility	Summary
12-15-2022 Nitichaikulvatana, Prachaya, MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Fredericson, Michael, MD, Kuo, Kevin F., MD Arrillaga Sports Medicine Center	<p>Rheumatology Follow-up Visit</p> <p>Visit Context</p> <ul style="list-style-type: none"> 6-week follow-up after initial rheumatology evaluation [453] <p>Pain History</p> <ul style="list-style-type: none"> Right lower back pain began August 2022 after football-related hamstring injury [461] Pain typically occurs after running 3-4 miles [461] Pain resolved during 6-week running break due to ankle sprain [453] Currently using zero gravity treadmill without pain recurrence [453] <p>Clinical Assessment</p> <ul style="list-style-type: none"> Mechanical pain related to running rather than inflammatory sacroiliitis [453] No morning stiffness or joint swelling [453], [463] <p>Laboratory Results</p> <ul style="list-style-type: none"> Elevated: cholesterol 199 mg/dL, phosphorus 5.4 mg/dL, glucose 103 mg/dL, eosinophil 0.43 K/uL [456-458] Normal inflammatory markers: ESR 2 mm/hr, CRP <0.3 mg/dL [458], [463] HLA B27 negative [458], [463] <p>Imaging Findings</p> <ul style="list-style-type: none"> MRI shows mild bilateral sacroiliac joint sclerosis without active inflammation [459] Mildly prominent pubic symphysis changes suggesting athletic pubalgia [459] Mild facet arthropathy and L5-S1 disc desiccation present [459] <p>Physical Examination</p> <ul style="list-style-type: none"> Mild pain in right SI joint area with lumbar extension [463] Normal Schober test and negative SLRT [463] No fibromyalgia tender points [463] Normal joint ROM without pain or swelling [463] <p>Current Medications</p> <ul style="list-style-type: none"> Benzonatate for cough [452], [454] Vitamin D3 1,000 units daily [452], [454] Meloxicam 7.5mg PRN for pain [452-454] <p>Treatment Plan</p> <ul style="list-style-type: none"> DMARD treatment deferred [453] SI joint injection if needed [453] Continued sports medicine follow-up [453]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-30-2023 Choo, Hyunwoo J., MD, Fredericson, Michael, MD, Leung, Ann N., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Kuwabara, Anne M., MD, Nitichaikulvatana, Prachaya, MD, Walker, Clayton R., MD, Anderson, Pamela, RT, Hock-Hanson, Susan, RN, Hernandez, Jesse, MA Arrillaga Sports Medicine Center	Respiratory Illness Evaluation Clinical Symptoms <ul style="list-style-type: none"> – 3-week persistent cough with chest pain [439], [442] – Initial symptoms: swollen lymph nodes, sinus congestion, fatigue [442] – Performance declined in Cardinal Classic competition 2 weeks ago [442] – Breathing difficulty after 3 miles with 5-minute coughing spells [442] – Lung inflammation affecting athletic performance [442] Vital Signs <ul style="list-style-type: none"> – Blood pressure 127/76 mmHg [446-447] – Pulse 75 [446-447] – Temperature 98.2F [446-447] – SpO2 96% [446-447] – Pain score 0/10 [446] Diagnostic Results <ul style="list-style-type: none"> – Chest radiograph shows no acute cardiopulmonary disease [439] – COVID test negative [442] Assessment <ul style="list-style-type: none"> – Differential diagnoses: postviral cough, atypical pneumonia, viral pneumonia [442] – Treating empirically for walking pneumonia [442] Active Medications <ul style="list-style-type: none"> – Benzonatate 100mg TID PRN for cough (15 capsules until 03/14/2024) [438], [445-446], [449] – Azithromycin 250mg: 2 tablets day 1, then 1 daily for 4 days (6 tablets, ends 04/05/2023) [438], [445-446] Discontinued Medications <ul style="list-style-type: none"> – Vitamin D3 1,000 units daily [438] – Meloxicam 7.5mg daily [438] – Prednisone 10mg taper: 6 tablets days 1-3, 4 tablets days 4-6, 2 tablets days 7-9, 1 tablet days 10-12, 0.5 tablet days 13-15 [451] Treatment Plan <ul style="list-style-type: none"> – May continue athletic activities as tolerated [443] – Monitor symptoms during activity progression [443]
11-28-2023 Kuo, Kevin F., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Dykowski, Sara E., MD, Choo, Hyunwoo J., MD, Hernandez, Jesse, MA, Kong, Christina S., MD Arrillaga Sports Medicine Center	Sports Medicine Follow-up Current Symptoms <ul style="list-style-type: none"> – Primary complaints of malaise and fatigue (R53.81, R53.83) [436-437] – No current pain reported (0/10) [437] – No falls in past 30 days [437] Diagnostic Tests <ul style="list-style-type: none"> – Infectious Mono Screen negative (collected 11/28/2023 1519, reported 1957) [437] Prescribed Medications <ul style="list-style-type: none"> – Vitamin D3 1,000 units daily, discontinue 2/2/2024 (not currently taking) [436] – Prednisone 10mg with tapering schedule, discontinue 3/14/2024 (not currently taking) [436] – Benzonatate 100mg TID PRN for cough, discontinue 3/14/2024 (not currently taking) [436]

Summary (Grouped by date)

Date / Provider / Facility	Summary
<p>12-04-2023</p> <p>Dykowski, Sara E., MD, Fredericson, Michael, MD, Kuwabara, Anne M., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Walker, Clayton R., MD, Hernandez, Jesse, MA, Kong, Christina S., MD, Constantino, Cheriline B., Manlutac, Maricelle</p> <p>Arrillaga Sports Medicine Center</p>	<p>Post-Viral Fatigue Evaluation</p> <p>Current Symptoms</p> <ul style="list-style-type: none"> – Ongoing fatigue and malaise 4 weeks after initial illness [422], [424] – Persistent sore throat [422], [424] – Enlarged anterior cervical lymph nodes [423] – Reduced athletic performance requiring 2-day recovery after running [422] – Enlarged tonsils without exudate [423] <p>Diagnostic Results</p> <ul style="list-style-type: none"> – Negative Monospot test [423] – Negative COVID-19 screen (12/4/2023) [434–435] – EBV panel indicates past infection [416] – Negative throat strep screen PCR [418–419] <p>Vital Signs</p> <ul style="list-style-type: none"> – BP 134/60 mmHg [420–421] – Pulse 65 [421] – Oxygen saturation 98% [421] <p>Medications</p> <ul style="list-style-type: none"> – Prednisone 10mg with 15-day taper [409] – Vitamin D3 1,000 units [409] – Benzonatate 100mg [409] <p>Assessment and Plan</p> <ul style="list-style-type: none"> – Working diagnosis: post-viral fatigue [424] – Differential diagnosis includes viral mononucleosis [422], [424] – Activity restricted due to concern for incomplete post-viral recovery [424] – Follow-up scheduled to discuss laboratory results [424]

Summary (Grouped by date)

Date / Provider / Facility	Summary
12-07-2023 Dykowski, Sara E., MD, Fredericson, Michael, MD, Lin, Margaret C., MD, Lam, Jonathan, RT, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Hock-Hanson, Susan, RN, Hernandez, Jesse, MA Arrillaga Sports Medicine Center	<p>Follow-up Medical Evaluation</p> <p>Current Symptoms</p> <ul style="list-style-type: none"> – Four-week history of fevers, chills, malaise, sore throat (started before 12/4/23) [399] – Productive morning cough [398–399] – Significant post-exertional fatigue lasting 2 days [399–400] – Maintains 8-12 hours of daily sleep [399] – Enlarged tonsils without exudate [400] – Anterior cervical lymphadenopathy (R>L) [400] <p>Vital Signs</p> <ul style="list-style-type: none"> – Temperature 36.4C [404] – BP 120/80 [404] – Pulse 55 [404] – SpO2 99% [404] <p>Diagnostic Results</p> <ul style="list-style-type: none"> – Chest X-ray normal with no evidence of pneumonia [396], [400] – Negative Monospot test [399–400] – Negative strep screen [399–400] – Vitamin D deficiency [400], [402–403] – Normal transaminases, CBC, and LEA labs [400] <p>Medication History</p> <ul style="list-style-type: none"> – Cholecalciferol 1000 units daily [395], [399] – Prednisone 10mg tapering dose [395], [399], [406] – Benzonatate 100mg TID [395], [399], [406] – Ergocalciferol 50,000 units weekly [402–403] <p>Assessment and Plan</p> <ul style="list-style-type: none"> – Assessment: Post-viral fatigue syndrome [398–400] – Restricted from training and lifting activities [399–400] – Recommended rest for one week [400] – Follow-up evaluation scheduled in one week [400]

Summary (Grouped by date)

