

**Structure of this document**

**1. Case information**  
Patient information and a 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. Chronology**  
Timeline of events in a comprehensive overview, arranged in the order in which they occurred.

**5. Medical record summaries**  
Structured summary to review the most critical information without sifting through extensive medical records.

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

**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.

Sharp pain occurs after three steps when running, though walking is largely unaffected.

Physical examination revealed mild tenderness at the calcaneus-achilles junction with negative Thompson test.

POCUS was negative for Achilles or gastrocnemius tear.

**Athletic Activity Status**

The patient is currently discontinuing competitive activities following graduation.

Running capability is impacted by current injuries.

Activity is limited to walking per treatment plan, with MRI deferred for monitoring.

**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.

**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.

A trainer pen must be kept separate to avoid confusion during emergencies.

The current prescription started 4/22/2024 with no refills remaining.

**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.

The Breo Ellipta was started 5/13/2024 with 3 refills.

**Supplements**

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

**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.

MRI from January 2024 showed minimally displaced avulsion injury of the dorsal talar head, chondral fissuring, and peroneus brevis and longus tendinopathy.

**Post-Viral Fatigue Episode**

The patient experienced post-viral fatigue in December 2023, following an illness characterized by fevers, chills, malaise, and sore throat.

The episode significantly impacted exercise capacity, requiring extended recovery periods after physical activity.

**Anaphylactic Episodes**

The patient has experienced two significant anaphylactic episodes.

The first episode involved hives on arms, neck, eyelids and throat swelling during a 3-mile warm-up.

The second episode presented with facial flushing, eye swelling, and throat discomfort during stretching.

Both episodes responded to Benadryl, and subsequent tryptase and C4 levels were normal.

**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.

**Pulmonary Function Tests**

Pulmonary function testing showed FEV1/FVC ratio of 67.04% pre-bronchodilator, improving to 78.95% post-bronchodilator.

The ACT score was 22 and FENO was 29 ppb.

**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.

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

**Patient Information**

**Demographics**

Galen Topper is a 22-year-old male born on June 21, 2002.

He is a Stanford University student-athlete participating in track and field, specializing in cross country events.

His current residence is 341 Galvez Street, Stanford CA 94305-6106.

His primary language is English, and he identifies as Non-Hispanic/Non-Latino of White race.

**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.

His body surface area is 1.71 square meters.

**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).

**Medical History**

**Active Medical Conditions**

Current active conditions include acute nonintractable headache (since June 29, 2018), anaphylactic syndrome, breathing difficulty (since January 8, 2020), dermographism (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).

**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).

A heart murmur was documented in July 2004 and August 2005.

**Allergies and Immunologic History**

The patient has multiple allergies diagnosed on February 13, 2014.

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).

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).

Total IgE is elevated at 592.

The patient has dermographism, which contraindicates skin testing, and chronic rhinitis.

An EpiPen is prescribed for severe reactions.

**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.

A syncope episode following a long run with tunnel vision lasting hours occurred in September 2017.

**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).

**Family History**

The patient is a twin with a living brother and sister who have no known health problems.

His father has allergies and elevated lipids.

His mother's pregnancy was achieved through IVF.

His paternal grandfather is deceased at age 79 from myocardial infarction with coronary artery disease.

**Social History**

The patient is a computer science major at Stanford University and participates in track and field, competing in 1500m/5K events.

He is a non-smoker and has never used smokeless tobacco or vaping products.

He denies current alcohol or drug use and reports no pet exposure.

**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).

All routine vaccinations are up to date including Hepatitis A/B, Hib, MMR, MMRV, Meningococcal, Pneumococcal, Polio, Tdap, and Varicella.

**Current Medications**

The patient was prescribed Loratadine 10mg for allergy symptoms but reports no significant improvement.

Previous medications included Benzonatate 100mg and Cholecalciferol (Vitamin D3) 1,000 units daily, both discontinued as of February 2, 2024.

**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.

**Sources**

**Medical records used:**

Requested Record.pdf

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| **Date** | **Provider / Facility** | **Description** |
| **03-10-2020** | Unspecified provider  Blake Wilbur Clinics | **COVID-19 Protocol Guidelines**  Healthcare facility issues guidance for managing COVID-19, flu, and cold symptoms during flu season, emphasizing telehealth options and preventive measures to minimize disease transmission. |
| **03-20-2020** | Unspecified provider  Arrillaga Sports Medicine Center | **COVID-19 Care Instructions**  Documentation provides comprehensive COVID-19 prevention guidelines, telemedicine protocols, and emergency instructions for patients during the pandemic period. |
| **06-26-2020** | Walton, Juliana, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA  Arrillaga Sports Medicine Center | **COVID-19 Diagnostic Testing**  Patient presented for COVID-19 testing with specimen collection performed. Patient has active levalbuterol inhaler prescription for pre-exercise use. |
| **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**  Asymptomatic patient presented for COVID-19 screening. Mid turbinate nasal swab specimen collected and tested negative for SARS-CoV-2 RNA. |
| **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**  Asymptomatic COVID-19 screening performed following exposure to infected cousin during travel to Utah. RT-PCR test results were negative for SARS-CoV-2. |
| **08-29-2021** | Vukicevic, Jelena V., MD, Hernandez, Jesse, MA  Arrillaga Sports Medicine Center | **Laboratory Tests**  Patient presented for laboratory tests as part of a complete physical examination. |
| **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**  Varsity athlete undergoing sports clearance evaluation and COVID-19 testing. Physical examination and cardiovascular risk assessment were normal. Patient cleared for sports participation with no restrictions. |
| **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**  Routine laboratory testing including CBC, ferritin, and vitamin D levels. Results show normal blood counts with slightly elevated eosinophils, normal ferritin, and adequate vitamin D status. |
| **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**  Varsity athlete underwent pre-procedural COVID-19 screening following viral exposure. PCR test performed via mid-turbinate nasal swab returned negative for SARS-CoV-2 RNA. |
| **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**  Patient underwent COVID-19 pre-procedural screening following reported viral disease exposure. PCR test was performed while patient was asymptomatic, with results returning negative. |
| **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**  Pre-procedural COVID-19 PCR screening test performed on asymptomatic varsity athlete following viral disease exposure. Test result was negative for SARS-CoV-2 RNA. |
| **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**  Patient underwent COVID-19 PCR screening test due to viral exposure history. Test was conducted for pre-procedural screening while patient was asymptomatic. Results were negative for SARS-CoV-2 RNA. |
| **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**  Asymptomatic COVID-19 PCR testing performed as pre-procedural screening requirement. Test conducted within 72-hour window of planned procedure. Results were negative for SARS-CoV-2 RNA. |
| **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**  Asymptomatic patient underwent COVID-19 PCR testing for pre-procedural screening due to potential viral exposure. Test results were negative, with SARS-CoV-2 RNA not detected. |
| **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**  Asymptomatic patient underwent pre-procedural COVID-19 PCR testing. Test results were negative for SARS-CoV-2 RNA. |
| **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**  Patient presents with respiratory symptoms including tight throat, difficulty breathing, and cough following exposure to sick roommate. Multiple diagnostic tests performed ruled out COVID-19, flu, and strep. Diagnosed with viral upper respiratory tract infection. |
| **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**  Patient underwent COVID-19 PCR testing for pre-procedural screening. Test was performed via mid turbinate nasal swab with negative result. Patient was asymptomatic at time of testing. |
| **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**  Patient presents with resolving URI symptoms after two weeks, initially screened positive for COVID-19. Strep and COVID tests were negative. Currently completing azithromycin treatment with noted improvement in symptoms. |
| **11-01-2021** | Choo, Hyunwoo J., MD, Fausett, Cameron L., MD  Arrillaga Sports Medicine Center | **Viral Exposure Assessment**  Patient evaluated for contact with or exposure to viral disease. Previous cough medication (benzonatate) discontinued, with no current medications prescribed. |
| **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 | **COVID-19 Diagnostic Testing**  Asymptomatic patient underwent COVID-19 PCR testing for pre-procedural screening following potential viral exposure. Test results were negative for SARS-CoV-2 RNA. |
| **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 | **COVID-19 Screening Test**  Patient underwent pre-procedural COVID-19 screening test via RT-PCR. Test was performed due to exposure history, despite being asymptomatic. Results were negative for SARS-CoV-2 RNA. |
| **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 | **COVID-19 Diagnostic Testing**  Asymptomatic varsity athlete underwent pre-procedural COVID-19 screening. SARS-CoV-2 RNA test was negative, clearing patient for planned procedure within 72-hour window. |
| **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**  Pre-procedural COVID-19 screening test performed on asymptomatic patient. Mid turbinate nasal swab PCR test resulted negative for SARS-CoV-2 RNA. |
| **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**  Asymptomatic varsity athlete underwent pre-procedural COVID-19 PCR screening test. Results were negative for SARS-CoV-2 RNA. |
| **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**  Asymptomatic varsity athlete underwent pre-procedural COVID-19 PCR screening test. Results were negative for SARS-CoV-2 RNA. |
| **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**  Patient underwent pre-procedural COVID-19 screening following exposure to viral disease. NAAT testing performed on December 2, 2021, yielded negative results for SARS-CoV-2 RNA. |
| **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**  Patient required pre-procedural COVID-19 screening following viral disease exposure. RT-PCR test was performed and returned negative result. |
| **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**  Patient underwent pre-procedural COVID-19 PCR screening test. Patient was asymptomatic at time of testing, and results were negative for SARS-CoV-2. |
| **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**  Pre-procedural COVID-19 PCR screening test for asymptomatic varsity athlete. Test resulted negative for SARS-CoV-2 RNA. |
| **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**  Patient underwent routine COVID-19 PCR testing as a required pre-procedural screening measure, to be completed within 72 hours of planned procedure. Test result was negative. |
| **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**  Patient required COVID-19 PCR testing within 72 hours of scheduled procedure due to viral disease exposure. Patient was asymptomatic, and test results were negative. |
| **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**  Pre-procedural COVID-19 PCR screening test performed due to reported viral exposure. Test resulted negative, clearing patient for scheduled procedure within 72-hour window requirement. |
| **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**  Pre-procedural COVID-19 screening via RT-PCR test performed on asymptomatic patient due to viral disease exposure. Test results were negative for SARS-CoV-2 RNA. |
| **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**  Patient presented for sports physical examination at Arrillaga Sports Medicine Center. Complete blood count performed showing mostly normal results with slightly elevated eosinophils. |
| **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**  Pre-procedural COVID-19 screening test performed due to exposure history. Test conducted within required 72-hour window before planned procedure. Results negative for SARS-CoV-2. |
| **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**  Documentation of two discontinued medications: Benzonatate for cough and Vitamin D3 supplementation. Both medications were discontinued, with patient reported non-adherence to Vitamin D3. |
| **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**  Asymptomatic patient underwent pre-procedural COVID-19 PCR screening test due to viral exposure. Test results were negative for SARS-CoV-2 RNA. |
| **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**  Patient underwent COVID-19 screening following viral disease exposure, required for pre-procedural clearance. Test results were negative for SARS-CoV-2 RNA using NAAT methodology. |
| **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**  Patient underwent COVID-19 PCR testing for pre-procedural screening. Test was performed via mid turbinate nasal swab, with negative results reported. |
| **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**  Documentation of two discontinued medications: Benzonatate for cough and Cholecalciferol (Vitamin D3) supplementation. |
| **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**  COVID-19 PCR test conducted for pre-procedural screening, performed within 72-hour window requirement. Test result was negative, with patient asymptomatic at time of testing. |
| **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**  COVID-19 PCR testing performed due to viral exposure. Patient was asymptomatic. Test results were negative for SARS-CoV-2 RNA. |
| **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 PCR testing performed for pre-procedural screening due to viral disease exposure. Test results were negative, with SARS-CoV-2 RNA not detected in the nasal swab specimen. |
| **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**  Patient underwent COVID-19 PCR testing following viral disease exposure and for pre-procedural screening requirements. Test results were negative, with patient being asymptomatic at time of testing. |
| **03-24-2022** | Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD  Arrillaga Sports Medicine Center | **COVID-19 Screening Test**  Asymptomatic varsity athlete underwent pre-procedural COVID-19 PCR screening test. Mid-turbinate nasal swab specimen collected and tested negative for SARS-CoV-2 RNA. |
| **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 | **COVID-19 Screening Test**  Patient underwent pre-procedural COVID-19 PCR screening test at sports medicine center. Test was required within 72 hours of planned procedure. Patient was asymptomatic at time of testing. |
| **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**  Pre-procedural COVID-19 PCR screening test performed on asymptomatic patient. Results negative for SARS-CoV-2 RNA using Hologic Panther System. |
| **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**  Patient underwent pre-procedural COVID-19 PCR screening while asymptomatic. Test was performed via mid turbinate nasal swab with negative result. |
| **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 | **Diagnostic Laboratory Testing**  Patient evaluated for upper respiratory tract infection. Influenza A detected through RT-PCR testing of nasopharyngeal swab, confirming diagnosis of upper respiratory infection. |