Date / Provider / Facility	Summary
12-14-2023 Fredericson, Michael, MD, Dykowski, Sara E., MD, Mlakar, Rachel, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Hernandez, Jesse, MA, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	<div> <div>Post-Viral Fatigue Evaluation</div> <div> <div>Initial Illness History</div> <ul style="list-style-type: none"> Onset 12/4/23 with fevers, chills, malaise, sore throat [382] Negative Monospot test despite exposure to mononucleosis [382] Cervical lymphadenopathy and productive morning cough [382-383] </div> <div> <div>Current Symptoms</div> <ul style="list-style-type: none"> Persistent significant fatigue at 6 weeks post-illness [382], [385] Exercise capacity limited to 1/2 mile with 2-day recovery needed [382-383], [394] Overall improvement at 60-70% of baseline [382] Denies fevers, chills, sore throat, chest pain, shortness of breath, palpitations, syncope [382] </div> <div> <div>Vital Signs</div> <ul style="list-style-type: none"> BP 127/80 [386-387], [392] Pulse 65 [386-387], [392] Temperature 36.2C [386-387], [392] SpO2 98% [386-387], [392] </div> <div> <div>Physical Examination Findings</div> <ul style="list-style-type: none"> Anterior cervical lymphadenopathy present R>L [383] Enlarged tonsils without erythema or exudate [383] Lungs clear bilaterally [383] Regular heart rate and rhythm [383] </div> <div> <div>Diagnostic Results</div> <ul style="list-style-type: none"> High-sensitivity Troponin I at 4 ng/L (indeterminate) [379] ECG shows sinus bradycardia [383] </div> <div> <div>Medication History</div> <ul style="list-style-type: none"> Discontinued March 14: Benzonatate 100mg TID PRN, Ergocalciferol 50,000 units weekly [378] Prednisone taper discontinued March 14: 60mg x3d, 40mg x3d, 20mg x3d, 10mg x3d, 5mg x3d [378], [382], [388] Vitamin D3 1,000 units daily discontinued February 2 [378], [382], [388] </div> <div> <div>Treatment Plan</div> <ul style="list-style-type: none"> Urgent referral to Chronic Fatigue Clinic [383], [385], [394] Referral to Infectious Disease specialists [383], [385], [394] Light resistance stationary bike exercise permitted [383] Limited jogging pending negative troponin results [379], [383], [394] Follow-up scheduled after laboratory results and ID consultation [383], [394] </div> </div>

Date / Provider / Facility	Summary
01-08-2024 Walker, Clayton R., MD, Fredericson, Michael, MD, Willis, Marc H., DO, Kuwabara, Anne M., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Lam, Jonathan, RT Arrillaga Sports Medicine Center	<div>Diagnostic Imaging Evaluation</div> <div>Clinical Presentation</div> <div>– Right ankle sprain with pain over fifth metatarsal region, concerning for possible fracture [373]</div> <div>Imaging Findings</div> <div>– 3mm ossific density at dorsal aspect of talus head [373]</div> <div>– Symmetric ankle mortise [373]</div> <div>– No acute radiographic abnormality identified [373]</div> <div>– Finding represents late subacute to chronic avulsion injury [373]</div> <div>Technical Assessment</div> <div>– Ankle X-rays inadequate for evaluating fifth metatarsal - area of clinical concern [373]</div> <div>– Comparison made with prior imaging from November 14, 2022 [373]</div> <div>Recommendations</div> <div>– Dedicated 3-view foot radiographs recommended [373]</div> <div>Medication Changes</div> <div>– Medications discontinued: Vitamin D3 (2/2/2024); Prednisone, benzonatate, and Vitamin D2 (3/14/2024) [372]</div> <div>– Currently on no medications [372]</div>
01-09-2024 Walker, Clayton R., MD, Fredericson, Michael, MD, Demartini, Joseph R., MD, Kuwabara, Anne M., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Lam, Jonathan, RT Arrillaga Sports Medicine Center	<div>Diagnostic Imaging Follow-up</div> <div>Clinical Presentation</div> <div>– Right ankle pain and fifth metatarsal pain following ankle sprain [367], [370]</div> <div>Imaging Findings</div> <div>– Three-view X-ray of right foot performed on January 9, 2024, compared to January 8, 2024 ankle exam [366–367], [370]</div> <div>– Avulsion fracture sequela at dorsal aspect of talar head, unchanged from previous exam [367]</div> <div>– Fifth metatarsal intact without acute fracture [367]</div> <div>– Low-grade chronic toe deformities present [367]</div> <div>– Joint spaces preserved [367]</div> <div>Medications</div> <div>– Prescribed but not currently taking any medications: [366]</div> <div>– Prednisone 10mg with 15-day tapering schedule until 3/14/2024, no refills [366]</div> <div>– Vitamin D3 1,000 units daily until 2/2/2024, 3 refills remaining [366]</div> <div>– Vitamin D2 50,000 units weekly until 3/14/2024, no refills [366]</div> <div>– Benzonatate 100mg three times daily PRN for cough until 3/14/2024, no refills [366]</div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
<p>01-11-2024</p> <p>Stevens, Kathryn J., MD, Manzano, Wilfred R., MD, Fredericson, Michael, MD, Lee, Sherrie, RT, Kuo, Kevin F., MD, Dykowski, Sara E., MD, Choo, Hyunwoo J., MD, Kuwabara, Anne M., MD, Walker, Clayton R., MD, Padilla, Stephanie, Hock-Hanson, Susan, RN, Mlakar, Rachel, Ballon, Ana-Alicia, RT</p> <p>Arrillaga Sports Medicine Center</p>	<p>Sports Injury Evaluation</p> <p>Clinical Presentation</p> <ul style="list-style-type: none"> – Right foot pain since December 2023 after ankle inversion injury [356–357] – Pain localized to 5th metatarsal, rated 7/10 [356–357] – Symptoms worsen with running, barefoot walking, and prolonged standing [356–357] – 50% improvement reported but continued running despite symptoms [356–357] <p>Vital Signs</p> <ul style="list-style-type: none"> – Blood pressure 126/63 [356], [360] – Pulse 59 [356], [360] – Oxygen saturation 97% [356], [360] <p>Physical Examination</p> <ul style="list-style-type: none"> – Mild tenderness over anterior talofibular ligament and 5th metatarsal base [357] – Pain with resisted eversion [357] – Negative anterior drawer and talar tilt tests [357] – Normal muscle strength and sensation [357] <p>Assessment</p> <ul style="list-style-type: none"> – Suspected peroneal tendon injury based on physical exam [350–351], [357] – Initial X-rays negative for obvious etiology [357] <p>MRI Findings</p> <ul style="list-style-type: none"> – Dorsal talar head avulsion injury with bone marrow edema [350–351] – Moderate grade dorsal talonavicular ligament sprain [350–351] – Peroneal tendon pathology: brevis tendinopathy at fifth metatarsal insertion, longus tendinopathy with peritendinitis [350–351] – Chondral fissuring of superomedial tibial plafond [350–351] – Medial talar dome chondral fraying [350–351] <p>Treatment Plan</p> <ul style="list-style-type: none"> – Cross-training recommended pending MRI results [357], [359–360] – Physical therapy referral initiated [359–360] – Sports Medicine follow-up scheduled [355–356] <p>Prescribed Medications</p> <ul style="list-style-type: none"> – Benzonatate 100mg TID PRN cough (until 3/14/2024) [347], [362] – Ergocalciferol 50,000 units weekly (until 3/14/2024) [347], [362] – Prednisone 10mg taper schedule (until 3/14/2024) [347], [362] – Vitamin D3 1,000 units daily (until 