| **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, Adrianne, PharmD  Arrillaga Sports Medicine Center | **Emergency Department Evaluation**  Patient presents with worsening right eye symptoms including swelling, pain, and discharge, following sinus infection. Evaluation focused on ruling out orbital cellulitis and determining appropriate treatment for conjunctivitis and sinusitis. |
| **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 | **Sports Injury Evaluation**  Patient presents with right low back and sacral pain following hamstring strain three weeks ago during football. Pain worsened with subsequent running, particularly affecting right SI joint area. Imaging shows sacroiliac joint abnormalities and mild facet arthropathy. |
| **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 | **Imaging Pre-Procedure Instructions**  Documentation of fasting requirements for upcoming imaging examination, specifying 4-hour fasting period with allowance for medication administration with water. |
| **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 | **Laboratory Results Review**  Review of laboratory results showing normal ferritin and vitamin D levels. Patient not taking prescribed medications including benzonatate for cough and vitamin D supplementation. |
| **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 | **Diagnostic Imaging Study**  Stanford cross country athlete underwent MRI pelvis without contrast to evaluate right low back pain and pelvic region pain, with specific concern for L5 pars fracture versus sacroiliitis. |
| **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 | **Emergency Department Alcohol Intoxication**  Patient presented with acute alcohol intoxication and altered mental status after consuming margaritas. Initial GCS score of 7 improved to 15 during ED stay. Patient was stabilized and discharged after demonstrating clinical improvement. |
| **10-04-2022** | 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  Arrillaga Sports Medicine Center | **Rheumatology Diagnostic Evaluation**  Patient evaluated for sacroiliitis with concern for ankylosing spondylitis. Laboratory tests performed to assess inflammatory markers and autoimmune indicators. All test results within normal ranges. |
| **10-05-2022** | 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  Arrillaga Sports Medicine Center | **Laboratory Diagnostic Evaluation**  Laboratory testing performed to evaluate sacroiliitis, including HLA typing, inflammatory markers, and autoimmune screening. Results show negative HLA-B27 and normal inflammatory markers. |
| **10-21-2022** | 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 | **Physical Therapy Evaluation**  Patient presents with right low back pain diagnosed as sacroiliitis and facet syndrome, initially triggered during football activity. Currently experiencing pain during running activities, particularly with hill running and back extension. |
| **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**  Evaluation of chronic right lower back pain following hamstring strain in August 2022. MRI shows bilateral sacroiliac joint sclerosis and irregularity. Patient presents with atypical features for inflammatory back pain, suggesting possible mechanical etiology versus early ankylosing spondylitis. |
| **11-04-2022** | Nitichaikulvatana, Prachaya, MD  Blake Wilbur Clinics | **Diagnostic Testing Results**  Patient received HLA B27 genetic test results which were negative. Treatment plan initiated with Meloxicam for pain management. |
| **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**  Patient presented with right ankle inversion injury. X-ray imaging showed no fractures or malalignment, but revealed mild soft tissue swelling. |
| **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 | **Rheumatology Follow-up Visit**  Six-week follow-up for chronic right lower back pain evaluation. Assessment indicates mechanical pain from running rather than inflammatory sacroiliitis, supported by negative HLA B27 and imaging findings. |
| **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**  Athlete presents with 3-week persistent cough, chest pain, and reduced athletic performance. Evaluation reveals possible walking pneumonia, with negative COVID test and normal chest radiograph. Treatment initiated with antibiotics and cough suppressant. |
| **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**  Patient presents for follow-up evaluation of malaise and fatigue. Infectious mononucleosis screening was performed and returned negative results. |
| **12-04-2023** | 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  Arrillaga Sports Medicine Center | **Post-Viral Fatigue Evaluation**  Patient presents with ongoing fatigue and reduced athletic performance following illness four weeks ago. Comprehensive laboratory evaluation performed to investigate persistent symptoms, with results indicating past EBV infection and negative strep testing. |
| **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 | **Follow-up Medical Evaluation**  Patient presents for follow-up of fatigue and cough, with symptoms unchanged or worsening since previous visit. Post-viral fatigue diagnosed, with significant impact on athletic performance and post-exertional malaise. |
| **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 | **Post-Viral Fatigue Evaluation**  Patient presents with persistent fatigue and exercise intolerance 6 weeks after initial viral illness. Despite 60-70% improvement from baseline, experiencing significant post-exertional malaise and reduced athletic performance. Evaluation includes cardiac assessment and specialist referrals. |
| **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 | **Diagnostic Imaging Evaluation**  Patient presented with right ankle sprain and fifth metatarsal pain for fracture evaluation. X-rays revealed evidence of previous talus injury but inconclusive for fifth metatarsal assessment. |
| **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 | **Diagnostic Imaging Follow-up**  Patient underwent right foot X-ray imaging to evaluate ankle and fifth metatarsal pain following ankle sprain. Imaging reveals avulsion fracture sequela at talar head with no acute fractures identified. |
| **01-11-2024** | 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  Arrillaga Sports Medicine Center | **Sports Injury Evaluation**  Patient presents with persistent right foot pain following ankle inversion injury during running. MRI reveals peroneal tendinopathy, dorsal talonavicular ligament sprain, talar head avulsion, and chondral damage to tibial plafond and talar dome. |
| **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 | **Physical Therapy Evaluation**  Patient presents with right foot pain following trail running injury with inversion ankle moment. X-rays negative, MRI pending. Assessment indicates possible peroneal tendon strain or cuboid/5th metatarsal joint sprain. |
| **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 | **Physical Therapy Reassessment**  Patient underwent physical therapy reassessment for right foot pain following running-related inversion injury. Examination revealed tenderness over right foot with findings consistent with peroneal tendon strain versus cuboid/5th metatarsal joint sprain. |
| **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 | **Physical Therapy Evaluation**  Patient evaluated for right foot injury sustained during running. Assessment revealed mild lateral midfoot discomfort and joint hypomobility. Patient demonstrated good functional capacity, including pain-free running for 4 miles. |
| **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 | **Physical Therapy Follow-up**  Follow-up physical therapy evaluation for right foot pain following running injury. Patient shows improvement with ability to run without pain, though exhibits mild tenderness at proximal 5th metatarsal and metatarsocuboid joint. |
| **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 | **Laboratory Results Review**  Laboratory testing revealed low vitamin D levels. New vitamin D3 supplementation prescribed with specific weekday dosing schedule. |
| **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 | **Athletic Performance Evaluation**  Patient presents with 1.5 weeks of significant fatigue, decreased athletic performance, and disrupted sleep patterns. Laboratory studies performed to evaluate hormonal and nutritional status, with all results within normal ranges. |
| **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 | **Laboratory Testing**  Comprehensive laboratory evaluation including CBC, CMP, thyroid function, and iron studies. All test results were within normal reference ranges. |
| **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 | **Follow-up Sleep Evaluation**  Patient presents for one-week follow-up of persistent fatigue and malaise affecting athletic performance. Initial workup unremarkable. Sleep disruption identified as primary concern with poor sleep hygiene contributing to symptoms. |
| **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 | **Sleep Disorder Evaluation**  Patient referred for evaluation of sleep onset insomnia and possible sleep apnea, reporting prolonged sleep onset latency, daytime fatigue, and non-refreshing sleep despite 8-10 hours of sleep duration. |
| **04-01-2024** | Madriaga, Jennifer  Stanford Sleep Medicine Center | **Sleep Study Order**  Level 3 home sleep study ordered using WatchPAT ONE device for overnight monitoring through multiple physiological sensors. Data to be transmitted wirelessly for analysis with results expected within 3-4 weeks. |
| **04-07-2024** | Madriaga, Jennifer, Anderson, Mitchell P., MD, Walker, Clayton R., MD  Stanford Medicine Outpatient Center | **Sleep Study Order**  Level 3 home sleep test ordered using WatchPAT ONE device with three-point monitoring system. Study to be conducted for one night with results expected within 3-4 weeks. |
| **04-19-2024** | 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  Stanford Hospital | **Emergency Allergic Reaction Response**  Patient experienced acute allergic reaction while running, presenting with shortness of breath and facial swelling. Emergency response included EpiPen administration by sports medicine staff and subsequent EMS intervention. Patient left AMA after treatment. |
| **04-22-2024** | Roh, Eugene Y., MD, Mlakar, Rachel, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Mooth, Audriana, DO  Arrillaga Sports Medicine Center | **Anaphylaxis Follow-up Evaluation**  Follow-up evaluation after recent anaphylactic episode during workout requiring EpiPen administration and emergency transport. Patient reports ongoing respiratory symptoms including frequent sneezing and coughing, particularly affecting sleep. |
| **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 | **Post-Anaphylaxis Follow-up Visit**  Follow-up evaluation after recent anaphylactic episode requiring epinephrine administration and ED transport. Patient left ED against medical advice, currently reports improvement in symptoms except for fatigue and sleep difficulties. |
| **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 | **Allergy and Asthma Evaluation**  Patient presents following anaphylactic reaction to possible shellfish exposure with subsequent breathing difficulties. Pulmonary function testing reveals reversible obstructive defect. Exercise-induced anaphylaxis diagnosed with ongoing respiratory symptoms affecting athletic performance. |
| **05-03-2024** | Kanahele, Leina'Ala Y., MD, Roh, Eugene Y., MD  Arrillaga Sports Medicine Center | **Medication Management Communication**  Patient reported inadequate response to Loratadine for allergy symptoms. Provider recommended switching to Cetirizine 10mg daily as an alternative treatment option. |
| **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 | **Asthma and Allergy Evaluation**  Patient presents with asthma, seasonal allergies, and recent episodes of anaphylaxis during exercise. Spirometry confirms mild obstruction with significant bronchodilator reversibility. New treatment plan initiated with multiple medications for asthma and allergy management. |
| **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**  Review and update of medication regimen, including changes to allergy and asthma medications. Multiple medication discontinuations noted, with new prescriptions and pending orders documented. |
| **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**  Comprehensive medication review focusing on respiratory and allergy management, including current prescriptions for asthma control, allergy symptoms, and emergency medications, with recent medication changes and future prescription plans. |
| **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 | **Laboratory Draw and Sports Physical**  Patient presented for routine laboratory testing and sports physical examination. Complete blood count and nutritional markers were evaluated, with all results within normal ranges. |
| **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 | **Sports Physical and Laboratory**  Patient presented for sports physical examination and routine laboratory testing. All laboratory results, including CBC, Vitamin D, and Ferritin levels were within normal ranges. |
| **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 | **Medication Review**  Current medication regimen review for patient with asthma and allergies, including rescue medications, maintenance inhalers, allergy medications, and Vitamin D3 supplementation. |
| **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 | **Acute Allergic Reaction Evaluation**  Patient experienced allergic reaction during track practice with hives, eyelid swelling, and throat swelling. Self-administered Benadryl resolved most symptoms. Patient had discontinued prescribed Zyrtec and did not have EpiPen available during incident. |
| **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 | **Medication Record Review**  Documentation of current medication regimen for asthma and allergies, including emergency medications, respiratory medications, and allergy treatments. Patient missed scheduled follow-up with allergy specialist. |
| **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 | **Medication Review**  Review of current medication regimen including emergency, respiratory, and allergy medications. Patient has active prescriptions for anaphylaxis management, asthma control, and allergy symptoms. |
| **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 | **Allergy and Asthma Evaluation**  Patient evaluated for two recent anaphylactic episodes during exercise, presenting with hives, facial and throat swelling. Concurrent mild asthma with positive bronchodilator response noted on spirometry. |
| **11-19-2024** | 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 | **Follow-up Respiratory Evaluation**  Patient presents for follow-up of acute cough that began two weeks ago with upper respiratory symptoms. While most symptoms have improved, persistent cough continues, particularly during athletic training. Assessment indicates improving postviral cough. |
| **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 | **Medication Review**  Comprehensive medication reconciliation documenting current active medications for asthma/allergies management, including emergency medications, respiratory medications, allergy medications, and supplements. |
| **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 | **Upper Respiratory Infection Evaluation**  Patient presents with six-day history of viral upper respiratory tract infection, primarily experiencing productive cough and sinus congestion. Symptoms are slowly improving with prior treatments. Strep throat and mononucleosis ruled out based on examination. |
| **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 | **Orthopedic Follow-up Visit**  Patient presents with right ankle pain following basketball-related inversion injury. MRI shows avulsion injury of dorsal talar head, ligament sprain, and tendinopathy. Diagnosed with low-grade ankle sprain without syndesmotic injury. |
| **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 | **Medication Record Review**  Documentation of current medication regimen for patient with respiratory and allergy conditions, including emergency anaphylaxis management, maintenance and rescue inhalers, antihistamines, and nasal medications. |
| **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 | **Musculoskeletal Injury Evaluation**  Patient presents with right ankle and calf pain following sudden onset during steady movement on February 28, 2025. POCUS reveals no Achilles or gastrocnemius tear. Diagnosed with suspected low-grade soleus/gastrocnemius strain. |
| **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 | **Medication Review Visit**  Patient presents with right posterior ankle pain indicating gastrocnemius/soleus strain, affecting running capability. Multiple medications are prescribed for respiratory, allergy, and emergency conditions. |
| **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 | **Medication Review**  Review of current medications for a student athlete with respiratory and allergy conditions requiring multiple medications, including emergency epinephrine and daily inhaler therapy. |

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| **Date / Provider / Facility** | **Summary** |
| **03-10-2020**  Unspecified provider  Blake Wilbur Clinics | **COVID-19 and Flu Management**  **Current Health Context:** As of March 2020, patients experiencing cold or flu-like symptoms are most likely to have common cold or flu, as it is still flu season.This guidance addresses concerns about COVID-19, flu, and cold symptoms management.  **Care Guidelines:** Patients with flu-like symptoms such as fever, cough, or sore throat must call ahead before seeking in-person care.Walk-in visits are not being accepted for these symptoms.For immediate medical emergencies, patients should call 911 or visit the nearest emergency room.Video or telephone visits are being prioritized for patients with flu-like and cold-like symptoms.  **Prevention Protocols:** Essential preventive measures include: Stay home when sick to prevent illness spread.Maintain regular hand washing with soap and water.Use alcohol-based hand sanitizers when soap is unavailable.Avoid touching face with unwashed hands.Keep distance from people who are sick.Practice proper respiratory hygiene by coughing or sneezing into a tissue or elbow, followed by hand washing.Regularly clean and disinfect frequently touched surfaces.Obtain flu vaccination for additional protection. |
| **03-20-2020**  Unspecified provider  Arrillaga Sports Medicine Center | **COVID-19 Care Instructions**  **Emergency Instructions:** For medical emergencies, call 911 immediately.Patients experiencing influenza-like symptoms (cough, fever, sore throat, or shortness of breath) should contact their primary care office.  **Appointment Types:** Video visits are available using smartphone or computer.Scheduled in-person visits may be converted to video or telephone visits when appropriate.Instructions for conducting the video visit will be provided before the scheduled appointment.If determined necessary by the provider, visits will be changed to in-person format.  **Preventive Care Guidelines:** Non-urgent and routine preventive care visits should be delayed until COVID-19 risk decreases.Video or telephone visits are recommended as alternatives to in-person appointments where appropriate.  **Hygiene Measures:** Wash hands with soap and water for 20 seconds regularly.Alcohol-based hand sanitizers are also effective.Avoid touching eyes, nose, and mouth with unwashed hands.When coughing or sneezing, use a tissue or elbow, and wash hands afterward.  **Social Safety Measures:** Practice social distancing and avoid contact with sick individuals.Stay home when sick.Clean and disinfect frequently touched objects and surfaces regularly.Follow local shelter-at-home orders. |
| **06-26-2020**  Walton, Juliana, Vukicevic, Jelena V., MD, Hernandez, Jesse, MA  Arrillaga Sports Medicine Center | **Visit Details**  **Diagnoses:** COVID-19 was documented as both primary and secondary diagnosis.  **Medications**  **Active Medications:** Levalbuterol (XOPENEX HFA) 45 mcg/actuation inhaler.Instructions: 2 puffs 20-30 minutes before exercising.Started: 1/8/2020, End date: 10/28/2021.Quantity: 1 Inhaler with 1 refill remaining.Status: Active at end of visit.Discontinued on 10/28/2021 due to therapy completion.  **COVID-19 Testing**  **Specimen Collection:** On 6/26/2020 at 0855, patient was swabbed for COVID-19.The specimen was labeled, double bagged, placed in refrigerator, and sent to laboratory for analysis, as documented by clinical staff. |
| **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 | **Clinical Information**  **Visit Details:** Patient was seen at Stanford Express Care, Hoover on 10/7/2020 for screening for viral disease.  **Discontinued Medications:** Previously prescribed and now discontinued: Levalbuterol (Xopenex HFA) 45 mcg/actuation HFAA, prescribed on 1/8/2020.Instructions were to take 2 puffs 20-30 minutes before exercising.Quantity prescribed was 1 inhaler with 1 refill remaining.Therapy was completed and discontinued on 10/28/2021.  **COVID-19 Test Methodology:** Testing performed using Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA with Hologic Panther System.The test is FDA authorized under Emergency Use Authorization (EUA) for CLIA-certified laboratories.Test is validated for nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens.  **COVID-19 Test Results:** Patient was asymptomatic at time of testing.Mid turbinate nasal swab specimen was collected on 10/8/2020.Test was processed at Hillview Laboratory with final results reported on 10/8/2020 at 2223.SARS-CoV-2 RNA: Not Detected. |
| **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 Testing**  **Testing Context:** Patient underwent asymptomatic COVID-19 screening following reported exposure to a cousin while traveling in Utah.The screening was conducted as part of viral disease testing protocol.  **Specimen Collection:** Mid turbinate nasal swab specimen (ID: 20S-282VI0758) was collected on 10/8/2020 at 10:43.The specimen was properly labeled, double bagged, and placed in refrigerator for processing.  **Testing Methodology and Results:** Testing was performed using FDA Emergency Use Authorized Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA (Hologic Panther System).The test is validated for nasopharyngeal, nasal, and oropharyngeal swab specimens.Results reported on 10/08/2020 at 22:23 showed SARS-CoV-2 RNA was Not Detected, with final result status confirmed. |
| **08-29-2021**  Vukicevic, Jelena V., MD, Hernandez, Jesse, MA  Arrillaga Sports Medicine Center | **Visit Information**  **Purpose of Visit:** The patient presented for laboratory tests ordered as part of a complete physical exam (CPE).An unspecified primary diagnosis was noted during the visit.  **Medication History**  **Previous Medications:** Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler was prescribed by Dr. Vukicevic on 1/8/2020, with instructions to take 2 puffs 20-30 minutes before exercising.The therapy was completed and discontinued on 10/28/2021, with one refill remaining at the time of discontinuation. |
| **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 Evaluation**  **Athletic Background:** Patient is a varsity athlete in Cross Country and Track and Field, completing 3 full seasons and a partial season due to COVID-19.Patient experienced Sever's Disease in September 2017 during Cross Country season, attributed to growth.The condition was successfully treated with physical therapy and bracing, resulting in full recovery without residual issues, though it caused a 90-day absence from training and competition.  **Physical Examination:** Physical measurements show height of 5'8", weight of 123 lbs, and BMI of 18.7 (within normal range of 18.5-25).Blood pressure is 122/68 following 5 minutes of rest.Examination reveals normal findings for eyes, ears, nose, throat, lymph nodes, lungs, abdomen, skin, heart rhythm and sounds, and peripheral pulses.Musculoskeletal system examination is normal.No evidence of Marfan's syndrome is present.Dental examination indicates good oral hygiene without infections or abnormalities.  **Nutritional Status:** BMI is within normal range at 18.7.Patient reports satisfactory eating patterns and expresses no concerns regarding weight or body composition.No disordered eating behaviors are reported.  **Medical Clearance Status:** Cleared for sports participation with no restrictions.Previous syncopal episode was evaluated with normal EKG and does not impact current sports clearance.COVID-19 screening questionnaire negative for all symptoms.Cardiovascular risk assessment questionnaire negative for all risk factors.Patient has consented to sickle cell trait testing.  **COVID-19 Testing**  **Test Context and Indication:** COVID-19 PCR testing was performed for pre-procedural screening due to contact with or exposure to viral disease.The test was required to be completed within 72 hours of the scheduled procedure.The patient was asymptomatic at the time of testing.  **Specimen Collection and Methodology:** A mid turbinate nasal swab specimen (ID: 21S-243VI0190) was collected on 8/31/2021 at 0900.Testing was conducted using Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA on the Hologic Panther System.The test methodology was validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens.Testing was performed under FDA Emergency Use Authorization (EUA) and CLIA certification for high complexity testing.  **Test Results:** SARS-CoV-2 RNA was not detected in the specimen.The result was finalized on 8/31/2021 at 1916. |
| **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 | **Medications**  **Current Medications:** Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler prescribed by Dr. Vukicevic, 2 puffs 20-30 minutes before exercising.Started 1/8/2020, active at time of visit with planned discontinuation date of 10/28/2021 due to therapy completion.One refill remaining.  **Laboratory Results**  **Complete Blood Count (1/26/2022):** CBC results show WBC 4.3 K/uL (4.0-11.0), RBC 5.21 MIL/uL (4.40-5.90), Hemoglobin 14.7 g/dL (13.5-17.7), Hematocrit 45.0% (40.0-52.0), MCV 86.4 fL (82.0-98.0), MCH 28.2 pg (27.0-34.0), MCHC 32.7 g/dL (32.0-36.0), RDW 12.0% (11.5-14.5), Platelets 229 K/uL (150-400).Differential shows Neutrophils 47.7%, Lymphocytes 39.2%, Monocytes 7.3%, Eosinophils 4.9%, Basophils 0.7%, and Immature Granulocytes 0.2%.Eosinophil absolute count elevated (H) at 0.21 K/uL (reference range: 0.00-0.20 K/uL).  **Ferritin Level (1/26/2022):** Ferritin level is 58.2 ng/mL (30-400 ng/mL), within normal limits.Clinical consideration: Higher concentrations of biotin may interfere with test results.If patient is taking biotin-containing supplements, testing should be repeated after 12 hours of supplement cessation.  **Vitamin D Status (1/26/2022):** 25-OH Vitamin D total level is 34 ng/mL (25-80 ng/mL), with 25-Hydroxy D2 <4 ng/mL and 25-Hydroxy D3 34 ng/mL, indicating adequate vitamin D status.Test developed by Stanford Clinical Laboratory under CLIA high-complexity testing qualification. |
| **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 | **Visit Context**  **Reason for Visit and Testing:** Varsity athlete underwent COVID-19 screening following exposure to viral disease.The patient was asymptomatic at time of testing.The screening was required to be completed within 72 hours of scheduled procedure/treatment.  **COVID-19 Testing**  **Test Details and Results:** A COVID-19 PCR test was performed on a Varsity Athlete for pre-procedural/pre-treatment screening purposes.The test utilized Nucleic Acid Amplification Test (NAAT) methodology, specifically RT-PCR or TMA, performed on the Hologic Panther System.A mid-turbinate nasal swab specimen was collected on September 3, 2021, at 13:00.SARS-CoV-2 RNA was not detected in the specimen, with final results reported at 19:18 on September 3, 2021.The test was performed under FDA Emergency Use Authorization (EUA) in a CLIA-certified laboratory for high complexity testing.The testing platform is validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens.  **Clinical Information**  **Medications:** Levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA was prescribed on 1/8/2020, with instructions to take 2 puffs 20-30 minutes before exercising.The prescription was for 1 inhaler with 1 refill remaining.The medication was discontinued on 10/28/2021 as therapy was completed. |
| **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 | **Clinical Assessment**  **Reason for Visit:** Patient was evaluated for COVID-19 screening due to reported contact with or exposure to viral disease.  **Medications:** Medication: Levalbuterol (XOPENEX HFA) 45 mcg/actuation; Dosing: 2 puffs 20-30 minutes before exercising; Duration: 1/8/2020 - 10/28/2021; Status: Discontinued (therapy completed); Quantity: 1 inhaler with 1 refill remaining.  **Diagnostic Testing**  **COVID-19 Test Details:** COVID-19 PCR test was collected on 9/8/2021 at 12:00 PM using a mid turbinate nasal swab.The patient was asymptomatic at time of testing.Test was conducted for pre-procedural screening purposes with results expected within approximately 6 hours.  **COVID-19 Testing**  **SARS-CoV-2 RNA Test Results:** A mid-turbinate nasal swab specimen was collected on 9/8/2021 for pre-procedural/pre-treatment screening.SARS-CoV-2 RNA testing was performed using Nucleic Acid Amplification Test (NAAT) with RT-PCR/TMA methodology on the Hologic Panther System.The test results were reported as 'Not Detected'.The patient was asymptomatic at the time of testing.The test is validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens. |
| **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 | **Current Visit**  **Primary Diagnosis:** Contact with or exposure to viral disease  **COVID-19 Testing**  **Pre-procedural Screening:** A pre-procedural COVID-19 PCR screening test was performed on a varsity athlete due to viral disease exposure (Z20.828).The mid-turbinate nasal swab specimen (ID: 21S-257VI0256) was collected at 0800.The patient was asymptomatic at the time of testing.SARS-CoV-2 RNA was not detected using RT-PCR methodology.The final result was reported at 2150.  **Laboratory Results**  **Testing Specifications:** Testing was performed using Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology under FDA Emergency Use Authorization for high-complexity CLIA-certified laboratories.The test is validated specifically for nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens, with sensitivity and specificity undetermined for other specimen types and collection methods. |
| **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 | **Clinical Assessment**  **Primary Diagnosis and Clinical Indication:** The patient presented with contact with or exposure to viral disease.Laboratory testing was ordered based on this exposure history.  **Laboratory Results**  **COVID-19 Testing:** A COVID-19 PCR screening test (Specimen ID: 21S-263VI0162) was performed on September 20, 2021 at 0900 using a mid turbinate nasal swab specimen.The patient was asymptomatic at the time of testing, and the test was conducted for pre-procedural screening.SARS-CoV-2 RNA was Not Detected in the specimen.The test utilized Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology and was authorized by FDA under Emergency Use Authorization for CLIA-certified laboratories performing high complexity tests.The test is validated for nasopharyngeal, nasal, and oropharyngeal swab specimens.Results were reported on September 20, 2021 at 2305.  **Medications**  **Active Medications at Visit End:** Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler - Active at visit end, prescribed 1/8/2020 with 1 refill remaining.Instructions: 2 puffs 20-30 minutes before exercising.Therapy was completed and discontinued effective 10/28/2021. |
| **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 Testing**  **Test Details and Collection:** A COVID-19 PCR test was performed under FDA Emergency Use Authorization on September 27, 2021 at 0900.The specimen (ID: 21S-270VI0199) was collected via mid turbinate nasal swab.The patient was asymptomatic at the time of collection.Testing was conducted as part of pre-procedural screening protocol, which required completion within 72 hours of the planned procedure/treatment.  **Testing Methodology:** The test was performed using Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology in a CLIA-certified high complexity laboratory.The test is validated for nasopharyngeal, nasal, and oropharyngeal swab specimens.  **Results and Reporting:** SARS-CoV-2 RNA was Not Detected in the specimen.The final results were reported on September 28, 2021 at 0045.  **Clinical Indication:** The test was ordered due to contact with or exposure to viral disease (ICD-10 code: Z20.828). |
| **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 | **Clinical Context**  **Reason for Testing:** Patient was asymptomatic for COVID-19, presenting for screening only.Clinical indication: Contact with or exposure to viral disease (ICD-10: Z20.828).The test was conducted for pre-procedural or pre-treatment screening, requiring completion within 72 hours of the planned procedure/treatment.  **COVID-19 Testing**  **PCR Test Results:** A COVID-19 PCR test was performed via mid turbinate nasal swab on 10/4/2021 at 1000 hours as part of pre-procedural/pre-treatment screening protocol requiring completion within 72 hours.The patient was asymptomatic at time of testing.SARS-CoV-2 RNA was Not Detected, with final results reported on 10/5/2021 at 1229 hours.The test was validated for nasopharyngeal, nasal and oropharyngeal swab specimens using RT-PCR methodology.  **Laboratory Results**  **Testing Methodology:** Testing was performed using Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology under FDA Emergency Use Authorization for CLIA-certified high complexity laboratories.The test is validated for nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens.Sensitivity and specificity are unknown for other specimen types and collection techniques. |
| **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 | **Current Visit**  **Primary Diagnosis:** Contact with or exposure to viral disease  **COVID-19 Testing**  **Pre-procedural Screening:** A pre-procedural COVID-19 PCR test was performed using a mid turbinate nasal swab specimen collected on 10/11/2021 at 1000 hours (Test ID: 21S-284VI0194).The patient was asymptomatic at the time of testing.The SARS-CoV-2 RNA test resulted as Not Detected on 10/12/2021 at 0032. |