2/2/2024) [347], [362] – Patient not currently taking prescribed medications [347]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-12-2024 Moreno, Tamara L., PT, Dykowski, Sara E., MD, Kuwabara, Anne M., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Walker, Clayton R., MD, Fredericson, Michael, MD Stanford Hospital	<p>Physical Therapy Evaluation</p> <p>Injury Context</p> <ul style="list-style-type: none"> – Trail running injury at end of Winter Break 2023 with ankle inversion [343-344] – Right foot pain from dorsal to plantar foot at 5th metatarsal [344] – Pain level 6/10, improving to 5/10 with Advil [344] – Pain worsens with standing and walking, especially barefoot [344] <p>Diagnostic Tests</p> <ul style="list-style-type: none"> – X-rays clear on January 8-9 [343-344] – MRI pending as of January 11 due to suspicion of bony injury [343-344] <p>Clinical Assessment</p> <ul style="list-style-type: none"> – Working diagnosis: peroneal tendon strain vs cuboid/5th metatarsal joint sprain [345-346] – Moderate tenderness at right proximal 5th metatarsal, peroneus brevis tendon, and cuboid joint [345] – Bilateral moderate forefoot varus with neutral hindfoot [346] – Strength 4+/5 ankle inversion/eversion bilaterally [345] – Functional testing shows asymmetrical movement patterns with right foot turnout [345] <p>Treatment Plan</p> <ul style="list-style-type: none"> – Shock wave therapy to plantar right foot [346] – Manual therapy with ankle stretching and soft tissue mobilization [346] – Leukotape application for support [346] – Goal: Progress to 30-minute pain-free running within 2 weeks [346] – Focus on lateral foot stability improvement and strengthening [346] – Home exercise education [346]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-16-2024 Walker, Clayton R., MD, Kuwabara, Anne M., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Moreno, Tamara L., PT Stanford Hospital	<p>Physical Therapy Reassessment</p> <p>Visit Context</p> <ul style="list-style-type: none"> Physical therapy reassessment for right foot pain following running inversion injury [339-340] <p>Clinical Assessment</p> <ul style="list-style-type: none"> Findings consistent with peroneal tendon strain vs cuboid/5th metatarsal joint sprain [340] Tenderness over right proximal 5th metatarsal, peroneal tendon, and metatarsal/cuboid joint [340] Bilateral ankle dorsiflexion hypomobility [340] Improved cuboid mobility on right side [340] <p>Functional Assessment</p> <ul style="list-style-type: none"> No pain with standing or walking [340] Single leg squat performed without complaints [340] Mild discomfort in lateral right midfoot during calf raise and hop testing [340] Left side asymptomatic during testing [340] <p>Treatment Goals</p> <ul style="list-style-type: none"> Improve lateral foot stability [340] Develop strengthening and proprioception program to limit recurrence [340] <p>Treatment Provided</p> <ul style="list-style-type: none"> 25 minutes manual therapy including soft tissue mobilization [340] Foot and ankle joint mobilization techniques performed [340] Progressive anti-gravity treadmill protocol (65-90% body weight) with planned transition to ground running [340]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-19-2024 Moreno, Tamara L., PT, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD Stanford Hospital	<div>Physical Therapy Evaluation</div> <div>Injury Assessment</div> <ul style="list-style-type: none"> – Right foot injury from inversion while running [337] – Pain 3/10 at proximal fifth metatarsal [337] – Pain 4/10 at metatarsal-cuboid joint [337] – Minimal to moderate bilateral ankle dorsiflexion hypomobility [337] – Diagnosis suggests peroneal tendon strain or cuboid/fifth metatarsal joint sprain [337] – Maintains functional activities of daily living without significant pain [337] <div>Functional Testing</div> <ul style="list-style-type: none"> – Pain-free running on AlterG treadmill at 90% body weight [337] – Completed 4 miles of ground running without pain [337] – No complaints with single leg squat [337] – Mild discomfort in lateral right midfoot during calf raises and single leg hop [337] <div>Treatment Provided</div> <ul style="list-style-type: none"> – Manual therapy (20 minutes): Soft tissue mobilization to foot, ankle, and peroneal structures [337] – Prone wholefoot dorsiflexion (4×20 seconds) [337] – First toe/plantar fascia stretch (2×20 seconds) [337] – Cuboid dorsal glide (4×15 seconds) [337] – Therapeutic exercise (15 minutes): Single leg windmill balance (3×5 reps/leg) [337] – Weighted calf raises (3×10 reps with 10-second holds at half range, 10 lb dumbbell) [337] <div>Treatment Plan</div> <ul style="list-style-type: none"> – Cleared for ground running with restrictions on hills and speed work [337] – Weekly follow-up scheduled for reassessment [337] – Home exercise program prescribed [337] <div>Prescribed Medications (Not Currently Taking)</div> <ul style="list-style-type: none"> – Vitamin D3 1,000 units daily until 2/2/2024 [336] – Prednisone 10mg with tapering dose until 3/14/2024 [336] – Benzonatate 100mg TID PRN for cough until 3/14/2024 [336] – Vitamin D2 50,000 units weekly until 3/14/2024 [336]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-23-2024 Dykowski, Sara E., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Moreno, Tamara L., PT Stanford Hospital	<p>Physical Therapy Follow-up</p> <p>Visit Information</p> <ul style="list-style-type: none"> Follow-up physical therapy visit on 1/23/2024 [334-335] <p>Prescribed Medications (Not Being Taken)</p> <ul style="list-style-type: none"> Cholecalciferol (Vitamin D3) 1000 units daily [334] Prednisone 10mg with tapering dose schedule [334] Benzonatate 100mg three times daily PRN for cough [334] Ergocalciferol (Vitamin D2) 50,000 units weekly [334] <p>Current Status</p> <ul style="list-style-type: none"> No pain during running or daily activities [335] 3/10 pain at proximal 5th metatarsal on palpation [335] 2/10 pain at metatarsocuboid joint on palpation [335] Minimal hypomobility in bilateral ankle dorsiflexion [335] <p>Functional Testing</p> <ul style="list-style-type: none"> Successfully completed single leg squat x2 [335] Completed calf raise x2 without complaints [335] Performed hop x2 without complaints [335] <p>Clinical Assessment</p> <ul style="list-style-type: none"> Assessment findings suggest peroneal tendon strain vs cuboid/5th metatarsal joint sprain [335] <p>Treatment Plan</p> <ul style="list-style-type: none"> 20-minute treatment session with therapeutic exercise [335] Single leg balance/windmill movements with foot position emphasis [335] Calf raises with 10-15 lb dumbbell including isometric hold [335] Continue exercises 2-3x/week in weight room [335] Ankle theraband exercise discontinued [335] Treatment aims to improve lateral foot stability and develop proprioception [335] Cleared for ground running with two-week restriction on hills and speed work [335] <p>Follow-up Plan</p> <ul style="list-style-type: none"> Weekly sessions with athletic trainer [335] Physical therapy as needed [335]