| **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 | **Present Illness**  **Exposure and Onset:** Patient reports exposure to a sick roommate who had been ill for 2.5 weeks.Patient developed symptoms 5 days prior to presentation.  **Symptoms:** Patient experiences tight throat and difficulty breathing upon waking.Additional symptoms include painful swallowing, persistent cough with yellow-green mucus, fatigue, persistent headache, and feeling abnormally cold without fever.Patient reports shortness of breath during physical activity, specifically while running.  **Self-Treatment:** Patient has taken approximately 4 doses each of decongestants and ibuprofen.  **Current Illness**  **Physical Examination:** Patient appears well with no apparent distress.Mild anterior cervical lymphadenopathy noted on self-palpation.Cardiovascular system shows warm and well-perfused intact distal pulses.Breathing is unlabored.Normal mood and affect.Intact reflexes and sensation with normal gait.No skin rashes observed.Complete review of systems, including constitutional, eyes, ENT, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, integumentary, neurological, psychiatric, endocrine, hematologic/lymphatic, and allergic/immunologic systems were all negative.  **Diagnostic Testing Results**  **COVID-19 Testing:** A COVID-19 PCR test was performed on October 18, 2021, at 11:00 using a mid turbinate nasal swab specimen.The test resulted as negative (Not Detected) at 23:10 on October 18, 2021.The patient was asymptomatic at the time of testing, which was conducted for screening purposes.Testing was performed using RT-PCR methodology under FDA Emergency Use Authorization.  **Strep Throat Testing:** A Beta Strep Throat Screen Rapid EIA was collected on October 19, 2021, at 12:45 and resulted at 17:25, showing negative findings.A follow-up PCR test resulted on October 20, 2021, at 11:17 was also negative.An additional strep swab was scheduled for the following day.  **Medical Assessment and Treatment Plan**  **Diagnosis and Management:** Patient was diagnosed with viral upper respiratory tract infection.Flu, strep, and COVID-19 were specifically ruled out as unlikely causes.Treatment plan includes over-the-counter cough and cold medications.Patient was cleared for training as tolerated, contingent upon remaining afebrile and free of body aches.All activities including practice, competition, and strength conditioning were permitted as tolerated.Follow-up was scheduled on an as-needed basis.  **Prescribed Medications:** Levalbuterol (Xopenex HFA) 45 mcg/actuation inhaler was prescribed with instructions for 2 puffs 20-30 minutes before exercising.The treatment was initiated on 1/8/2020 and scheduled for discontinuation on 10/28/2021 upon completion of therapy. |
| **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 | **Reason for Visit**  **Primary Diagnosis:** Contact with or exposure to viral disease  **Medications**  **Active Medications:** Azithromycin (Zithromax Z-Pak) 250mg tablets prescribed with an initial dose of 2 tablets on 10/25/2021, followed by 1 tablet daily for days 2-5, with treatment course ending 10/29/2021.No refills remaining.  **Recently Discontinued Medications:** Levalbuterol (Xopenex HFA) 45 mcg/actuation was prescribed as 2 puffs 20-30 minutes before exercising.The medication was initiated on 1/8/2020 and discontinued on 10/28/2021 after therapy completion.One refill remained at discontinuation.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on October 26, 2021, at 13:00 hours via mid turbinate nasal swab (Specimen ID: 21S-299VI0517) for pre-procedural screening.The patient was asymptomatic at the time of testing.SARS-CoV-2 RNA was not detected in the specimen.The final result was reported on October 26, 2021, at 21:30 hours.  **Testing Methodology:** Testing was performed using FDA Emergency Use Authorization (EUA) RT-PCR methodology in CLIA-certified high complexity laboratories.The test was validated for nasopharyngeal, nasal, and oropharyngeal specimens.Sensitivity and specificity are unknown for other specimen types. |
| **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 | **Clinical Assessment**  **Present Illness:** Patient presents with a two-week history of upper respiratory infection symptoms.Initial symptoms of sinus pressure and headache have gradually resolved.Current symptoms include cough and sore throat without fever.Treatment with DayQuil and ibuprofen has provided partial relief.Azithromycin was initiated on 10/25 with noted improvement.Cough is no longer productive.Both strep and COVID testing were negative.  **Physical Examination:** Head, ears, eyes, nose, and throat examination reveals erythema and swelling of tonsils with mild anterior lymphadenopathy.Lung examination demonstrates nonlabored breathing, clear to auscultation, without wheezing.Cardiovascular assessment shows extremities warm and well-perfused with regular rate and rhythm.Abdominal examination reveals flat, non-tender abdomen without splenomegaly.  **COVID-19 Screening and Management**  **Symptom Assessment:** Patient presented with multiple COVID-19 symptoms beginning 10/11/2021, including fever, chills, cough, shortness of breath, sore throat, muscle aches, fatigue, loss of smell/taste, runny nose/congestion, headache, diarrhea, and nausea.Patient denied known exposure to individuals with suspected or confirmed COVID-19 and had no prior COVID-19 testing outside of Stanford Medicine.The COVID-19 symptom screening score was 12 (range: -1 - 14), resulting in a Positive Screening outcome.  **Contact Tracing Protocol:** Patient is required to notify all close contacts of potential exposure and their need to self-quarantine.Close contacts are defined as: individuals who lived or stayed at the same residence when not following isolation protocols, intimate partners, persons who remained within 6 feet for 10 or more minutes without face covering, or individuals who had direct contact with body fluids or secretions.  **Isolation Requirements:** Patient must remain in isolation until meeting both criteria: 1) At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without fever-reducing medications and improvement of respiratory symptoms, AND 2) At least 10 days have passed since symptom onset.Isolation protocols include: staying in a designated room separate from others, using a separate bathroom when possible, utilizing delivery services for essential needs, avoiding sharing personal items including dishes, utensils, towels, and bedding, increasing cleaning frequency of shared spaces, and only leaving isolation for necessary medical care.Prior notification of COVID-19 status is required when visiting any healthcare facility.  **Medications and Treatment**  **Current Medications:** Azithromycin 250mg was initiated on 10/25/2021 with instructions to take two tablets on day one, followed by one tablet daily for days 2-5.Benzonatate (Tessalon) 100mg capsule is prescribed to be taken as needed for cough.Levalbuterol (Xopenex HFA) 45mcg inhaler was discontinued on 10/28/2021 as therapy was completed.  **Treatment Plan:** The treatment plan includes completing the current course of antibiotics and using Tessalon perles 100mg three times daily as needed for cough.Over-the-counter decongestant and ibuprofen are to be used as needed.Activity is currently restricted from practice and competition, with limited strength and conditioning until symptoms improve and antibiotics are completed.Return to running activities is anticipated for the following week, pending symptom resolution.  **Follow-up Care**  **Scheduled Appointments:** Follow-up visit scheduled with Dr. Michael Fredericson at Arrillaga Sports Medicine Center on October 28, 2021 at 1:45 PM.  **Legal and Public Health Framework**  **Legal Authority:** The San Mateo County Health Officer Order for COVID-19 quarantine is authorized under California Health and Safety Code sections 101040, 101085, 120130, and 120175.Violations of this order constitute a misdemeanor punishable by fine, imprisonment, or both.  **Public Health Justification:** Quarantine measures are implemented to prevent COVID-19 transmission between people in close contact.These measures are designed to protect vulnerable populations and prevent healthcare system overwhelm, particularly given the limited treatment options and absence of vaccine availability at the time of the order.  **Quarantine Criteria and Requirements**  **Close Contact Definition:** Close contacts requiring quarantine include individuals who: resided in or stayed at the same residence as a COVID-19 case not following isolation protocols; were intimate sexual partners of a case; remained within 6 feet of a case for 10 or more minutes while the case was not wearing a face mask; or had direct contact with body fluids or secretions of an infected person.  **Required Preventive Measures:** Quarantined individuals must maintain 6-foot distance from non-household members, wash hands frequently with soap for 20 seconds or use sanitizer, cover coughs and sneezes, avoid social interaction when ill, stay home from work, restrict travel except for medical care, utilize delivery services, avoid sharing personal items, and monitor for symptoms including fever, cough, and breathing difficulties.  **Quarantine Duration:** Non-household contacts must quarantine for 14 days if not diagnosed with COVID-19.Household contacts must maintain quarantine for 14 days after the infected household member's isolation period ends, provided they remain undiagnosed with COVID-19.  **Special Provisions**  **Healthcare Worker Exemptions:** Healthcare workers and first responders who are household members, intimate partners, or caregivers may receive exemption if they inform their employer of close contact status, remain asymptomatic, and are deemed necessary for staffing by their employer.  **Facility Notification Requirements:** Individuals must disclose their quarantine status if they work, volunteer, or frequently visit healthcare facilities, nursing homes, correctional facilities, shelters, group homes, day programs, or dialysis centers. |
| **11-01-2021**  Choo, Hyunwoo J., MD, Fausett, Cameron L., MD  Arrillaga Sports Medicine Center | **Current Medical Condition**  **Primary Diagnosis:** Primary diagnosis: Contact with or exposure to viral disease  **Current Medications**  **Prescribed Medications:** Patient is not currently taking benzonatate (Tessalon) 100 mg capsule.The medication was prescribed for cough on 10/28/2021, with instructions to take 1 capsule (100 mg) by mouth three times daily as needed.The prescription was for 15 capsules and was discontinued on 3/30/2023.No refills remaining. |
| **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 | **Testing Context**  **Reason for Testing:** The patient underwent testing following contact with or exposure to viral disease.Testing was conducted for pre-procedural or pre-treatment screening purposes.The patient was asymptomatic at the time of testing.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on 11/02/2021 at 1300 using a mid turbinate nasal swab specimen.The patient was asymptomatic at the time of testing, which was conducted for pre-procedural screening.SARS-CoV-2 RNA was Not Detected (reported 11/02/2021 at 2038).The test utilized Nucleic Acid Amplification Test (NAAT) methodology, specifically RT-PCR/TMA via Hologic Panther System.The assay was validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens.The test was authorized under FDA Emergency Use Authorization (EUA) for CLIA-certified laboratories performing high complexity tests.  **Visit Details**  **Medications:** Discontinued medication: Benzonatate (Tessalon) 100 mg capsule.Originally prescribed 10/28/2021 with instructions to take 1 capsule (100 mg) by mouth three times daily as needed for cough.Quantity: 15 capsules, no refills.End date: 3/30/2023.Status: Patient not taking. |
| **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 | **COVID-19 Screening**  **Testing Context:** Patient underwent COVID-19 testing for pre-procedural screening purposes.The patient was asymptomatic at the time of testing.Primary diagnosis code Z20.828 was assigned for contact with or exposure to viral disease.  **COVID-19 Testing**  **Test Methodology and Specimen:** RT-PCR testing was performed using a mid turbinate nasal swab specimen (ID: 21S-312VI0212).The test was conducted under FDA Emergency Use Authorization for CLIA-certified laboratories.Testing was performed for pre-procedural or pre-treatment screening, with requirement for completion within 72 hours of the planned procedure.  **Clinical Context:** The test was ordered due to contact with or exposure to viral disease.The patient was asymptomatic at the time of testing.  **Results and Timing:** SARS-CoV-2 RNA was not detected in the specimen.The sample was collected on November 8, 2021 at 1100 hours, with final results reported on November 8, 2021 at 2132 hours.  **Laboratory Results**  **Testing Methodology:** The test utilized Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology.This test was FDA-authorized under Emergency Use Authorization for CLIA-certified laboratories performing high complexity tests.The test is validated for nasopharyngeal, nasal, and oropharyngeal swab specimens.Sensitivity and specificity are unknown for specimen types and collection techniques other than those validated.  **Clinical Information**  **Medications:** Prescribed but not currently taking: Benzonatate (Tessalon) 100 mg capsule.Original prescription date: 10/28/2021.Prescribed dosage: 1 capsule (100 mg) by mouth three times daily as needed for cough.Quantity: 15 capsules, no refills.Discontinued on 3/30/2023. |
| **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 | **Laboratory Results**  **COVID-19 Screening Test:** Varsity athlete pre-procedural COVID screening performed.Patient was asymptomatic at time of testing.Mid turbinate nasal swab collected on 11/15/2021 at 0900.SARS-CoV-2 RNA not detected (resulted 11/15/2021 at 2106).Test performed using Nucleic Acid Amplification Test (NAAT): RT-PCR/TMA via Hologic Panther System.Test validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens.Test required to be completed within 72 hours of procedure/treatment. |
| **11-15-2021**  Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD  Arrillaga Sports Medicine Center | **Laboratory Results**  **COVID-19 Testing:** A mid turbinate nasal swab specimen (ID: 21S-316VI0939) was collected for COVID-19 PCR testing on 11/15/2021 at 0900.The test was performed using nucleic acid amplification test (NAAT): RT-PCR or TMA (Hologic Panther System) and resulted negative for SARS-CoV-2 RNA.Results were available on 11/15/2021 at 2106.The test was conducted for pre-procedural or pre-treatment screening in an asymptomatic patient, with requirements specifying completion within 72 hours of the scheduled procedure.The assay was validated for multiple specimen types including nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens. |
| **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 | **Clinical Visit Details**  **Primary Diagnosis:** Primary diagnosis of contact with or exposure to viral disease.  **Medications:** Benzonatate (Tessalon) 100 mg capsule prescribed on 10/28/2021, to be taken 1 capsule three times daily as needed for cough.Patient reported not taking the medication.Prescription includes 15 capsules with no refills, discontinued as of 3/30/2023.Note: Medication instructions should be verified with physician or after visit summary.  **COVID-19 Testing**  **Test Details:** Varsity Athletes COVID PCR Swab performed via mid turbinate nasal swab.Specimen collected on 11/29/2021 at 0900.Patient was asymptomatic at time of testing.Test conducted as pre-procedural/pre-treatment screening, requiring completion within 72 hours of procedure/treatment.  **Results:** SARS-CoV-2 RNA Not Detected (resulted on 11/29/2021 at 2237).Testing performed using FDA EUA authorized Nucleic Acid Amplification Test (NAAT): RT-PCR/TMA on Hologic Panther System.Test validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens. |
| **11-29-2021**  Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD  Arrillaga Sports Medicine Center | **Laboratory Results**  **COVID-19 PCR Test:** Varsity Athletes COVID PCR Swab test was ordered with an expected turnaround time of approximately 6 hours.A mid turbinate nasal swab specimen (ID: 21S-332VI0729) was collected on 11/29/2021 at 0900 for COVID-19 PCR testing.The patient was asymptomatic and the test was performed for pre-procedural or pre-treatment screening, requiring completion within 72 hours of the planned procedure/treatment date.SARS-CoV-2 RNA was not detected using nucleic acid amplification test (NAAT): RT-PCR or TMA (Hologic Panther System).The test was ordered under diagnostic code Z20.828 (contact with or exposure to viral disease).The assay is FDA-authorized under Emergency Use Authorization and validated by Stanford Health Care Clinical Laboratory for high complexity testing.The test is validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens.The specimen was processed and resulted on 11/29/2021 at 2237. |
| **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 Testing**  **Clinical Context:** The patient underwent asymptomatic COVID-19 screening due to contact with or exposure to viral disease (Z20.828).The testing was conducted for pre-procedural/pre-treatment screening purposes, with a requirement for completion within 72 hours of the planned procedure/treatment date.  **Test Specifications and Results:** A mid-turbinate nasal swab specimen (ID: 21S-336VI0630) was collected on December 2, 2021, at 1300 hours.The test utilized Nucleic Acid Amplification Test (NAAT) methodology, specifically RT-PCR/TMA, performed on the Hologic Panther System.Results reported on December 3, 2021, at 0156 hours indicated that SARS-CoV-2 RNA was Not Detected.  **Test Authorization and Validation:** The assay was FDA-authorized under Emergency Use Authorization (EUA) and performed in a CLIA-certified laboratory for high complexity testing.The test was validated for multiple specimen types including nasopharyngeal (NP), nasal, oropharyngeal (OP) swab, and bronchoalveolar lavage (BAL) specimens.Performance characteristics were determined by Stanford Health Care Clinical Laboratory, though FDA approval was not required for this type of analyte-specific reagent.  **Current Medications**  **Active Medications:** Benzonatate (Tessalon) 100 mg capsule prescribed on 10/28/2021, to be taken 1 capsule three times daily as needed for cough.Quantity: 15 capsules with no refills.Patient reported not taking the medication.Discontinued by Dr. Choo, Hyunwoo June on 3/30/2023. |