Summary (Grouped by date)

Date / Provider / Facility	Summary
02-02-2024 Walker, Clayton R., MD, Dykowski, Sara E., MD, Kuo, Kevin F., MD, Choo, Hyunwoo J., MD, Anderson, Mitchell P., MD Stanford Medicine Outpatient Center	<p>Laboratory Results Review</p> <p>Laboratory Results</p> <ul style="list-style-type: none"> Low vitamin D levels detected [333] <p>Medication Orders</p> <ul style="list-style-type: none"> Vitamin D3 5,000 units daily on weekdays prescribed 2/2/2024 [330-331] Order discontinued by Dr. Anderson for reorder [330-331] Medication adherence status unknown with low confidence in fill data [331] <p>Discontinued Medications</p> <ul style="list-style-type: none"> Prednisone 10mg tapering dose (from 1/25/2023) - discontinued 3/14/2024 due to non-adherence [330] Benzonatate 100mg TID PRN for cough (from 3/30/2023) - discontinued 3/14/2024 due to non-adherence [330] Ergocalciferol 50,000 units weekly (from 12/7/2023) - discontinued 3/14/2024 due to non-adherence [330] <p>Follow-up Instructions</p> <ul style="list-style-type: none"> Patient to obtain vitamin D supplement from sports medicine clinic when available [333]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-14-2024 Fredericson, Michael, MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Mlakar, Rachel, Kong, Christina S., MD, La Rosa, Stefanie, Constantino, Cheriline B. Arrillaga Sports Medicine Center	<p>Athletic Performance Evaluation</p> <p>Primary Symptoms</p> <ul style="list-style-type: none"> – Significant fatigue for past 1.5 weeks [317] – Decreased workout performance [317] – Difficulty eating before workouts [317] – Significant post-workout hunger [317] – Sleep disruption: 5-6 hours weekdays, 8-9 hours weekends, with difficulty falling asleep [317] <p>Physical Examination</p> <ul style="list-style-type: none"> – Patient appears tired but no acute distress [318] – Clear and fluent speech with appropriate conversation [318] <p>Laboratory Results</p> <ul style="list-style-type: none"> – Ferritin: 80.4 ng/mL [320], [326-327] – TSH: 2.64 uIU/mL [320], [326-327] – Free T4: 1.12 ng/dL [320], [326-327] – T3: 3.5 pg/mL [320], [326-327] – Total T3: 120 ng/dL [320], [326-327] – Testosterone: 834 ng/dL [320], [326-327] – Vitamin D: 40 ng/mL [317-318], [320], [326-327] – Results may be affected by biotin supplementation [320] <p>Medication Management</p> <ul style="list-style-type: none"> – Vitamin D3 5,000 units daily weekdays only through 9/6/2024 [317-318] <p>Referrals</p> <ul style="list-style-type: none"> – Sleep medicine evaluation [319], [328] – Sports psychology consultation [319] – Nutrition consultation pending lab review [319] <p>Diagnostic Orders</p> <ul style="list-style-type: none"> – Comprehensive metabolic panel [318] – CBC with differential [318]
03-19-2024 Dykowski, Sara E., MD, Fredericson, Michael, MD, Mlakar, Rachel, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Kong, Christina S., MD, Constantino, Cheriline B. Stanford Hospital	<p>Laboratory Testing</p> <p>Laboratory Results</p> <ul style="list-style-type: none"> – Complete blood count: WBC 4.0 K/uL, Hemoglobin 15.4 g/dL, Platelets 245 K/uL [312] – Comprehensive metabolic panel: Notable potassium 5.1 mmol/L (upper range), other values normal [314] – Thyroid function: TSH 2.64 uIU/mL, Free T4 1.12 ng/dL, Total T3 120 ng/dL, Free T3 3.5 pg/mL [308-310] – Ferritin 80.4 ng/mL (30-400 ng/mL) [306-307] <p>Medications</p> <ul style="list-style-type: none"> – Vitamin D3 5000 units daily (weekdays only), started 2/2/2024 [306] – Vitamin D discontinued on 9/6/2024 for reorder [306] <p>Clinical Alerts</p> <ul style="list-style-type: none"> – Biotin may interfere with ferritin and thyroid function results [307]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-21-2024 Fredericson, Michael, MD, Aida, Hiroshi, MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Hwang, Calvin E., MD, Hernandez, Jesse, MA Stanford Hospital	<div> <div>Follow-up Sleep Evaluation</div> <div> <div>Clinical Course</div> <ul style="list-style-type: none"> Follow-up visit one week after initial evaluation on 3/14/2024 [299], [304] Previous labs unremarkable [299-300] </div> <div> <div>Current Symptoms</div> <ul style="list-style-type: none"> Persistent malaise and fatigue [299-300], [304] Athletic performance affected [299] </div> <div> <div>Sleep Pattern Assessment</div> <ul style="list-style-type: none"> Sleep onset delayed 1-2 hours after bedtime [299-300] Current sleep schedule: 1-2 AM to 10 AM [299] Persistent daytime grogginess [299-300] Sleeps in cold, dark room shared with roommate [299] Extended pre-sleep phone use in bed [299] Prior melatonin 5-10 mg discontinued due to excessive grogginess [299] </div> <div> <div>Physical Examination</div> <ul style="list-style-type: none"> Alert but showing signs of fatigue [300] BP 129/75 [300] Pulse 53 [300] SpO2 98% [300] </div> <div> <div>Current Medications</div> <ul style="list-style-type: none"> Vitamin D3 5,000 units weekdays only, started 2/2/2024 [299], [303] </div> <div> <div>Lifestyle Factors</div> <ul style="list-style-type: none"> Minimal alcohol use (monthly) [299] No prescribed stimulants [299] </div> <div> <div>Treatment Plan</div> <ul style="list-style-type: none"> Expedited sleep consultation [300] Second opinion referral to Dr. Hwang for fatigue evaluation [300] </div> </div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-27-2024 Kutscher, Scott J., MD, Johnson, Cyle A., MD, Fredericson, Michael, MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Trinh, Eric, MA, Blair, Britney, CBSM, Blum, Daniel J., DBSM, Gowda, Shantha, DBSM, Xu, Yishan, DBSM, Kaplan, Kate, DBSM, Peters, Brandon, MD, Siebern, Allison, PhD Arrillaga Sports Medicine Center	<p>Sleep Disorder Evaluation</p> <p>Chief Complaint</p> <ul style="list-style-type: none"> – Sleep issues affecting sports performance [282–283], [286] <p>Sleep Pattern Assessment</p> <ul style="list-style-type: none"> – Sleep difficulties began in high school, worsened in college [283] – Sleeps 8–10 hours with persistent grogginess, improves after exercise [283] – Sleep onset latency 45 minutes to 2 hours [283] – Bedtime 1–2am, wake time around 10am [283] – 0–2 night awakenings [283] – Weekly 5-hour naps, not refreshing [283] – Epworth Sleepiness Score: 3 [283] <p>Clinical Findings</p> <ul style="list-style-type: none"> – Mallampati score 3 [286] – No nasal valve collapse or septum deviation [286] – Previous melatonin 5–10mg caused grogginess [283], [287] <p>Current Medications</p> <ul style="list-style-type: none"> – Vitamin D3 5,000 units daily on weekdays [282] <p>Diagnoses</p> <ul style="list-style-type: none"> – Chronic sleep onset insomnia [282–283], [286–288] – Possible delayed sleep phase disorder [287–288] – OSA to be ruled out [287], [290] <p>Treatment Plan</p> <ul style="list-style-type: none"> – Home sleep test ordered [287], [290] – Referred for CBTi therapy [287], [292] – Melatonin 0.25–0.5mg recommended 4–5 hours before sleep [287] – Morning light exposure within 15 minutes of waking [294–295] – Avoid bright lights 2 hours before bedtime [295] – Follow-up via MyHealth after sleep study results [287], [290]
04-01-2024 Madriaga, Jennifer Stanford Sleep Medicine Center	<p>Sleep Study Order</p> <p>Study Parameters</p> <ul style="list-style-type: none"> – Level 3 home sleep study [276], [278] – One-night duration [279] – Must be completed by 4/28/2024 [276] <p>Equipment Requirements</p> <ul style="list-style-type: none"> – WatchPAT ONE device [279–280] – Wrist-mounted device on non-dominant hand [280] – Chest sensor at center of upper chest [280] – Finger probe sensor [280] <p>Follow-up Protocol</p> <ul style="list-style-type: none"> – Wireless data transmission via patient’s mobile device [279] – Results expected in 3–4 weeks [279] – Medical reevaluation required if not completed within 6 months [280]

Summary (Grouped by date)

Date / Provider / Facility	Summary
04-07-2024 Madriaga, Jennifer, Anderson, Mitchell P., MD, Walker, Clayton R., MD Stanford Medicine Outpatient Center	<p>Sleep Study Order</p> <p>Sleep Study Details</p> <ul style="list-style-type: none"> – Level 3 home sleep test using WatchPAT ONE device [272], [274] – Three-point monitoring: wrist device, chest sensor, finger probe [273-274] – Data transmission via smartphone/tablet application [273] – Results expected within 3-4 weeks of completion [274] – Must be completed within 6 months of initial evaluation [274] – Pacemaker status must be confirmed before study [272-273] – Study covered at 90% with 10% patient responsibility [272] <p>Current Medications</p> <ul style="list-style-type: none"> – Vitamin D3 5,000 units daily on weekdays, started 2/2/2024 (100 tablets) until 9/6/2024 [270]

Summary (Grouped by date)

Date / Provider / Facility	Summary
<div>04-19-2024</div> <div> Carrillo, Eli A., MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Cawley, Eleni, RN, Hurley, Danielle M., RN, Rodriquez, Jeremy, Fortino, Niko, Paramedic, Muzzi, Marc, EMT, Park, Norman, EMT, Moon, Kevin, Paramedic, DeCaires, Dyllan, EMT, Fredericson, Michael, MD, Hock-Hanson, Susan, RN, Mlakar, Rachel, Kong, Christina S., MD </div> <div>Stanford Hospital</div>	<div>Emergency Allergic Reaction Response</div> <div> <div>Visit Context</div> <ul style="list-style-type: none"> Presented for sports physical examination [268] Developed acute allergic reaction while running [246], [256], [260] No previous history of similar reactions [260] </div> <div> <div>Emergency Response Timeline</div> <ul style="list-style-type: none"> EpiPen 0.3mg IM administered at 17:20 [252], [266] 911 called at 17:23:45 [252], [266] EMS arrived at 17:40:01 [256], [266] Benadryl 50mg IV given at 17:42:00 [246], [256] </div> <div> <div>Clinical Assessment</div> <ul style="list-style-type: none"> Initial acuity assessed as Emergent (Yellow) [253] Alert and oriented x4 [256], [260] Glasgow Coma Scale 15 [256], [260] Moderate eye swelling with patent airways [246], [256], [260] Clear bilateral lung sounds [246], [256] Strong bilateral upper extremity pulses [256], [260] Negative GFAST assessment [256] </div> <div> <div>Vital Signs</div> <ul style="list-style-type: none"> Initial BP 150/100 mmHg, pulse 90, RR 18 [256] Temperature 37.1C, O2 saturation 98% [256] MAP 82 mmHg, CO2 128, pain 0/10 [256], [265] Follow-up BP 149/83 mmHg, pulse 88 [265] </div> <div> <div>Transport</div> <ul style="list-style-type: none"> Transported in semi-Fowlers position [257], [260], [265] Condition remained stable throughout transport [260], [265] </div> <div> <div>Preventive Care</div> <ul style="list-style-type: none"> Vitamin D level 35 ng/mL (normal) [268] Prescribed Vitamin D3 5000 units on weekdays [245], [268] </div> <div> <div>Disposition</div> <ul style="list-style-type: none"> Left AMA at 18:54 [245], [247], [264] Left without obtaining EpiPen for home use [245], [247] Acknowledged risks of leaving [245], [247] </div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
04-22-2024 Roh, Eugene Y., MD, Mlakar, Rachel, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Mooth, Audriana, DO Arrillaga Sports Medicine Center	<p>Anaphylaxis Follow-up Evaluation</p> <p>Anaphylactic Episode Details</p> <ul style="list-style-type: none"> – Facial and throat swelling during off-campus workout [232] – Required EpiPen administration and emergency transport [230], [232], [237] – Symptoms included severe coughing, sneezing, breathing difficulty [232] <p>Current Symptoms</p> <ul style="list-style-type: none"> – Persistent sneezing and coughing, particularly affecting sleep until 5-6 AM [232] – No current shortness of breath, wheezing, or stridor [233-235] – Spent Saturday in bed due to feeling unwell [232], [235] <p>Physical Examination</p> <ul style="list-style-type: none"> – Alert, no acute distress [234] – Normal respiratory exam without wheezing [233-234] – No skin rashes or lesions [234] – Normal cardiovascular exam [233-234] <p>Vital Signs</p> <ul style="list-style-type: none"> – BP 119/67 mmHg [234] – Pulse 72 bpm [240] – SpO2 96% [234] <p>Laboratory Results</p> <ul style="list-style-type: none"> – All laboratory studies within normal limits including endocrine, hematology, and chemistry panels [234] <p>Medications</p> <ul style="list-style-type: none"> – New EpiPen 0.3 mg/0.3 mL auto-injector prescribed - carry both pens together [230], [237] – Started on daily Loratadine 10 mg [230], [238] – Continuing Vitamin D3 5000 units on weekdays [242] <p>Follow-up Plan</p> <ul style="list-style-type: none"> – Follow-up in 3 days with sports medicine specialist [235] – Athletic participation clearance evaluation pending [235] – Declined EpiPen teaching due to prior knowledge [230]