| **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 | **Clinical Visit**  **Reason for Visit:** Patient presented for COVID-19 screening following exposure to viral disease, required for pre-procedural clearance.  **Medications:** Benzonatate (Tessalon) 100 mg capsule was prescribed on 10/28/2021 for cough, to be taken 1 capsule by mouth three times daily as needed.Quantity: 15 capsules with no refills.Patient reported not taking the medication.The medication was discontinued by physician on 3/30/2023.  **COVID-19 Testing**  **Test Details and Results:** A SARS-CoV-2 RT-PCR test was performed on December 6, 2021, at 1100 using a mid turbinate nasal swab (specimen ID: 21S-340VI0281).The test was conducted for pre-procedural screening, with results reported on December 6, 2021, at 2308.SARS-CoV-2 RNA was not detected in the specimen.The patient was asymptomatic at the time of testing.The test was required to be completed within 72 hours of the scheduled procedure.  **Testing Methodology:** The test utilized Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology.The testing protocol was validated for nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens under FDA Emergency Use Authorization.Sensitivity and specificity are unknown for other specimen types and collection techniques.  **Laboratory Results**  **Clinical Indication:** Testing was performed due to contact with or exposure to viral disease [Z20.828]. |
| **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 | **Reason for Visit**  **Primary Diagnosis:** Contact with or exposure to viral disease (Z20.828)  **Medications**  **Prior Medications:** Benzonatate (Tessalon) 100 mg capsule was previously prescribed on 10/28/2021 for cough, to be taken 1 capsule three times daily as needed.Documentation indicates patient was not taking the medication.The prescription had an end date of 3/30/2023 with no refills remaining.  **Diagnostic Testing**  **COVID-19 Screening:** A pre-procedural COVID-19 PCR screening test was performed via mid turbinate nasal swab on 1/3/2022.Patient was asymptomatic at the time of testing.The SARS-CoV-2 test resulted as negative (Not Detected) on 1/4/2022. |
| **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 Results**  **COVID-19 PCR Test:** A Varsity Athletes COVID PCR swab test was performed on 1/3/2022 with expected turnaround time of ~6 hours.The specimen (ID: 22S-002VI1547) was collected via mid turbinate nasal swab.The patient was asymptomatic and the test was conducted for pre-procedural or pre-treatment screening, requiring completion within 72 hours of the procedure/treatment.The test resulted as negative for SARS-CoV-2 RNA on 1/4/2022.Clinical indication: Contact with or exposure to viral disease [Z20.828].The test utilized Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology under FDA Emergency Use Authorization for CLIA-certified laboratories performing high complexity tests.Validated specimen types include nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens, with sensitivity and specificity unknown for other specimen types and collection techniques. |
| **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 | **Visit Information**  **Purpose of Visit:** Patient presented for viral exposure screening.Testing was required as a pre-procedural/pre-treatment screening measure, to be completed within 72 hours of the planned procedure/treatment.The screening was not performed due to suspected viral infection but rather as a preventive measure.  **Laboratory Results**  **COVID-19 PCR Testing:** A pre-procedural COVID-19 PCR test was performed using a mid turbinate nasal swab collected on 01/07/2022 at 1300.The patient was asymptomatic at the time of testing.The final result reported on 01/08/2022 at 0832 showed SARS-CoV-2 RNA was Not Detected.Testing was performed using Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA (Hologic Panther System).The test was validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens. |
| **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 | **Current Visit**  **Visit Reason:** Patient presented on January 10, 2022 for pre-procedural COVID-19 screening due to contact with or exposure to viral disease.Screening was required to be completed within 72 hours of scheduled procedure/treatment.  **Current Medications:** Benzonatate (Tessalon) 100 mg capsule prescribed for cough on October 28, 2021.Dosing instructions: one capsule (100 mg) by mouth three times daily as needed.Quantity: 15 capsules with no refills.Patient reported not taking the medication.Discontinued effective March 30, 2023.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed via mid turbinate nasal swab on January 10, 2022 at 1000 hours due to viral disease exposure.The test was conducted for pre-procedural/pre-treatment screening, which required completion within 72 hours of the planned procedure/treatment.The patient was asymptomatic at the time of testing.Results were finalized at 2141 hours showing SARS-CoV-2 RNA Not Detected.The test utilized RT-PCR methodology and was validated for nasopharyngeal, nasal, and oropharyngeal specimens.Testing was conducted under FDA Emergency Use Authorization for high-complexity CLIA laboratories. |
| **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 | **Clinical Findings**  **Primary Diagnosis:** Contact with or exposure to viral disease (ICD-10: Z20.828)  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on January 19, 2022, using a mid turbinate nasal swab collected at 1100 hours.The patient was asymptomatic at the time of testing.The test was conducted using Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA on the Hologic Panther System.Results were reported at 1823 hours as negative (SARS-CoV-2 RNA Not Detected).The test was performed for pre-procedural screening within the required 72-hour window and was ordered due to contact with or exposure to viral disease [Z20.828].  **Test Methodology and Specifications:** Testing validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens.The test must be completed within 72 hours of the procedure/treatment date.The SARS-CoV-2 assay was validated by the clinical laboratory, though not FDA-cleared or approved.Specimen was required to be placed in a green bag for proper processing. |
| **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 Specifications:** A RT-PCR SARS-CoV-2 RNA test was performed under FDA Emergency Use Authorization (specimen ID: 22S-024VI0214).The test utilized Reverse Transcriptase Polymerase Chain Reaction methodology in a CLIA-certified laboratory performing high complexity tests.Validated specimen types include nasopharyngeal, nasal, and oropharyngeal swab specimens.  **Specimen Collection:** A mid turbinate nasal swab was collected at 1000 hours for pre-procedural screening.The test was ordered due to contact with or exposure to viral disease (ICD-10 code Z20.828).The patient was asymptomatic at the time of testing.The screening was required to be completed within 72 hours of the procedure/treatment date.  **Results:** SARS-CoV-2 RNA was Not Detected.The final results were reported at 2221 hours. |
| **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 | **Clinical Visit**  **Visit Purpose:** Patient presented for a sports physical examination at the Arrillaga Sports Medicine Center Clinical Support service.  **Medications:** Prescribed medications (currently not being taken by patient): 1) Cholecalciferol (Vitamin D3) 1,000 units daily (3 refills remaining), 2) Meloxicam (Mobic) 7.5mg daily (1 refill remaining), 3) Prednisone 10mg with tapering schedule: 6 tabs daily days 1-3, 4 tabs daily days 4-6, 2 tabs daily days 7-9, 1 tab daily days 10-12, half tab daily days 13-15, then stop (no refills remaining), 4) Benzonatate (Tessalon) 100mg three times daily as needed for cough (no refills remaining).  **Laboratory Results:** Complete blood count with differential (collected by Rachel Mlakar on 1/26/2022 at 1510) shows: WBC 4.3 K/uL (reference range: 4.0-11.0), RBC 5.21 MIL/uL (reference range: 4.40-5.90), Hemoglobin 14.7 g/dL (reference range: 13.5-17.7), Hematocrit 45.0% (reference range: 40.0-52.0), MCV 86.4 fL (reference range: 82.0-98.0), MCH 28.2 pg (reference range: 27.0-34.0), MCHC 32.7 g/dL (reference range: 32.0-36.0), RDW 12.0% (reference range: 11.5-14.5), Platelet count 229 K/uL (reference range: 150-400).Differential shows: Neutrophils 47.7% (Absolute 2.03 K/uL), Lymphocytes 39.2% (Absolute 1.67 K/uL), Monocytes 7.3% (Absolute 0.31 K/uL), Eosinophils 4.9% (Absolute 0.21 K/uL, flagged high), Basophils 0.7% (Absolute 0.03 K/uL), and Immature Granulocytes 0.2% (Absolute 0.01 K/uL).CBC with Differential was ordered as a reflex to previous CBC.Vitamin D and Ferritin testing were completed with final results. |
| **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 Testing**  **Test Details and Results:** A pre-procedural COVID-19 screening test was performed using a mid turbinate nasal swab specimen collected at 1000 hours on January 31, 2022.The test utilized Nucleic Acid Amplification Test (NAAT) methodology, specifically RT-PCR/TMA with Hologic Panther System.SARS-CoV-2 RNA was Not Detected, with results reported at 1948 hours.The test was FDA-authorized under Emergency Use Authorization and validated for nasopharyngeal, nasal, oropharyngeal swabs and bronchoalveolar lavage specimens.  **Testing Context:** The screening test was ordered due to contact with or exposure to viral disease (Z20.828).This was a screening test for an asymptomatic patient, required to be completed within 72 hours of the planned procedure/treatment, rather than for diagnostic purposes. |
| **02-03-2022**  Kuwabara, Anne M., MD, Walker, Clayton R., MD, Choo, Hyunwoo J., MD, Fausett, Cameron L., MD  Arrillaga Sports Medicine Center | **Medication History**  **Discontinued Medications:** 1.Benzonatate (Tessalon) 100 mg capsule for cough: Prescribed 10/28/2021, to be taken 3 times daily as needed.Quantity: 15 capsules, no refills.Discontinued on 3/30/2023 by Dr. Choo.. .2.Cholecalciferol (Vitamin D3) 1,000 unit capsules: Initial order for once daily dosing was modified on 2/3/2022 (Order #774082195).Second order (Order #774082251) prescribed as Vitamin D3 25 mcg (1,000 unit) capsule for once daily use, with quantity of 100 capsules and 3 refills.Patient reported not taking medication as of 3/30/2023.Order discontinued by Dr. Walker on 2/2/2024.Medication adherence was documented as unknown with low confidence due to incomplete fill data. |
| **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 | **Visit Information**  **Primary Diagnosis:** Contact with or exposure to viral disease  **Current Medications**  **Active Medications:** 1.Benzonatate (Tessalon) 100 mg capsule: Take 1 capsule by mouth three times daily as needed for cough.Prescribed 10/28/2021 through 3/30/2023.Quantity: 15 capsules.No refills remaining.Patient not currently taking.. .2.Cholecalciferol (Vitamin D3) 1,000 units: Take 1 capsule by mouth daily.Prescribed 2/3/2022 through 2/2/2024.Quantity: 100 capsules.Three refills remaining.Patient not currently taking.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on February 7, 2022 at 1000 hours using a mid turbinate nasal swab specimen.The test was ordered due to contact with or exposure to viral disease (ICD-10 code Z20.828).The patient was asymptomatic at the time of testing.The test was conducted for pre-procedural screening and was required to be completed within 72 hours of the planned procedure date.Results reported at 2118 hours showed SARS-CoV-2 RNA Not Detected (negative).  **Test Methodology:** Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology was utilized under FDA Emergency Use Authorization for high-complexity CLIA laboratories.The test is validated for nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens, with unknown sensitivity and specificity for other specimen types and collection techniques. |
| **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 | **Clinical Assessment**  **Visit Details and COVID-19 Status:** Patient presented for pre-procedural/pre-treatment screening following exposure to viral disease.Patient was asymptomatic for COVID-19 during screening and was not classified as a Person Under Investigation (PUI).  **Diagnostic Testing**  **COVID-19 Testing Details:** A mid turbinate nasal swab specimen was collected on 02/14/2022 at 1000 hours.The specimen was analyzed using Nucleic Acid Amplification Test (NAAT) methodology, specifically RT-PCR or TMA (Hologic Panther System).The test is validated for multiple specimen types including nasopharyngeal (NP), nasal, oropharyngeal (OP) swab, and bronchoalveolar lavage (BAL) specimens.The test has received FDA Emergency Use Authorization (EUA) and is approved for high-complexity CLIA-certified laboratory testing.  **COVID-19 Testing**  **Test Context and Collection:** Testing was performed due to contact with or exposure to viral disease (ICD-10 code Z20.828).The patient was asymptomatic for COVID-19 at the time of testing.The screening was conducted as part of pre-procedural protocol requiring completion within 72 hours of the scheduled procedure.A mid-turbinate nasal swab specimen (ID 22S-045V10262) was collected on 2/14/2022 at 10:00.  **Methodology and Results:** SARS-CoV-2 RNA testing was performed using RT-PCR/TMA methodology on the Hologic Panther System.The test was conducted under FDA Emergency Use Authorization (EUA) in a CLIA-certified laboratory for high complexity testing.The assay was validated for nasopharyngeal, nasal, oropharyngeal swab and bronchoalveolar lavage specimens.Results showed SARS-CoV-2 RNA was Not Detected, with final results reported on 02/14/2022 at 22:18.  **Current Medications**  **Active Medications:** 1.Benzonatate (Tessalon) 100 mg capsule: Take 1 capsule by mouth 3 times daily as needed for cough.Started 10/28/2021, end date 3/30/2023.Quantity: 15 capsules.2.Cholecalciferol (Vitamin D3) 1,000 units: Take 1 capsule by mouth daily.Started 2/3/2022, end date 2/2/2024.Quantity: 100 capsules.Three refills remaining. |
| **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 | **Diagnoses**  **Primary Diagnosis:** Contact with or exposure to viral disease (ICD-10: Z20.828)  **Current Medications**  **Active Medications:** 1.Benzonatate (Tessalon) 100 mg capsule - Prescribed for cough, three times daily as needed (10/28/2021-3/30/2023).Patient not taking.No refills remaining.2.Cholecalciferol (Vitamin D3) 1,000 units daily (2/3/2022-2/2/2024).Patient not taking.Three refills remaining.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on February 21, 2022, with specimen collection at 0900 via mid turbinate nasal swab.The test was conducted for pre-procedural screening, requiring completion within 72 hours of the planned procedure/treatment.The patient was asymptomatic at the time of testing.SARS-CoV-2 RNA was not detected, with results reported at 2142.The test utilized RT-PCR methodology and was FDA-authorized under Emergency Use Authorization for CLIA-certified laboratories performing high complexity tests.The test was validated for nasopharyngeal, nasal, and oropharyngeal swab specimens, with sensitivity and specificity unknown for other specimen types. |
| **02-25-2022**  Choo, Hyunwoo J., MD, Fausett, Cameron L., MD, Walker, Clayton R., MD, Kuwabara, Anne M., MD  Arrillaga Sports Medicine Center | **Medications**  **Discontinued Medications:** Patient is not taking either of the following prescribed medications: 1) Benzonatate (Tessalon) 100 mg capsule, prescribed for cough on 10/28/2021 with quantity of 15 capsules, to be taken three times daily as needed.Prescription valid until 3/30/2023 with no refills remaining.2) Cholecalciferol (Vitamin D3) 1,000 units capsule, prescribed on 2/3/2022 with quantity of 100 capsules, to be taken once daily.Prescription valid until 2/2/2024 with 3 refills remaining. |
| **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 | **Current Medications**  **Prescribed Medications:** 1.Benzonatate (Tessalon) 100 mg capsule: Prescribed for cough, to be taken three times daily as needed.Quantity: 15 capsules.Prescribed 10/28/2021 through 3/30/2023.Patient reported not taking this medication.2.Cholecalciferol (Vitamin D3) 1,000 units: Prescribed for daily use.Quantity: 100 capsules.Prescribed 2/3/2022 through 2/2/2024 with 3 refills remaining.Patient reported not taking this medication.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on February 28, 2022, with specimen collection at 1100 via mid turbinate nasal swab and result finalization at 2101.The test result was negative (SARS-CoV-2 RNA Not Detected).The patient was asymptomatic at the time of testing.The test was conducted for pre-procedural screening, with a requirement for completion within 72 hours of the scheduled procedure/treatment.Testing was performed using RT-PCR (Reverse Transcriptase Polymerase Chain Reaction) methodology under FDA Emergency Use Authorization for CLIA-certified high-complexity laboratories.The test is validated for nasopharyngeal, nasal, and oropharyngeal swab specimens. |