Summary (Grouped by date)

Date / Provider / Facility	Summary
04-24-2024 Kanahele, Leina’Ala Y., MD, Roh, Eugene Y., MD, Mlakar, Rachel, Fredericson, Michael, MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Mooth, Audriana, DO, Hock-Hanson, Susan, RN, Kong, Christina S., MD Arrillaga Sports Medicine Center	<div> <div>Post-Anaphylaxis Follow-up Visit</div> <div>Recent Anaphylactic Episode</div> <ul style="list-style-type: none"> – Experienced anaphylactic episode on Friday with eye swelling, cough, throat closure, and breathing difficulty [222] – Received epinephrine from athletic trainer [222-223] – Transported to ED, received IV and Benadryl [222-223] – Left ED against medical advice due to overcrowding [222] <div>Current Status</div> <ul style="list-style-type: none"> – BP 126/80, pulse 96 [224-225] – SpO2 reading of 65% noted as concerning, requires verification [224-225] – Reports fatigue and sleep difficulties [222] – No current eye swelling, clear throat [224] – No urticaria present [224] <div>Medications</div> <ul style="list-style-type: none"> – New EpiPen 0.3mg/0.3mL prescription [220], [224] – Must carry both EpiPens; trainer’s pen to be kept separate [220] – New Loratadine 10mg daily [220] – Continuing Vitamin D3 5,000 units on weekdays [220], [222], [227] <div>Laboratory Results</div> <ul style="list-style-type: none"> – Vitamin D level 35 ng/mL (within normal range) on 4/24/2024 [221] <div>Treatment Plan</div> <ul style="list-style-type: none"> – Urgent allergy referral placed [224-225] – Cleared for light running with supervision [224] – Advised to skip upcoming weekend meet [224] – Gradual return to training for Tuesday’s meet [224] – Daily athletic trainer check-ins required [224] – Patient confirmed EpiPen availability and understanding of when to seek medical attention [224] </div>

Date / Provider / Facility	Summary
04-29-2024 Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Sarabia, Ranjeeta, MA Arrillaga Sports Medicine Center	<p>Allergy and Asthma Evaluation</p> <p>Recent Anaphylactic Event</p> <ul style="list-style-type: none">– Anaphylaxis on 4/19/24 with facial swelling, throat tightness, and respiratory symptoms [205], [210]– Required epinephrine from trainer and Benadryl from paramedics [204], [206]– Persistent difficulty with running and breathing since episode [206], [210] <p>Diagnostic Results</p> <ul style="list-style-type: none">– Pulmonary function tests show reversible obstructive defect [212]– Pre-bronchodilator FEV1 4.23L (96% predicted), FEV1/FVC ratio 67% [212]– 18% improvement in FEV1 post-bronchodilator [212]– Ordered serum tryptase and C4 testing [210] <p>Vital Signs</p> <ul style="list-style-type: none">– BP 131/58, pulse 58, RR 20, temperature 37.1C, O2 saturation 98% [206]– No current wheezing or respiratory distress [208] <p>Medications</p> <ul style="list-style-type: none">– Epinephrine auto-injector 0.3mg - carry both pens at all times [204], [210]– Albuterol HFA inhaler - use 20 minutes before exercise [210], [218]– Azelastine nasal spray - 2 sprays per nostril twice daily [204], [210]– Loratadine 10mg daily [204], [210]– Vitamin D3 5000 units weekdays [207] <p>Medication Compliance Issues</p> <ul style="list-style-type: none">– Incomplete use of prescribed dispensers [216], [218]– Using previous prescriptions with different dosing [216], [218]– Difficulty managing complex dosing regimens [216], [218] <p>Treatment Plan</p> <ul style="list-style-type: none">– Strict shellfish avoidance [204], [206], [210]– ENT evaluation for possible paradoxical vocal fold movement [208], [210]– Advised against participating in upcoming track meet [206], [210]– Follow-up in one week for spirometry and FENO testing [210]– Seek emergency care if Albuterol needed >3-4 times/day or breathing worsens [210], [219]
05-03-2024 Kanahele, Leina'Ala Y., MD, Roh, Eugene Y., MD Arrillaga Sports Medicine Center	<p>Medication Management Communication</p> <p>Patient Communication</p> <ul style="list-style-type: none">– On 5/3/2024, patient reported insufficient relief with Loratadine 10mg [203]– Requested stronger allergy medication options [203] <p>Medication Management</p> <ul style="list-style-type: none">– Provider recommended Cetirizine (Zyrtec) 10mg daily [202-203]– Adherence tracking limited due to OTC status [202-203]

Summary (Grouped by date)

Date / Provider / Facility	Summary
05-06-2024 Tirumalasetty, Jyothi I., MD, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Sarabia, Ranjeeta, MA Arrillaga Sports Medicine Center	<p>Asthma and Allergy Evaluation</p> <p>Current Diagnoses</p> <ul style="list-style-type: none"> – Mild persistent asthma [182], [197] – Seasonal allergic rhinitis due to pollen [185], [198] – Angioedema and anaphylaxis to shellfish [179–180], [185] <p>Vital Signs</p> <ul style="list-style-type: none"> – BP 119/71 [196–197] – Pulse 62 [196–197] – Respiratory rate 16 [182], [196–197] – Temperature 36.7C [196–197] – SpO2 95% [196–197] <p>Physical Examination</p> <ul style="list-style-type: none"> – Clear lungs without wheezing [182] – No rash or urticaria [182] – No angioedema [182] – Normal respiratory effort [182] <p>Primary Symptoms</p> <ul style="list-style-type: none"> – New onset wheezing and possible paradoxical vocal fold movement [180], [185] – Throat closing symptoms during track practice requiring epinephrine [185] – Hives on left arm during outdoor run lasting 1.5 hours [180] – Successful indoor treadmill runs with mild breathing difficulty [180], [197] <p>Diagnostic Results</p> <ul style="list-style-type: none"> – Spirometry shows mild obstruction with 18% FEV1 improvement post-bronchodilator [182] – FENO 29 ppb indicating moderate airway inflammation [182] – Asthma Control Test score: 22 [182] <p>Medications</p> <ul style="list-style-type: none"> – EpiPen 0.3mg/0.3mL auto-injector prescribed 4/22/2024 [179], [181], [185] – Breo Ellipta 100-25 mcg once daily [197] – Albuterol rescue inhaler prescribed 4/29/2024 [179], [186], [197] – Azelastine nasal spray prescribed 4/29/2024 [179] – Switching from Loratadine to Cetirizine 10mg daily prescribed 5/6/2024 [179–181], [185], [187] <p>Treatment Instructions</p> <ul style="list-style-type: none"> – Strict shellfish avoidance [185] – Carry two EpiPens while running [179], [181], [185] – For severe reaction: inject EpiPen into outer thigh for 10 seconds, seek emergency care [197] – Indoor training recommended for next week [197] – Avoid running alone in remote areas [185] <p>Follow-up Plan</p> <ul style="list-style-type: none"> – Follow-up in 4 weeks [185] – Repeat shellfish testing ordered [185] – ENT evaluation if throat symptoms persist [185]

Date / Provider / Facility	Summary
05-07-2024 Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Ma, Vivian Arrillaga Sports Medicine Center	Medication Review Current Active Medications <ul style="list-style-type: none">– EpiPen 0.3 mg/0.3 mL for injection PRN (started 4/22/2024) - carry two pens simultaneously [176]– Albuterol HFA inhaler 90 mcg/actuation, 1-2 puffs q6h PRN for bronchospasm (started 4/29/2024) [176]– Cetirizine 10 mg daily (started 5/6/2024) [176] Prescribed But Not Taking <ul style="list-style-type: none">– Azelastine 137 mcg nasal spray (prescribed 4/29/2024) [176] Recent Medication Discontinuations <ul style="list-style-type: none">– Vitamin D3 5,000 units (9/6/2024) [176]– Loratadine 10 mg (10/15/2024) [176]– Fluticasone-vilanterol 100-25 mcg inhaler (5/13/2024) [176-177] Pending Orders <ul style="list-style-type: none">– Fluticasone-vilanterol 100-25 mcg inhaler renewal with 3 refills (pending since 5/7/2024) [176-177]
05-13-2024 Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD Arrillaga Sports Medicine Center	Medication Review Current Respiratory Medications <ul style="list-style-type: none">– Albuterol HFA 90mcg: 1-2 puffs q6h PRN [171]– Breo Ellipta 100-25mcg: 1 puff daily [171] Current Allergy Medications <ul style="list-style-type: none">– Cetirizine 10mg daily [171], [174]– Azelastine nasal spray 137mcg: 2 sprays/nosril BID PRN (patient non-compliant) [171]– EPINEPHrine 0.3mg auto-injector for emergency use (carry both pens) [171] Current Supplements <ul style="list-style-type: none">– Vitamin D3 5,000 units weekdays only [174] Discontinued Medications <ul style="list-style-type: none">– Vitamin D3 ended 9/6/2024 [171], [174]– Loratadine 10mg ended 10/15/2024 [171] Future Prescribed Medications <ul style="list-style-type: none">– Loratadine 10mg daily PRN (start 10/15/2024) [174]– Fluticasone nasal spray 50mcg BID (start 1/10/2025) [174]– Oxymetazoline 0.05% nasal spray BID PRN for 3 days (start 1/10/2025) [174]– Guaifenesin-dextromethorphan syrup 5mL q12h PRN (start 1/10/2025) [174-175]

Summary (Grouped by date)

Date / Provider / Facility	Summary
08-24-2024 Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Fredericson, Michael, MD, Hock-Hanson, Susan, RN, Mlakar, Rachel, Kong, Christina S., MD Arrillaga Sports Medicine Center	<p>Laboratory Draw and Sports Physical</p> <p>Visit Information</p> <ul style="list-style-type: none"> Presented for sports physical and routine lab draw [166] <p>Emergency Medications</p> <ul style="list-style-type: none"> EpiPen 0.3 mg/0.3 mL auto-injector as needed [166] Patient instructed to carry both pens for potential second dose [166] Keep trainer pen separate to avoid confusion during emergencies [166] <p>Respiratory Medications</p> <ul style="list-style-type: none"> Albuterol HFA inhaler [166] Breo Ellipta [166] <p>Allergy Medications</p> <ul style="list-style-type: none"> Loratadine discontinued effective 10/15/2024 [166] Azelastine nasal spray prescribed 04/29/2024, not taken [166] Cetirizine started 05/06/2024 [166] <p>Supplements</p> <ul style="list-style-type: none"> Vitamin D3 5,000 units daily (weekdays) discontinued 09/06/2024 [166] <p>Laboratory Results</p> <ul style="list-style-type: none"> All laboratory results within normal ranges, including complete blood count, ferritin, and vitamin D [167-168]
08-28-2024 Anderson, Mitchell P., MD, Walker, Clayton R., MD, Roh, Eugene Y., MD, Mooth, Audriana, DO, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Topper, Galen, Fredericson, Michael, MD, Hock-Hanson, Susan, RN, Mlakar, Rachel, Kong, Christina S., MD Arrillaga Sports Medicine Center	<p>Sports Physical and Laboratory</p> <p>Visit Information</p> <ul style="list-style-type: none"> Sports physical and routine lab draw on 8/28/2024 [160], [164] <p>Current Medications</p> <ul style="list-style-type: none"> Cetirizine 10mg daily [160] Breo Ellipta 100-25mcg one puff daily [160] Albuterol HFA 90mcg as needed [160] Azelastine nasal spray 2 sprays per nostril twice daily as needed (not currently using) [160] EpiPen 0.3mg/0.3mL for emergencies (two pens to be carried simultaneously, trainer pen kept separate) [160] <p>Laboratory Results</p> <ul style="list-style-type: none"> Complete blood count within normal ranges [161], [163-164] Vitamin D level 36 ng/mL (adequate) [163] Ferritin 99.4 ng/mL (normal) [164]

Summary (Grouped by date)

Date / Provider / Facility	Summary
09-06-2024 Roh, Eugene Y., MD, Mooth, Audriana, DO, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD Arrillaga Sports Medicine Center	<div>Medication Review</div> <div>Current Medications</div> <ul style="list-style-type: none"> EpiPen 0.3 mg/0.3 mL injection PRN, carry two pens (started 04/22/2024, no refills) [157] Albuterol HFA 90 mcg/actuation, 1-2 puffs q6h PRN for bronchospasm (started 04/29/2024) [157] Breo Ellipta 100-25 mcg/dose inhaler daily (started 05/13/2024) [157] Cetirizine 10 mg daily (started 05/06/2024) [157] Azelastine nasal spray 137 mcg, 2 sprays/nostril BID PRN for nasal symptoms (started 04/29/2024) [157] Vitamin D3 5,000 units Monday-Friday (continued from previous therapy, started 09/06/2024) [157] <div>Medication Changes</div> <ul style="list-style-type: none"> Loratadine 10 mg discontinued as of 10/15/2024 [157]
10-15-2024 Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Hernandez, Jesse, MA, Hwang, Calvin E., MD, Kong, Christina S., MD, Hock-Hanson, Susan, RN Arrillaga Sports Medicine Center	<div>Acute Allergic Reaction Evaluation</div> <div>Allergic Reaction Details</div> <ul style="list-style-type: none"> Reaction occurred at 7:45 AM during track practice [147] Symptoms included hives on arms/neck, eyelid swelling, throat swelling [147] Self-administered Benadryl resolved hives and throat symptoms [147-148] Residual periorbital puffiness remained [147-148] No identified trigger or exposure [147] Patient had discontinued prescribed Zyrtec [147] EpiPens unavailable during incident [147-148] <div>Clinical Findings</div> <ul style="list-style-type: none"> BP 118/72, Pulse 85, SpO2 96% [147] Mild bilateral eyelid edema present [148] No active rash or urticaria during examination [148] Complement C4: 25.0 mg/dL (20.0-59.0) [149] Tryptase: 4.1 ng/mL (<11.5) [149] <div>Active Medications</div> <ul style="list-style-type: none"> Breo Ellipta 100-25 mcg/dose inhaler one puff daily [144] Albuterol 90 mcg inhaler 1-2 puffs every 6 hours PRN [144], [154] Azelastine 137 mcg nasal spray 2 sprays per nostril twice daily PRN [144], [154] EpiPen 0.3 mg auto-injector PRN for emergencies [144], [148], [154] Vitamin D3 125 mcg weekdays only [144] <div>Treatment Plan</div> <ul style="list-style-type: none"> Restart Zyrtec daily with Claritin as backup option [147-148] Carry both EpiPens together for potential second dose [148], [154] Keep EpiPen trainer separate from real pens [148], [154] Follow-up appointment scheduled for October 15, 2024 [153] Allergist referral recommended [148]

Summary (Grouped by date)

Date / Provider / Facility	Summary
10-16-2024 Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Sarabia, Ranjeeta, MA Stanford Medicine	<p>Medication Record Review</p> <p>Emergency Medications</p> <ul style="list-style-type: none"> – EpiPen 0.3 mg/0.3 mL - as needed (no refills remaining) [142] – Must carry both pens simultaneously for potential second dose [142] – Trainer pen must be kept separate from real pen [142] <p>Active Respiratory Medications</p> <ul style="list-style-type: none"> – Albuterol - as needed for bronchospasm (ends 4/29/2025) [142] – Breo Ellipta - daily [142] <p>Active Allergy Medications</p> <ul style="list-style-type: none"> – Cetirizine - daily (no refills remaining) [142] <p>Inactive Medications</p> <ul style="list-style-type: none"> – Azelastine nasal spray - not currently taking [142] – Loratadine - not currently taking [142] <p>Supplements</p> <ul style="list-style-type: none"> – Vitamin D3 5,000 units on weekdays only [142] <p>Appointments</p> <ul style="list-style-type: none"> – Missed follow-up with allergy specialist on 10/16/2024 [143]
10-17-2024 Tirumalasetty, Jyothi I., MD, Roh, Eugene Y., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Sarabia, Ranjeeta, MA, Arroyo, Anna, MD Stanford Medicine	<p>Medication Review</p> <p>Emergency Medications</p> <ul style="list-style-type: none"> – EpiPen 0.3 mg/0.3 mL auto-injector as needed (started 4/22/2024, no refills) [139] – Patient instructed to carry both pens simultaneously [139] – Keep trainer pen separate from real pen [139] <p>Respiratory Medications</p> <ul style="list-style-type: none"> – Albuterol HFA inhaler 1-2 puffs every 6 hours as needed for bronchospasm/wheezing (started 4/29/2024) [139] – Breo Ellipta 100-25 mcg/dose inhaler 1 puff daily (started 5/13/2024) [139] <p>Allergy Medications</p> <ul style="list-style-type: none"> – Cetirizine 10 mg daily (started 5/6/2024) [139] – Azelastine nasal spray - prescribed but not taking (started 4/29/2024) [139] – Loratadine 10 mg - prescribed but not taking (started 10/15/2024) [139] <p>Supplements</p> <ul style="list-style-type: none"> – Vitamin D3 5,000 units weekdays only (started 9/6/2024) [139]