| **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 | **Medications**  **Prescribed Medications:** Benzonatate (Tessalon) 100 mg capsule was prescribed for cough, to be taken three times daily as needed from 10/28/2021 through 3/30/2023, with 15 capsules dispensed and no refills remaining.Cholecalciferol (Vitamin D3) 1,000 units was prescribed for daily use from 2/3/2022 through 2/2/2024, with 100 capsules dispensed and 3 refills remaining.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on March 7, 2022 at 1000 hours due to contact with or exposure to viral disease.The patient was asymptomatic at the time of testing.A mid turbinate nasal swab specimen was collected and processed using standard protocols for respiratory specimen collection.The test was conducted using RT-PCR methodology under FDA Emergency Use Authorization.The test was validated for nasopharyngeal, nasal, and oropharyngeal swab specimens, with unknown sensitivity and specificity for other specimen types.Final results were reported at 2227 hours, with SARS-CoV-2 RNA not detected in the specimen. |
| **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 | **Medications**  **Current Medication List:** Benzonatate (Tessalon) 100 mg capsule prescribed three times daily as needed for cough, with a quantity of 15 capsules.Cholecalciferol (Vitamin D3) 1,000 unit capsule prescribed once daily, with a quantity of 100 capsules.  **Laboratory Results**  **COVID-19 PCR Testing:** A COVID-19 PCR test was performed on March 14, 2022, at 1000 hours due to viral disease exposure.The patient was asymptomatic at the time of testing.A mid turbinate nasal swab specimen was collected for pre-procedural/pre-treatment screening, requiring completion within 72 hours of the scheduled procedure.The test utilized Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) methodology.SARS-CoV-2 RNA was not detected in the specimen, with results finalized at 2114 hours on March 14, 2022.  **Test Specifications:** The RT-PCR test was FDA-authorized under Emergency Use Authorization for CLIA-certified laboratories authorized for high complexity testing.The test was validated for nasopharyngeal, nasal, and oropharyngeal swab specimens, with sensitivity and specificity unknown for other specimen types and collection techniques. |
| **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 | **Reason for Visit**  **Primary Diagnosis:** Patient was seen due to contact with or exposure to viral disease.  **Current Medications**  **Prescribed Medications:** The patient has two active prescriptions: 1) Benzonatate (Tessalon) 100 mg capsule prescribed on 10/28/2021, to be taken three times daily as needed for cough through 3/30/2023, with no refills remaining.2) Cholecalciferol (Vitamin D3) 1,000 units prescribed on 2/3/2022, to be taken daily through 2/2/2024, with 3 refills remaining.Patient reports not taking either medication at this time.  **Laboratory Results**  **COVID-19 Testing:** Following reported viral disease exposure and for pre-procedural screening requirements, a COVID-19 PCR test was collected via mid turbinate nasal swab on 3/24/2022 at 1300 hours, with results reported at 2020 hours the same day.The patient was asymptomatic at the time of testing.SARS-CoV-2 RNA was not detected in the specimen.Testing was performed using Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA (Hologic Panther System).The test has been validated for nasopharyngeal (NP), nasal, oropharyngeal (OP) swab and bronchoalveolar lavage (BAL) specimens, with sensitivity and specificity unknown for other specimen types. |
| **03-24-2022**  Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD  Arrillaga Sports Medicine Center | **Laboratory Results**  **Test Context:** Varsity Athletes COVID PCR Swab test was performed for pre-procedural/pre-treatment screening.The patient was asymptomatic at the time of testing.Testing was required to be completed within 72 hours of the planned procedure/treatment date.The test was ordered under diagnosis code Z20.828 (Contact with or exposure to viral disease).  **Specimen Collection and Methodology:** A mid-turbinate nasal swab specimen (ID: 22S-081VI1018) was collected on 03/24/2022 at 1300.Testing was performed using nucleic acid amplification test (NAAT): RT-PCR or TMA (Hologic Panther System).The test methodology has been validated for nasopharyngeal, nasal, oropharyngeal swabs and bronchoalveolar lavage specimens.  **Results:** SARS-CoV-2 RNA was not detected (Final result status).Results were reported on 03/24/2022. |
| **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 | **Visit Details**  **Reason for Visit:** Patient presented for contact with or exposure to viral disease (ICD-10-CM: Z20.828).This documentation represents orders from a focused sports medicine center visit on March 29, 2022.  **Current Medications**  **Prescribed Medications:** Patient has two current prescriptions: 1) benzonatate (Tessalon) 100 mg capsule prescribed for three times daily as needed for cough (10/28/2021-3/30/2023, 15 capsules, no refills remaining) and 2) Cholecalciferol (Vitamin D3) 1,000 units daily (2/3/2022-2/2/2024, 100 capsules, 3 refills remaining).Note: Patient reports not currently taking either medication.  **Laboratory Results**  **COVID-19 Testing:** A COVID-19 PCR test (Nucleic Acid Amplification Test: RT-PCR/TMA using Hologic Panther System) was performed via mid turbinate nasal swab on 3/30/2022 at 0900.The patient was asymptomatic and the test was conducted for pre-procedural screening, with requirements for completion within 72 hours of the planned procedure/treatment date.Results showed SARS-CoV-2 RNA was Not Detected in the final report (resulted 3/30/2022 at 1908). |
| **03-30-2022**  Topper, Galen, Abrams, Geoffrey D., MD, Hock-Hanson, Susan, RN, Kong, Christina S., MD  Arrillaga Sports Medicine Center | **Laboratory Results**  **COVID-19 PCR Testing:** A pre-procedural COVID-19 PCR screening test was performed on an asymptomatic patient using a mid-turbinate nasal swab collected on 03/30/2022 at 0900.SARS-CoV-2 RNA was not detected using nucleic acid amplification testing (RT-PCR/TMA) with the Hologic Panther System, with final results reported on 03/30/2022 at 1908.The test was conducted under FDA Emergency Use Authorization using the Hologic Panther System.Testing protocol required completion within 72 hours of the scheduled procedure. |
| **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 | **Reason for Visit**  **Primary Diagnosis:** Contact with or exposure to viral disease.  **Medications**  **Prescribed Medications:** 1.Benzonatate (Tessalon) 100 mg capsule prescribed for cough, to be taken three times daily as needed.Prescription period: 10/28/2021 - 3/30/2023.Patient reported not taking this medication.. 2.Cholecalciferol (Vitamin D3) 1,000 units daily.Prescription period: 2/3/2022 - 2/2/2024.Patient reported not taking this medication.  **COVID-19 Testing**  **PCR Screening Results:** A mid turbinate nasal swab specimen was collected on 04/04/2022 for COVID-19 PCR screening.SARS-CoV-2 RNA testing was performed using RT-PCR methodology under FDA Emergency Use Authorization for high-complexity testing.The test resulted as Not Detected.The screening was conducted for pre-procedural/pre-treatment purposes, with the patient being asymptomatic at the time of testing. |
| **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 | **Diagnosis**  **Visit Diagnosis:** Upper respiratory tract infection, unspecified type  **Vital Signs**  **Measurements at 1514 on 4/12/2022:** Blood pressure: 112/74 mmHg (mean arterial pressure 87 mmHg), pulse: 61, respiratory rate: 18, temperature: 36.1C (97F), oxygen saturation: 96%.  **Laboratory Studies**  **Influenza Testing:** RT-PCR (Real-Time Reverse Transcriptase PCR) testing performed on a nasopharyngeal swab collected on 4/12/2022 detected Influenza A and did not detect Influenza B. The test result supported the diagnosis of an upper respiratory tract infection.  **Discontinued Medications**  **Recent Medications:** 1.Benzonatate (Tessalon) 100 mg capsule - prescribed for cough, three times daily as needed (10/28/2021 - 3/30/2023).Status: discontinued, patient not taking.2.Cholecalciferol (Vitamin D3) 1,000 units daily (2/3/2022 - 2/2/2024).Status: discontinued, patient not taking, 3 refills remaining. |
| **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, Adrianne, PharmD  Arrillaga Sports Medicine Center | **Present Illness**  **Symptom Timeline:** Initial symptoms began May 8, 2022, with cough and shortness of breath, which subsequently resolved.Sinus symptoms developed between May 10-13, characterized by significant pressure and mucus.After brief improvement, symptoms significantly worsened on May 16-17.Right eye symptoms began on May 17 evening, starting with a grit sensation and progressing to swelling and drainage.By the morning of May 18, the right eye was swollen shut with increased yellow discharge.  **Eye Symptoms:** Patient experiences constant right eye pain rated 4-5/10.Symptoms include blurred vision, difficulty opening and moving the eye, photophobia, and yellow discharge with crusting.Patient denies double vision.There is no history of contact lens use or similar symptoms previously.A pink eye outbreak was reported on the track team approximately two weeks prior.  **Sinus Symptoms:** Patient reports sinus fullness and pressure persisting for 9 days.Current symptoms include mild sore throat, clear to yellow nasal drainage with occasional blood, and pressure between eyebrows.Sports medicine doctor prescribed antibiotics for sinus infection prior to ED referral.  **Clinical Assessment**  **Primary Diagnoses:** Patient was diagnosed with conjunctivitis of right eye (unspecified type) and acute maxillary sinusitis.Clinical concern included possible orbital cellulitis with extension from sinusitis.  **Ophthalmologic Examination**  **Visual Assessment:** Initial visual acuity measurements showed OD 20/100, OS 20/20, OU 20/20.Follow-up assessment demonstrated improvement in right eye visual acuity to OD 20/30, with OS 20/20 and OU 20/20 remaining stable.Pupils were equal, round, and reactive to light.Extraocular movements remained intact.  **Right Eye Findings:** Right eye examination revealed injected conjunctiva with coarse nasal appearance and possible developing pterygium.Chemosis and exudate were present with positive fluorescein uptake.The eyelids were swollen and tender to touch, with the eye essentially swollen shut but manually openable.The anterior chamber was quiet with no evidence of corneal ulcer or foreign body.  **Ocular Pressure and Fundoscopic Findings:** Tonopen measurements showed right eye pressure readings of 17 and 12, while left eye pressure readings were 15 and 16.Funduscopic examination demonstrated red reflex present bilaterally.  **General Physical Examination**  **Vital Signs and Measurements:** Temperature was 37.1C. BMI was calculated at 20.4, classified as normal weight.Patient was not in acute distress.  **System Findings:** Cardiac assessment was within defined limits.Pulmonary examination showed comfortable breathing on room air with ability to speak in complete sentences.Extremities were warm and well-perfused without edema.Skin showed no rashes or jaundice.Nasal examination revealed congestion and rhinorrhea.Patient was alert with reactive affect.  **Diagnostic Imaging**  **CT Head and Orbits:** CT head and orbits without IV contrast was performed, followed by CT orbits and paranasal sinuses with IV contrast.Brain parenchyma showed no acute hemorrhage, normal gray-white matter differentiation, no midline shift, and no extra-axial collection.Ventricles were normal in size and configuration with preserved basal cisterns.The orbits demonstrated nonspecific ill-defined asymmetric soft tissue thickening in the right medial canthus/nasolacrimal sac region without intraorbital fat stranding.Globes, extraocular muscles, and optic nerves appeared normal.There was no evidence of orbital cellulitis.  **Paranasal Sinuses:** Bilateral paranasal sinus disease was noted (right greater than left) with mucosal thickening throughout, most pronounced in the right maxillary sinus and bilateral ethmoid air cells.No air-fluid levels were present.A leftward nasal septal deviation with bony spur was identified.Bilateral retroantral and premaxillary fat was preserved.  **Additional Diagnostic Studies**  **Physical Examination:** Woods lamp examination was performed.  **Medications Administered During Visit**  **Intravenous Medications:** CefTRIAXone 1,000 mg in NS 25 mL was administered IV from 1305-1322, followed by cefTRIAXone 1g in NS 10 mL IV push at 1323-1335.Iopamidol (ISOVUE 370) 60 mL was administered intravenously at 1637-1638 for contrast imaging.  **Ophthalmic Medications:** Proparacaine 0.5% ophthalmic solution was administered to both eyes.Fluorescein strip was used for eye examination.  **Prescribed Medications**  **Oral Antibiotics:** Amoxicillin-clavulanate 875-125 mg tablet was prescribed for skin/soft tissue infection, to be taken twice daily for 14 days.  **Ophthalmic Medications:** Ciprofloxacin HCl 0.3% ophthalmic solution was prescribed with instructions to instill 1 drop to affected eye 4 times daily for 7 days.  **Pain Management:** For pain control, patient may take tylenol 500-1000 mg or ibuprofen 600 mg every 6 hours as needed, alternating every three hours if required.  **Clinical Measurements**  **Vital Signs:** Initial vital signs at 1806 showed: blood pressure 123/65, pulse 62, respiratory rate 16, temperature 37.1C (98.7F), and SpO2 99% on room air.Follow-up measurements at 1151 revealed: blood pressure 138/74, pulse 65, respiratory rate 12, temperature 36.4C (97.5F), and SpO2 98% on room air.Mean arterial pressure ranged from 84 mmHg to 95 mmHg throughout the visit.  **Medication Infusion Calculations:** BSA-based calculations at 1151 determined the following infusion rates: insulin-octreotide at 13.8 mL/hr, glucose at 136 mL/hr, and insulin ranging from 15.3 mL/hr (low) to 81.8 mL/hr (high).  **Clinical Status**  **Emergency Department Assessment:** Patient was assigned ESI Level 3.Fall risk score improved from 0.39 at 1731 to 0.2 at 1330.Systems assessment showed cardiac, respiratory, neurological, psychological, and genitourinary systems all within defined limits.Gastrointestinal assessment was negative.  **Physical and Infection Status:** Skin assessment at 12:23 was within defined limits.Musculoskeletal examination revealed no abnormalities.Sepsis screening was negative for both 6-hour and 24-hour criteria, with no signs of new or worsening infection.All sepsis parameters including temperature, heart rate, respiratory rate, WBC count, and organ function were negative.No positive SIRS criteria were identified.  **COVID-19 and Travel Status**  **COVID-19 Vaccination and Screening:** Patient is fully vaccinated with booster, having received either 1 dose J&J with 2nd dose after 2 months or 2 doses Moderna/Pfizer-BioNTech with 3rd dose after 6 months.No COVID-19 symptoms present and no positive tests in past 90 days.Exposure status in last 14 days is unknown.Patient is not in quarantine or awaiting test results.Surgical mask was provided.  **Travel History:** No travel to monitored countries reported in the last 30 days.  **Medications**  **Current Prescriptions:** Benzonatate (Tessalon) 100 mg capsule prescribed for cough, to be taken three times daily as needed through 3/30/2023, with 15 capsules and no refills remaining.Cholecalciferol (Vitamin D3) 1,000 units prescribed for daily use through 2/2/2024, with 100 capsules and 3 refills remaining.  **Clinical Assessment and Management Plan**  **Current Assessment:** 19-year-old male presents with URI symptoms and suspected bacterial sinusitis, demonstrating a double sickening pattern.Right eye symptoms include significant pain, blurry vision, and photophobia, necessitating urgent ophthalmologic evaluation.COVID-19 test results are pending.  **Treatment Protocol:** Emergency room evaluation required for urgent ophthalmologic assessment.Treatment plan includes COVID testing, potential Augmentin therapy for sinusitis, and recommended use of Neti pot with sterile water for sinusitis symptom management.Follow-up visit to be scheduled after ER evaluation for treatment plan adjustment.  **Activity Restrictions:** Sports participation restricted until meeting all criteria: documented negative COVID test, complete resolution of eye crusting and drainage, resolution of photophobia and eye pain, and medical clearance following follow-up evaluation.  **Comprehensive Care Plan**  **Person-Centered Care Approach:** Family-focused care approach emphasizes trust-building through proactive information sharing and concern addressing.Plan incorporates acknowledgment of emotional responses to hospitalization, utilization of personal coping strategies, and respect for spiritual and cultural preferences.  **Pain and Risk Management:** Regular pain assessment protocol established using consistent pain scale, evaluating treatment efficacy and patient response while considering preexisting chronic pain impact.Comprehensive fall risk assessment implemented with regular reassessment during status changes, including environmental modifications and scheduled rounding for position changes.  **Preventive Care Measures:** Regular skin screening implemented for pressure and moisture-associated damage, including pressure redistribution, protection of bony prominences, and scheduled repositioning.VTE prevention protocol includes early ambulation, compression therapy as indicated, and leg exercises during bed-bound periods.Infection prevention focuses on maintaining skin and mucous membrane integrity, optimizing fluid balance, nutrition, and glycemic control, with monitoring of invasive devices.  **Transition Planning:** Transition plan encompasses support resource identification, treatment barrier assessment, self-management skill development, emotional readiness monitoring, and establishment of outpatient and community-based service linkages.  **Treatment Instructions**  **Pain Management:** Take tylenol 500-1000 mg or ibuprofen 600 mg every 6 hours as needed.Do not take Tylenol (acetaminophen) concurrently with combination narcotic medications containing Tylenol (such as norco, lortab, vicodin, or percocet).Maximum daily Tylenol intake should not exceed 4 grams to prevent liver damage.May alternate Tylenol and ibuprofen every three hours for maximum pain control.Take ibuprofen with food.  **Sinusitis Management:** Use warm, moist air from steamy shower or humidifier.Perform saline nasal washes.Apply hot, wet towel or warm gel pack to face 3-4 times daily for 5-10 minutes each time.May use decongestant nasal spray like oxymetazoline for up to 3 days only.  **Conjunctivitis Care:** Wash hands frequently before and after treating eyes.Use moist cotton or clean wet cloth to remove crust, wiping from inside to outside of eye.Apply cold or warm compresses if eye hurts.Avoid contact lenses and eye makeup until condition resolves.When applying eye medication, tilt head back, pull lower eyelid down with finger, apply medication inside lower lid, and close eye for 30-60 seconds.Do not touch the ointment or dropper tip to eyelashes or any other surface to prevent contamination.Do not share towels, pillows, or washcloths while condition persists.  **Follow-up Instructions:** Follow up with primary care physician within 2-3 days via telephone or video visit to discuss ED visit, symptoms, and need for further testing.Return to ED immediately for temperature >100.5, worsening difficulty breathing, new chest pain, passing out, blurry vision, or other acute concerns.Take antibiotics as prescribed.  **Treatment Plan**  **Pain Management:** Patient may take tylenol 500-1000 mg or ibuprofen 600 mg every 6 hours as needed for pain control.These medications can be alternated every three hours to maximize pain control.Ibuprofen should be taken with food.Total daily acetaminophen intake should not exceed 4 grams.Acetaminophen should not be taken with other medications containing tylenol such as norco, lortab, vicodin, or percocet.  **Follow-up Instructions:** Follow up with primary care physician in 2-3 days for symptom evaluation.The follow-up visit can be conducted via telephone or video.The visit should include discussion of ED visit, symptoms, and whether any further testing or treatment is needed.  **Return Precautions:** Return to emergency department immediately for: temperature greater than 100.5F, worsening breathing difficulty, chest pain, passing out, blurry vision, eye pain (not just irritation), vision changes, increased eye discharge, pinkeye lasting longer than 7 days, or if condition worsens after 48 hours of antibiotics. |
| **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 | **Current Illness**  **Presenting Complaint:** Presents with right low back and sacral pain following a hamstring strain three weeks ago while playing football.Pain developed during subsequent running attempt, causing him to stop.Though able to complete a 6-mile run the next day, pain has been intermittent during practice, particularly worse with downhill running.Pain is located over the right SI joint with notable stiffness in lower right paraspinal area, affecting mechanics and worsening with hip and back extension.Has tried heat therapy, dry needling, and cupping without taking NSAIDs.Reports 7-pound weight loss during 3 weeks in Europe while maintaining a well-balanced diet.  **Physical Examination:** General: No acute distress.Pulmonary: Nonlabored breathing.Cardiovascular: Within normal parameters.Lumbar spine: Full lumbar extension provokes pain over right SIJ and paraspinal area.Normal lumbar flexion, sidebending and rotation.Single leg hyperextension causes lower back pain (right>left).Tenderness over right PSIS and right L4/5 paraspinal area.Hip examination shows no pain with passive flexion, internal rotation, and external rotation.Normal strength (5/5) in gluteus medius bilaterally tested in sidelying.SI joint testing reveals positive Gilet's test, with negative Patrick's, distraction, Gaenslen's, and compression tests.Gait is non-antalgic with ability to perform 10 single leg heel raises bilaterally without difficulty.  **Diagnostic Studies**  **Imaging Findings:** Lumbar spine X-rays show normal alignment with no acute fracture.MRI pelvis reveals mild symmetric bilateral sacroiliac joint sclerosis and irregularity exceeding age-appropriate findings, possibly reflecting developmental variation or chronic sacroiliitis sequelae.No active inflammatory changes.Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26).Mild facet arthropathy with fluid in the facets and L5-S1 disc desiccation noted.No displaced fracture or suspicious marrow edema in the pelvis.  **Treatment Plan**  **Activity Restrictions and Recommendations:** Patient is on limited practice status with no competition permitted.Activities are allowed as tolerated with specific restrictions including no impact activities, no spine loading, and maintaining neutral spine position.Training continues with swimming pool activities and aqua jogging.  **Diagnostic Imaging and Medical Management:** MRI of lumbar spine has been ordered to evaluate L5 pars defect and SI joint, with specifications for T1 and T2 weighted fat-suppressed images and thin cuts through the L5 pars.Treatment includes NSAIDs and ice as needed for symptom management.  **Clinical Screening**  **COVID-19 Assessment:** On 9/16/2022, patient denied fever, chills, cough, shortness of breath, sore throat, muscle aches, fatigue, loss of smell/taste, runny nose/congestion, headache, diarrhea, nausea, and vomiting.No known COVID-19 exposure in past 7 days.No positive COVID-19 test in past 10 days.Overall screening was negative. |
| **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 | **Pre-Procedure Instructions**  **Fasting Requirements:** Patient must fast (no food or drink) for 4 hours prior to imaging examination.A small amount of water is permitted for taking daily medications. |
| **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 | **Current Medications**  **Active Medications:** Benzonatate (Tessalon) 100 mg capsule three times daily as needed for cough, prescribed until 3/30/2023 (15 capsules, no refills remaining).Patient reported not taking.Cholecalciferol (Vitamin D3) 1,000 units daily, prescribed until 2/2/2024 (100 capsules, 3 refills remaining).Patient reported not taking.  **Laboratory Results**  **Ferritin Level:** Ferritin level (final result) collected on 10/04/2022 at 1019 was 76.3 ng/mL (reference range 30-400 ng/mL).Note: Clinical consideration regarding potential biotin interference from multivitamins, hair/nail supplements, and workout supplements was documented.If patient is taking biotin supplements, retesting after 12-hour discontinuation is recommended.  **Vitamin D Level:** 25-OH Vitamin D total level (final result) collected on 10/04/2022 at 1019 was 55 ng/mL (reference range 25-80 ng/mL), indicating normal vitamin D status. |
| **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 | **Imaging Results**  **Clinical Indication:** Stanford cross country athlete presented with acute right low back pain and stiffness, with concern for L5 pars fracture versus sacroiliitis.MRI pelvis without IV contrast was performed on 9/29/2022 for evaluation of right pelvic region and thigh pain.Comparison was made with a radiograph of the lumbar spine from 9/16/2022.  **MRI Findings - Pelvis:** Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.No significant joint effusion was observed.The sacroiliac joints showed mild symmetric, bilateral sclerosis and irregularity, more pronounced than expected for patient age.The pubic symphysis demonstrated mildly prominent sclerosis, bony edema, and irregularity.Bilateral hip joints were preserved.No displaced fracture or suspicious marrow edema was found in the pelvis.  **MRI Findings - Spine and Soft Tissue:** Mild facet arthropathy in the lumbar spine with fluid in the facets, and mild disc desiccation and height loss at L5-S1.Soft tissues showed no significant abnormality.Visualized portions of the sciatic nerves appeared normal.  **Radiological Impression:** 1.Mild symmetric bilateral sacroiliac joint sclerosis and irregularity, exceeding expectations for patient age, possibly representing developmental variation or chronic sacroiliitis sequela.No active inflammatory changes present.2.Pubic symphysis findings consistent with athletic pubalgia, a condition commonly seen in athletes with groin pain and pelvic stress.3.No acute fracture identified in the visualized lower lumbar spine and pelvis. |
| **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 | **Initial Presentation**  **Chief Complaint and Clinical Presentation:** Patient presented with acute alcohol intoxication and altered mental status.Patient was found unresponsive with alcohol containers present and smell of alcohol on breath.According to the patient's twin brother, the patient had consumed margaritas.Primary symptoms included altered level of consciousness, dry heaving, and ethanol overdose.The patient was initially discovered in the dormitory, where emergency services were contacted.  **Emergency Response:** Emergency medical services responded with Code 3 ALS ambulance transport.EMS arrived on scene at 00:27:47, following initial symptom onset at 00:21:02.The patient was subsequently transported to the Emergency Department.  **Initial Clinical Presentation**  **Mental Status and Neurological Assessment:** Patient was found unresponsive in bed with altered mental status, with multiple empty alcohol bottles present at scene.Initial Glasgow Coma Scale score was 7 (Eye:1 - no eye movement, Verbal:1 - no verbal/vocal response, Motor:5 - localizing pain).Patient was stuporous and unresponsive during initial assessment, though later became lethargic but oriented to person, place, and time, improving to GCS 15 and Alert and Oriented level 4.Patient was intoxicated but arousable with no gross motor deficits.  **Vital Signs:** Initial vital signs showed blood pressure 130/60 mmHg, heart rate 90.Blood glucose was 107.Respiratory rate and oxygen saturation were monitored.Patient screened negative for COVID-like symptoms, with no cough, fever, sore throat, or shortness of breath.  **Physical Examination:** Patient appeared well-developed, not in acute distress.Head was normocephalic and atraumatic.Pupils were equal and reactive to light, with normal conjunctivae.External ears were normal.No tracheal deviation was noted.Cardiovascular examination revealed normal heart sounds and rhythm.Respiratory assessment showed normal pulmonary effort and breath sounds without stridor.Abdomen was soft without distension or tenderness.Musculoskeletal examination demonstrated full range of motion in all extremities.Skin was warm without pallor or rash.Injuries included a left lower abdominal abrasion, left forearm abrasion, and pelvis abrasion.  **Vital Signs**  **Oxygen Saturation:** Oxygen saturation remained stable: 98% at 00:30, 96% at 00:41, 95% at 02:00 and 04:50, and 96% on room air at 09:06.Saturation was maintained above 96% throughout assessment.  **Clinical Assessment**  **Neurological Status:** Glasgow Coma Scale assessment revealed: eye opening to pain, incomprehensible speech, and localizes pain, with a total score of 9.Pupils are 4mm bilaterally with brisk and reactive response.Patient exhibits spontaneous movement of all extremities while sleeping.Orientation assessment could not be completed.  **Fall Risk Assessment:** Patient classified as high fall risk with a score of 9, attributed to confusion, intoxication, and impaired gait.Safety measures implemented include placement in high-visibility room with open curtain, yellow identification socks and armband, fall door signage, Hill-Rom alert activation, and telesitter criteria evaluation.  **Diagnosis:** Patient was diagnosed with alcoholic intoxication without complications.Physical examination revealed a left abdominal abrasion of unrelated etiology.No signs of head trauma were identified.  **Emergency Department Course**  **Clinical Timeline:** Initial evaluation was conducted at 01:05.At 02:00, patient was sleeping with stable vital signs.At 04:20, patient woke up and attempted to get up from stretcher, requiring security assistance for redirection.Patient experienced bowel incontinence and was subsequently cleaned and changed into hospital scrubs.At 08:08, patient was observed sleeping in gurney without respiratory distress.  **Medical Interventions:** Two IV lines were established: an 18-gauge in the left hand at 01:08 and a 20-gauge in the right antecubital at 01:23.10ml of normal saline was administered through the left hand IV.Oxygen therapy was initiated via nasal cannula at 1 LPM, though patient repeatedly removed the cannula.A nasopharyngeal airway was placed but was subsequently removed by patient.Patient experienced retching without emesis.IV fluids and vitamins were administered to address alcohol effects and restore fluid balance.  **Assessment and Plan**  **Medications:** Current medications: 1) Benzonatate 100mg capsules PRN for cough (patient not taking, no refills remaining, discontinue date 3/30/2023) 2) Cholecalciferol (Vitamin D3) 1,000 units daily (patient not taking, 3 refills remaining, discontinue date 2/2/2024).  **Discharge Status**  **Clinical Status at Discharge:** Patient demonstrated stable vital signs, ability to tolerate oral intake including water and crackers, and maintained steady gait with intact balance.Patient denied suicidal/homicidal ideation and alcohol/drug use.Patient was discharged ambulatory at 09:12, accompanied by a family member for transport.  **Patient Instructions**  **Care Guidelines:** Patient instructed to maintain adequate hydration over the next few days and take all prescribed medications as directed.Patient advised against drinking and driving.Recommendations include considering counseling and support groups such as Alcoholics Anonymous for alcohol cessation support.  **Warning Signs:** Patient instructed to seek immediate medical attention for: respiratory distress, mental status changes including confusion or hallucinations, suicidal thoughts, seizures, hematemesis, persistent vomiting, signs of dehydration (including dry mouth/eyes, minimal urination, increased thirst), or worsening alcohol withdrawal symptoms such as trembling, anxiety, or irregular heartbeat. |
| **10-04-2022**  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  Arrillaga Sports Medicine Center | **Primary Diagnosis**  **Current Condition:** Sacroiliitis (CMS-HCC) [M46.1], with concern for ankylosing spondylitis.  **Current Medications**  **Active Medications:** Benzonatate (Tessalon) 100 mg capsule three times daily as needed for cough (patient not taking, discontinued on 3/30/2023, no refills remaining).Cholecalciferol (Vitamin D3) 1,000 units daily (patient not taking, discontinued on 2/2/2024, 3 refills remaining).  **Laboratory Results**  **Laboratory Studies for Sacroiliitis Evaluation:** The following laboratory tests were performed to evaluate Sacroiliitis (CMS-HCC):. .Sedimentation Rate (ESR): 2 mm/hr (reference range: 0-15 mm/hr).Collected 10/06/22, resulted 10/06/22 (SHC LAB - HOSPITAL LABORATORY).. .C-Reactive Protein: <0.3 mg/dL (reference range: <0.5 mg/dL).Collected 10/06/22, resulted 10/06/22 (SHC LAB - HOSPITAL LABORATORY).. .Anti-Nuclear Antibody: Negative by ELISA with titer <1:80.Collected 10/06/22, resulted 10/07/22 (HILLVIEW LABORATORY).  **Blood Test Results:** Ferritin level was 76.3 ng/mL (reference range: 30-400 ng/mL).25-OH Vitamin D Total level was 55 ng/mL (reference range: 25-80 ng/mL).Both values were within normal reference ranges.  **Testing Considerations:** Biotin, commonly found in multivitamins, hair/nail supplements, and workout supplements, may interfere with ferritin test results.If ferritin results are inconsistent with clinical observations in patients taking biotin-containing supplements, repeat testing should be performed after 12 hours of supplement discontinuation.  **Referrals**  **Specialty Consultation:** Routine referral made by Dr. Fredericson to Immunology/Rheumatology department (300 Pasteur Drive, A175, Stanford CA 94305) for consultation, testing, and treatment of bilateral sacroiliitis with concern for ankylosing spondylitis.Patient to return to PCP when stable. |
| **10-05-2022**  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  Arrillaga Sports Medicine Center | **Diagnosis**  **Primary Diagnosis:** Sacroiliitis (CMS-HCC) [ICD-10: M46.1]  **Laboratory Studies**  **HLA Testing:** HLA-B typing performed on 10/06/2022 revealed alleles B7, B18, and Bw6.The patient tested negative for HLA-B27, indicating lower risk for spondyloarthropathies including ankylosing spondylitis, reactive arthritis, and juvenile arthritis.Testing was conducted using SSO, NGS, or Real-time PCR methods.  **Inflammatory Markers:** C-Reactive Protein was <0.3 mg/dL (Reference range: <0.5 mg/dL).Erythrocyte Sedimentation Rate (ESR) was 2 mm/hr (Reference range: 0-15 mm/hr).Both inflammatory markers were within normal limits.  **Autoimmune Screening:** Anti-nuclear antibody (ANA) screening performed by ELISA method was negative with titer <1:80.  **Medications**  **Active Medications:** Cholecalciferol (Vitamin D3) 1,000 units prescribed for daily use, with 100 capsules dispensed.Prescription valid from 2/3/2022 to 2/2/2024 with three refills remaining.Patient is not currently taking the medication.  **Discontinued Medications:** Benzonatate (Tessalon) 100 mg capsules prescribed for cough, to be taken three times daily as needed.Fifteen capsules were dispensed.Prescription period was from 10/28/2021 to 3/30/2023 with no refills remaining.Patient is not taking the medication. |