Summary (Grouped by date)

Date / Provider / Facility	Summary
10-30-2024 Tirumalasetty, Jyothi I., MD, Roh, Eugene Y., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Sarabia, Ranjeeta, MA Stanford Health Care	<div> <div>Allergy and Asthma Evaluation</div> <div> <div>Anaphylactic Episodes</div> <ul style="list-style-type: none"> First episode: hives on arms, neck, eyelids and throat swelling during 3-mile warm-up [131] Second episode: facial flushing, eye swelling, throat discomfort during stretching [131] Both episodes responded to Benadryl [131] Normal tryptase and C4 levels during last episode [136] </div> <div> <div>Physical Examination</div> <ul style="list-style-type: none"> Well-appearing, no distress [133] Clear conjunctiva, normal mouth and nasal exam [133] Comfortable breathing, no wheezing [133] No skin rashes or abnormalities [133] Alert and oriented with normal neurological exam [133] </div> <div> <div>Pulmonary Function Results</div> <ul style="list-style-type: none"> FEV1/FVC ratio: 67.04% pre-bronchodilator, improving to 78.95% post-bronchodilator [134] ACT score 22 [134] FENO 29 ppb [134] </div> <div> <div>Current Medications</div> <ul style="list-style-type: none"> Epinephrine auto-injector 0.3mg for anaphylaxis [133], [136] Fluticasone furoate-vilanterol inhaler 100-25mcg daily [130], [133] Albuterol inhaler 90mcg PRN for bronchospasm [130], [133] Azelastine nasal spray 137mcg twice daily [130], [136] Cetirizine 10mg daily at bedtime [130], [136] Loratadine 10mg daily PRN [130] Vitamin D3 5000 units on weekdays [130], [133] </div> <div> <div>Treatment Plan</div> <ul style="list-style-type: none"> Carry EpiPen in fanny pack during exercise [136] Strict avoidance of shellfish and pets [130], [136] Immunocap testing for environmental allergens ordered [136] </div> </div>

Summary (Grouped by date)

Date / Provider / Facility	Summary
<div>11-19-2024</div> <div> Hwang, Calvin E., MD, Mooth, Audriana, DO, Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Tran, Amy, MA, Hernandez, Jesse, MA, Topper, Galen Arrillaga Sports Medicine Center </div>	<div>Follow-up Respiratory Evaluation</div> <div>Relevant History</div> <ul style="list-style-type: none"> Track and field athlete with history of anaphylaxis [123] <div>Symptom Evolution</div> <ul style="list-style-type: none"> Initial symptoms included productive cough, sore throat, cervical lymphadenopathy [123] Cough evolved from productive to nonproductive [123] Cough exacerbated during athletic training [123] Most other symptoms significantly improved [123-124] Denies wheezing, shortness of breath, and other respiratory symptoms [123-124] <div>Physical Examination</div> <ul style="list-style-type: none"> Vital signs stable with BP 125/71, pulse 59, O2 sat 96% [123-125] Mild anterior cervical lymphadenopathy with minimal tenderness [124] Clear bilateral lung auscultation [124] Normal cardiovascular examination [124] <div>Current Medications</div> <ul style="list-style-type: none"> EpiPen 0.3 mg/0.3 mL for emergency use [122], [127] Albuterol 90 mcg/actuation HFA inhaler PRN [122], [127] Fluticasone furoate-vilanterol 100-25 mcg inhaler daily [122], [127] Cetirizine 10 mg daily [122], [127] Vitamin D3 125 mcg weekdays [122], [127] Prescribed but not taken: azelastine nasal spray and loratadine [122] <div>Treatment Plan</div> <ul style="list-style-type: none"> Continue supportive care [124] Consider corticosteroid inhaler/Flonase if symptoms persist [124] Patient noted to be inconsistent with antihistamine medications [123-124] Follow-up if symptoms persist or worsen [124]

Summary (Grouped by date)

Date / Provider / Facility	Summary
12-06-2024 Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Tran, Amy, MA Arrillaga Sports Medicine Center	<div>Medication Review</div> <div>Emergency Medications</div> <ul style="list-style-type: none"> – EpiPen 0.3 mg/0.3 mL auto-injector for emergency use (started 4/22/2024, no refills) [120] – Instructions to carry both pens simultaneously [120] – Keep trainer pen separate to avoid confusion during emergencies [120] <div>Active Respiratory Medications</div> <ul style="list-style-type: none"> – Albuterol HFA 90 mcg/actuation for as-needed bronchospasm (started 4/29/2024, 1 refill) [120] – Breo Ellipta 100-25 mcg/dose daily (started 5/13/2024, 3 refills) [120] <div>Active Allergy Medications</div> <ul style="list-style-type: none"> – Cetirizine 10 mg daily (started 5/6/2024, no refills) [120] <div>Inactive Allergy Medications</div> <ul style="list-style-type: none"> – Azelastine nasal spray (started 4/29/2024) [120] – Loratadine 10 mg (started 10/15/2024) [120] <div>Supplements</div> <ul style="list-style-type: none"> – Vitamin D3 5,000 units daily on weekdays only (started 9/6/2024, no refills) [120] <div>Medication Management</div> <ul style="list-style-type: none"> – Medication reconciliation dates: 11/8/2024, 7/27/2023, 11/2/2022 [121]

Summary (Grouped by date)

Date / Provider / Facility	Summary
01-10-2025 Kanahele, Leina'Ala Y., MD, Anderson, Mitchell P., MD, Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Dykowski, Sara E., MD, Mooth, Audriana, DO, Tran, Amy, MA, Hernandez, Jesse, MA, Topper, Galen Arrillaga Sports Medicine Center	<p>Upper Respiratory Infection Evaluation</p> <p>Presenting Symptoms</p> <ul style="list-style-type: none"> – Six-day history of viral URI symptoms [106] – Productive cough (most bothersome symptom) [107] – Sinus congestion (yellow morning, clear afternoon) [107] – Fatigue and sneezing present [107] – No fever, chills, night sweats, or body aches [107] – Symptoms slowly improving with prior treatments including Tylenol and medicine D pack [107], [109] <p>Vital Signs</p> <ul style="list-style-type: none"> – BP 124/73 mmHg [109], [114] – Pulse 68 [109], [114] – Temperature 36.4C [109], [114] – SpO2 96% [109], [114] <p>Relevant Physical Findings</p> <ul style="list-style-type: none"> – Mild diffuse coarse breath sounds with cough on exhalation [109] – No tonsillar adenopathy, exudates, or erythema [109] <p>Diagnosis</p> <ul style="list-style-type: none"> – Viral URI confirmed [106], [109] – Strep throat and mononucleosis ruled out based on examination [109] <p>Current Medications</p> <ul style="list-style-type: none"> – Breo Ellipta inhaler daily [106], [117] – Albuterol inhaler PRN [106], [117] – EpiPen for severe allergic reactions [106], [117] – Azelastine nasal spray PRN [106], [108] – Cetirizine daily [106], [108] – Loratadine PRN [106], [108] – Vitamin D3 weekdays only [106], [117] <p>New Prescriptions</p> <ul style="list-style-type: none"> – Fluticasone nasal spray: 2 sprays twice daily [106], [110] – Oxymetazoline nasal spray: 2 sprays twice daily for 3 days only [107], [111] – Guaifenesin-dextromethorphan: 5mL every 12 hours PRN [107], [113] <p>Treatment Plan</p> <ul style="list-style-type: none"> – Supportive care with Tylenol/Motrin as needed [109] – No exercise if febrile or feeling ill [109] – Follow-up as needed if symptoms worsen [109]

Date / Provider / Facility	Summary
02-10-2025 Kanahele, Leina'Ala Y., MD, Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Tran, Amy, MA, Hernandez, Jesse, MA, Topper, Galen Arrillaga Sports Medicine Center	<p>Orthopedic Follow-up Visit</p> <p>Chief Complaint</p> <ul style="list-style-type: none">– Right ankle pain from basketball injury on February 9, 2025 [98], [102]– History of chronic ankle sprains [98], [100] <p>Vital Signs</p> <ul style="list-style-type: none">– Blood pressure 124/76 mmHg [100–101]– Pulse 63 bpm [101]– Oxygen saturation 98% [100–101] <p>Physical Examination Findings</p> <ul style="list-style-type: none">– Trace effusion in right ankle without ecchymosis [100]– Tenderness over anterior talofibular ligament [100]– Painful but normal passive eversion and inversion [100]– Negative anterior drawer and talar tilt tests [100]– Intact sensation and distal pulses [100] <p>MRI Findings (1/11/2024)</p> <ul style="list-style-type: none">– Minimally displaced avulsion injury of dorsal talar head [100]– Chondral fissuring of superomedial tibial plafond and medial talar dome [100]– Moderate dorsal talonavicular ligament sprain [100]– Peroneus brevis and longus tendinopathy with peritendinitis [100] <p>Assessment</p> <ul style="list-style-type: none">– Low-grade ankle sprain without syndesmotic injury or laxity [100] <p>Treatment Plan</p> <ul style="list-style-type: none">– Maintain range of motion [100]– Wean from boot [100]– Continue physical therapy to prevent recurrent sprains [98], [100] <p>Current Medications</p> <ul style="list-style-type: none">– Respiratory: Albuterol HFA, Breo Ellipta, Robitussin-DM [97–98], [103]– Nasal: Azelastine, Fluticasone, Oxymetazoline [97–98]– Antihistamines: Cetirizine, Loratadine [97]– Emergency: Epinephrine auto-injector [97], [105]– Supplement: Vitamin D3 weekdays only [97]

Summary (Grouped by date)

Patient name
 Galen Topper

Date of birth
 06-21-2002

Date / Provider / Facility	Summary
03-03-2025 Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Tran, Amy, MA, Topper, Galen Arrillaga Sports Medicine Center	<p>Medication Record Review</p> <p>Emergency Medications</p> <ul style="list-style-type: none"> – EpiPen 0.3 mg/0.3 mL auto-injector for anaphylaxis (started 4/22/2024) [91], [96] – Patient instructed to carry both auto-injectors for potential second dose requirement [96] – No refills remaining [91] <p>Respiratory Medications</p> <ul style="list-style-type: none"> – Breo Ellipta (fluticasone-vilanterol) 100-25 mcg daily (started 5/13/2024, 3 refills) [91] – Albuterol HFA 90 mcg: PRN for bronchospasm/wheezing, 1-2 puffs every 6 hours [94] <p>Nasal Medications</p> <ul style="list-style-type: none"> – Azelastine 137 mcg nasal spray - 2 sprays/nostril twice daily (started 4/29/2024, 3 refills) [91], [94] – Fluticasone propionate 50 mcg nasal spray (not in use) [91] – Oxymetazoline 0.05% nasal spray (not in use) [91] <p>Antihistamines</p> <ul style="list-style-type: none"> – Cetirizine 10 mg daily (started 5/6/2024, no refills) [91] – Loratadine 10 mg daily PRN (not in use) [91] <p>Other Medications</p> <ul style="list-style-type: none"> – Vitamin D3 125 mcg (5,000 units) weekdays only (started 9/6/2024) [91], [94] – Robitussin-DM 100-10 mg/5 mL PRN (not in use) [91-92]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-04-2025 Hwang, Calvin E., MD, Torres, Diego X., MD, Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Tran, Amy, MA, Mlakar, Rachel, Topper, Galen Arrillaga Sports Medicine Center	<p>Musculoskeletal Injury Evaluation</p> <p>Vital Signs</p> <ul style="list-style-type: none"> BP 123/75 mmHg (right arm, sitting) [86] Pulse 75 bpm [86] O2 saturation 96% [86] <p>Presenting Symptoms</p> <ul style="list-style-type: none"> Sharp pain in right calf myotendinous junction since February 28, 2025 [84] Pain occurs after 3 steps when running [84] Walking largely unaffected [84-85] No weakness, numbness, bruising, or skin changes [84-85] History of improving ankle inversion injury [84] <p>Physical Examination</p> <ul style="list-style-type: none"> Mild tenderness at calcaneous-achilles junction [85] Negative Thompson test [85] Symmetric strength and sensation bilaterally [85] No obvious deformities [85] <p>Diagnostic Results</p> <ul style="list-style-type: none"> POCUS negative for Achilles or gastrocnemius tear [85] <p>Diagnosis</p> <ul style="list-style-type: none"> Suspected low-grade strain of Soleus greater than Gastrocnemius muscles with right posterior ankle pain [84-85] <p>Treatment Plan</p> <ul style="list-style-type: none"> Discontinue walking boot [84-85] Implement RICE protocol [85] Over-the-counter NSAIDs recommended [85] Activity limited to walking [85] MRI deferred with monitoring [85] <p>Regular Medications</p> <ul style="list-style-type: none"> Fluticasone-vilanterol inhaler daily [83], [88], [90] Fluticasone nasal spray twice daily [83], [88] Vitamin D3 5000 units weekdays only [83], [88] <p>As-Needed Medications</p> <ul style="list-style-type: none"> Albuterol inhaler for bronchospasm [83], [88], [90] Azelastine nasal spray for allergies [83], [88] Cetirizine or Loratadine daily [83] Oxymetazoline nasal spray (3-day limit) [84], [88] Epinephrine auto-injector for emergencies [83], [88], [90] Guaifenesin-dextromethorphan for cough [84], [88]

Summary (Grouped by date)

Date / Provider / Facility	Summary
03-20-2025 Fredericson, Michael, MD, Douglas, Stephanie R., MD, Roh, Eugene Y., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Tran, Amy, MA, Mlakar, Rachel, Topper, Galen, Day, S., Nelson, Erica, Fred, MD Arrillaga Sports Medicine Center	<p>Medication Review Visit</p> <p>Current Symptoms and Status</p> <ul style="list-style-type: none"> – Right posterior ankle pain with gastrocnemius/soleus strain [76] – Lateral ankle pain [76] – Achilles pain [76] – Running capability impacted [82] – Patient discontinuing competitive activities following graduation [76] <p>Recent Medical History</p> <ul style="list-style-type: none"> – Right ankle sprain (January 2025) [76] – Right ankle sprain with peroneal tendon injury (January 2024) [76] – Post-viral fatigue (December 2023) [76] – Right SI joint pain (September 2022) [76] <p>Current Medications</p> <ul style="list-style-type: none"> – Albuterol HFA 90 mcg: 1-2 puffs every 6 hours PRN [75] – Breo Ellipta 100-25 mcg: 1 puff daily [75] – Vitamin D3 5,000 units: Daily on weekdays only [75], [79] <p>Emergency Medications</p> <ul style="list-style-type: none"> – EpiPen 0.3 mg: Two auto-injectors required for emergency use (trainer pen must be kept separate) [75] <p>Prescribed But Not Taking</p> <ul style="list-style-type: none"> – Flonase 50 mcg: 2 sprays per nostril twice daily [75] – Astelin 137 mcg: 2 sprays per nostril twice daily PRN [75] – Afrin 0.05%: 2 sprays per nostril twice daily PRN (3-day limit) [76] – Cetirizine 10 mg daily or Loratadine 10 mg daily [75] – Robitussin-DM 100-10 mg/5mL: 5mL every 12 hours PRN (max 20mL/24hrs) [76]

Summary (Grouped by date)

Date / Provider / Facility	Summary
05-03-2025 Fredericson, Michael, MD, Kuo, Kevin F., MD, Tirumalasetty, Jyothi I., MD, Kanahele, Leina'Ala Y., MD, Roh, Eugene Y., MD, Dykowski, Sara E., MD, Anderson, Mitchell P., MD, Mooth, Audriana, DO, Mlakar, Rachel, Tran, Amy, MA Stanford Hospital	<div>Medication Review</div> <div>Medications</div> <ul style="list-style-type: none"> Active medications: Cetirizine 10 mg daily [69-70] Active medications: Epinephrine 0.3 mg auto-injector for emergencies [69-70] Active medications: Fluticasone furoate-vilanterol 100-25 mcg inhaler daily [69-70] Active medications: Vitamin D3 5,000 units on weekdays [69-70] Prescribed but not taking: Azelastine nasal spray [69-70] Prescribed but not taking: Fluticasone propionate nasal spray [69-70] Prescribed but not taking: Guaifenesin-dextromethorphan syrup [69-70] Prescribed but not taking: Loratadine [69-70] Prescribed but not taking: Oxymetazoline nasal spray [69-70] <div>Demographics</div> <ul style="list-style-type: none"> Stanford undergraduate student [73] Lives in campus dormitory [73] <div>Lifestyle and Activities</div> <ul style="list-style-type: none"> Member of university cross country team with regular intensive athletic training [73] No tobacco, alcohol, or drug use [73] <div>Clinical Status</div> <ul style="list-style-type: none"> Maintains full cognitive capacity with no status changes [73]