| **10-21-2022**  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 | **Current Condition**  **Chief Complaint:** Patient presented for physical therapy with primary diagnosis of sacroiliitis.Clinical assessment indicates right low back pain consistent with facet syndrome.  **Injury History:** Injury occurred during football activity while sprinting, feeling something in right low back/glute.Initially ran 6 miles the next day without notable pain.Significant pain developed two days post-football when attempting a pickup run.After 4 days of rest, resumed running for 4-5 days with minimal pain, but experienced significant pain with downhill running.Currently running 20-25 minutes daily for 5 days with pain levels 3-4/10, worsening by end of run.  **Current Symptoms:** Initially experiences pulling sensation in right low back/pelvis that progresses to stiffness and sensation of back locking up with continued running.Pain worsens with hill running and back extension.  **Physical Examination**  **Functional Assessment:** Standing posture is neutral.Normal walking gait, double leg squat, single leg squat, and single leg hop without complaints.Lumbar flexion to mid-shin with hamstring stiffness.Normal extension range with 3/10 right low back pain on return.Normal sidebend and rotation bilaterally.Quadrant testing reveals 3/10 right low back pain in right quadrant.SIJ tests show moderate hypomobility left versus right on inflare/outflare testing and moderate stiffness left versus right on thigh thrust.Trendelenberg test negative, March test showed minimal hypomobility bilaterally.  **Running Analysis:** Running assessment revealed: (1) self-selected speed of 9.0, (2) cadence of 176 steps/minute, (3) midfoot strike pattern bilaterally, (4) moderate excessive vertical displacement, (5) mild Trendelenberg in right stance phase, and (6) minimal to moderate limb internal rotation during push-off bilaterally.  **Treatment**  **Medications:** Prescribed medications include benzonatate 100mg capsule (until 3/30/2023) and Vitamin D3 1,000 units daily (until 2/2/2024), though patient is currently not taking either medication.  **Physical Therapy Plan:** Initial treatment session duration: 60 minutes.Treatment education provided by athletic trainer focused on decreasing vertical displacement during runs and avoiding hills until level ground running is consistently pain-free.Plan includes working with athletic trainer for low back soft tissue mobility, core stability training with performance coach, and running form adaptation.Patient to return to PT for further assessment and care if improvements are not achieved through current treatment plan. |
| **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 | **Present Illness**  **Onset and Initial Presentation:** Patient initially experienced a hamstring strain while playing football in August 2022.The day following the injury, he developed significant low back stiffness and pain during running that forced him to stop.Despite being able to complete a 6-mile run the subsequent day, he has experienced persistent right lower back pain since the initial incident.  **Pain Characteristics and Activity Modifications:** The right lower back pain typically manifests after running 3-4 miles and resolves within days without radiation.Patient experiences post-run stiffness but denies morning stiffness.Running activity has been modified from previous 65-70 miles per week to a pattern of 2 days running followed by 1 day of rest.Patient reports no pain during swimming or biking activities.  **Treatment History:** Patient has attempted conservative treatments including dry needling, cupping, and heat application, experiencing mild relief.No prior treatment with NSAIDs has been attempted.  **Current Illness**  **Review of Systems:** Negative for fever, fatigue, weight changes, visual disturbance, shortness of breath, cough, chest pain, diarrhea, GERD, abdominal pain, constipation, dysuria, frequency, kidney disease, headaches, generalized or focal weakness, seizures, known DVT, diabetes, thyroid disease, rash, psoriasis, and diagnosed psychiatric disorders.  **Physical Examination**  **Vital Signs:** Blood pressure 123/71 mmHg (left arm, sitting), pulse 62, temperature 36.2C, respiratory rate 16.Height 1.702m, weight 59.9kg, with BMI 20.67.  **General Appearance:** Patient is well-developed and active.Mucous membranes are moist with clear oropharynx.  **HEENT:** Conjunctivae and extraocular movements are normal.  **Cardiovascular:** Normal cardiac examination with normal rate and rhythm, no murmurs detected.  **Respiratory:** Clear breath sounds throughout.  **Abdominal:** Abdomen is soft and nontender.  **Musculoskeletal:** Normal muscle strength throughout.Normal range of motion in all joints except for mild pain in right sacroiliac joint area with lumbar extension.Schober test is normal.Straight leg raise test is negative.FABER test is negative.No fibromyalgia tender points identified.  **Skin and Extremities:** No psoriasis rash present.No edema noted.  **Diagnostic Studies**  **Laboratory Findings:** Inflammatory markers were within normal limits with ESR 2 mm/hr (reference: 0-15) and CRP <0.3 mg/dL. HLA testing was negative for HLA-B27, HLA-A29, and HLA-B51.Vitamin D level was 55 ng/mL (reference: 25-80).Ferritin was 76.3 ng/mL (reference: 30-400).ANA testing was negative.Complete blood count and comprehensive metabolic panel were largely normal except for elevated phosphorus at 5.4 mg/dL.  **Imaging Studies:** MRI of the pelvis demonstrated mild symmetric bilateral sacroiliac joint sclerosis and irregularity that exceeded age expectations, without active inflammatory changes or focal bony edema.The pubic symphysis showed mildly prominent sclerosis, bony edema, and irregularity.Hip joints were preserved.Lumbar spine findings included mild facet arthropathy with fluid in facets, and mild disc desiccation and height loss at L5-S1.No acute fractures were identified.  **Assessment**  **Back Pain Assessment:** Patient presents with chronic right lower back pain since August 2022.Imaging demonstrates chronic sacroiliitis, with right side more affected than left SI joints.The findings may reflect developmental variation versus sequela of chronic sacroiliitis.The presentation is atypical for inflammatory back pain, with notable absence of morning pain and prolonged morning stiffness.Differential diagnosis includes mechanical pain from running versus early ankylosing spondylitis.  **Treatment Plan**  **Medications and Follow-up:** Meloxicam 7.5 mg daily with food prescribed for 1 month, with potential increase to 15 mg daily if needed.Patient counseled about possible side effects of Meloxicam.Patient received education about spondyloarthritis/ankylosing spondylitis.Follow-up scheduled in 6 weeks to assess NSAID response and review test results. |
| **11-04-2022**  Nitichaikulvatana, Prachaya, MD  Blake Wilbur Clinics | **Diagnostic Results**  **Genetic Testing:** HLA B27 genetic testing returned negative results.  **Treatment Plan**  **Pain Management:** Prescribed Meloxicam for pain management, starting at 7.5 mg daily.If pain persists after 2 weeks of treatment, dosage may be increased to 15 mg daily. |
| **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 | **Clinical Presentation**  **Initial Evaluation:** Patient presented with a right ankle inversion injury with tenderness throughout the affected area.  **Diagnostic Imaging**  **Right Ankle X-ray:** Three views of the right ankle were obtained.The evaluation was partially limited by overlying artifacts.No acute displaced fracture or aggressive osseous lesion was identified.No malalignment or evidence of arthropathy was present.Mild nonspecific soft tissue swelling was noted.  **Medications**  **Current Prescriptions:** Meloxicam (Mobic) 7.5 mg tablet was prescribed for daily use starting 11/3/2022 until 11/3/2023, with 1 refill remaining.The patient is currently not taking the medication.  **Discontinued Medications:** Benzonatate (Tessalon) 100 mg capsule was prescribed for three times daily use as needed for cough, with 15 capsules dispensed, and was discontinued on 3/30/2023.Cholecalciferol (Vitamin D3) 1,000 units was prescribed for daily use with 100 capsules dispensed, and was discontinued on 2/2/2024. |
| **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 | **Current Illness**  **Present Illness:** Patient was seen for follow-up visit 6 weeks after initial rheumatology clinic evaluation.Chronic right lower back pain began in August 2022 after a football-related hamstring injury.Initial attempt at running led to significant back stiffness and pain halfway through the run.The following day, completed a 6-mile run without issues but developed persistent right lower back pain, typically occurring after running 3-4 miles.Previous treatments included exercise, dry needling, and cupping with some relief.Recent right ankle sprain prevented running for 6 weeks, during which back pain resolved.Has recently resumed running on zero gravity treadmill without back pain recurrence.  **Review of Systems:** No fever, no shortness of breath or cough, no chest pain, no diarrhea or abdominal pain, normal urination, no numbness or weakness, and no rash or psoriasis.Denies morning stiffness, joint swelling, or rash.  **Physical Examination:** Well-developed, active patient.Cardiovascular: Normal rate and regular rhythm, no murmur or rub.Normal breath sounds.No psoriasis rash.No edema.Musculoskeletal examination shows normal ROM without pain, tenderness, or swelling in all joints.Back examination reveals mild pain in right SI joint area with lumbar extension.Normal Schober test and negative SLRT.No fibromyalgia tender points.  **Diagnostic Studies:** MRI (9/29/2022) shows mild symmetric bilateral sacroiliac joint sclerosis and irregularity without active inflammation.Mildly prominent sclerosis, bony edema, and irregularity of pubic symphysis (3/26), possibly indicating athletic pubalgia.Mild facet arthropathy and L5-S1 disc desiccation noted.Labs show elevated cholesterol (199 H mg/dL), phosphorus (5.4 H mg/dL), glucose (103 H mg/dL), and eosinophil absolute (0.43 H K/uL).Normal inflammatory markers with ESR 2 mm/hr, CRP <0.3 mg/dL. HLA B27 negative.  **Treatment Plan**  **Prescribed Medications:** Currently prescribed but not being taken: benzonatate 100mg three times daily PRN for cough (until 3/30/2023), Vitamin D3 1,000 units daily (until 2/2/2024), and meloxicam 7.5mg daily PRN for pain (until 11/3/2023).  **Assessment and Plan:** Assessment indicates mechanical pain related to running rather than inflammatory sacroiliitis, supported by negative HLA B27 and lack of morning stiffness.DMARD treatment is being held as back pain is less likely from ankylosing spondylitis at this time.Plan includes clinical follow-up for back pain, use of meloxicam 7.5mg PRN for pain, possible SI joint injection if needed, and continued follow-up with sports medicine. |
| **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 | **Clinical Presentation**  **Chief Complaint:** Patient presents with unspecified cough persisting for 3 weeks with associated chest pain.  **History of Present Illness:** Initial symptoms began 3 weeks prior with swollen lymph nodes, mucus/sinus congestion, and fatigue.Patient participated in Cardinal Classic competition two weeks ago, performing adequately in first race but poorly in second race due to worsening cough and chest discomfort.Patient subsequently developed fever and chills, necessitating one week off from training.Upon resuming running, patient experienced breathing difficulty after 3 miles with a 5-minute coughing spell and lung irritation.The primary limitation is lung inflammation rather than cough, which is affecting athletic performance.Patient expressed concern about training and competition participation for the season.  **Review of Systems:** All systems reviewed with pertinent positives as noted in the history of present illness.  **Physical Examination**  **Vital Signs:** Blood pressure 127/76 mmHg with mean arterial pressure 93 mmHg, pulse 75, temperature 36.8C (98.2F), and SpO2 96%.Measurements obtained from left arm while seated.Pain score 0/10.  **General Appearance:** Well-appearing patient without apparent distress.  **System Review:** Eyes with anicteric sclerae and grossly intact vision.Cardiovascular examination reveals warm and well-perfused extremities with regular rhythm and no murmurs.Respiratory assessment shows unlabored breathing with clear lung fields on auscultation.Neurological examination demonstrates normal movement and gait.Psychological evaluation reveals appropriate mood and affect.Skin examination shows no rashes on exposed areas.Abdominal examination reveals soft, nontender abdomen without distention or guarding.  **Diagnostic Studies**  **Chest Radiography:** Two-view chest radiograph demonstrated unremarkable cardiomediastinal silhouette, clear lung parenchyma, no effusion, and unremarkable bony structures.Final impression indicated no acute cardiopulmonary disease.  **Clinical Findings**  **Assessment:** Differential diagnosis includes postviral cough, atypical pneumonia, and viral pneumonia.COVID test negative.Given athletic urgency, treating empirically for walking pneumonia.  **Medication Management**  **Current Active Medications:** Benzonatate (Tessalon) 100mg capsule is prescribed at 1 capsule three times daily as needed for cough until 03/14/2024.Azithromycin (Z-Pak) 250mg is prescribed with a loading dose of 2 tablets on day 1, followed by 1 tablet daily for 4 days, ending 04/05/2023.  **Medication Changes:** Three medications have been discontinued: Cholecalciferol (Vitamin D3) 1,000 units daily, Meloxicam 7.5mg daily, and Prednisone 10mg with its tapering schedule.The tapering schedule for Prednisone had been: 6 tablets daily for days 1-3, 4 tablets daily for days 4-6, 2 tablets daily for days 7-9, 1 tablet daily for days 10-12, and half tablet daily for days 13-15, followed by discontinuation.  **Prescription Details:** Benzonatate prescription includes 15 capsules.Azithromycin prescription includes 6 tablets.Neither medication has refills available.Benzonatate is scheduled to be discontinued as of 03/14/2024, while the Azithromycin prescription expired on 04/05/2023.  **Treatment Plan**  **Activity Guidelines:** May participate in practice, competition, and strength/conditioning as tolerated, with emphasis on adequate rest before returning to sport.Monitor symptoms during activity progression. |
| **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 | **Clinical Visit**  **Reason for Visit:** Follow-up visit at Sports Medicine Center for primary complaint of malaise and fatigue (ICD-10-CM: R53.81, R53.83).  **Prescribed Medications:** The following medications have been prescribed but are currently not being taken by the patient: 1) Cholecalciferol (Vitamin D3) 1,000 units daily prescribed by Dr. Kuwabara with 3 refills remaining, to be discontinued on 2/2/2024; 2) Prednisone 10mg tablet prescribed by Dr. Kuo with tapering schedule: Days 1-3: 6 tablets daily; Days 4-6: 4 tablets daily; Days 7-9: 2 tablets daily; Days 10-12: 1 tablet daily; Days 13-15: half tablet daily, then stop, to be discontinued on 3/14/2024; 3) Benzonatate (Tessalon) 100mg capsule prescribed by Dr. Choo, three times daily as needed for cough, to be discontinued on 3/14/2024.  **Laboratory Studies:** In evaluation of the patient's malaise and fatigue, an Infectious Mono Screen (ID: 23S-332UR0389) was ordered by Dr. Kuo.Blood sample was collected via venipuncture at 1519 on 11/28/2023.Results reported at 1957 were negative, within normal reference range.  **Clinical Assessment:** Pain Assessment: Patient reported no pain (pain level 0/10).Fall Risk Assessment: No falls reported within the past 30 days. |
| **12-04-2023**  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  Arrillaga Sports Medicine Center | **Clinical Assessment**  **Vital Signs:** Temperature was 36.3C (97.4F) taken orally.Blood pressure measured 134/60 mmHg in left arm while sitting, with a mean arterial pressure of 85 mmHg.Pulse was 65 and oxygen saturation was 98%.Patient denied falls in the last 30 days and reported no current pain.  **Physical Examination:** Patient presented with enlarged but nonerythematous tonsils without exudate.Anterior cervical lymphadenopathy was present without posterior involvement.Lungs were clear to auscultation bilaterally.Neurological examination was grossly intact.Abdomen was soft and nontender.Skin appearance was normal.Patient demonstrated appropriate affect with intact thought and speech.  **Post-Infection Fatigue Syndrome**  **Current Presentation:** Patient presents with ongoing fatigue following an illness four weeks ago.Initial symptoms included fevers, chills, malaise, sore throat, lymph node enlargement in front and back of neck, and productive morning cough.After a one-week break from training, patient resumed running but experiences significant fatigue, malaise, and persistent sore throat.Patient reports performing below regular level and requiring two days of rest after running.  **Diagnostic Testing:** Monospot test was negative.COVID-19 screening performed on 12/4/2023 was negative.Testing was initiated after a teammate tested positive for mononucleosis.  **Laboratory Results**  **Infectious Disease Testing:** Epstein-Barr virus (EBV) panel results indicate past infection with positive VCA IgG and EBNA IgG, and negative VCA IgM and EA IgG. Testing was performed using PCR/nucleic acid amplification.Throat strep screen PCR testing was negative for both Group A Streptococcus and Groups C/G Streptococcus.  **Complete Blood Count:** WBC count is 5.7 K/uL (reference range: 4.0-11.0).RBC count is 5.51 MIL/uL (reference range: 4.40-5.90).Hemoglobin level is 15.6 g/dL (reference range: 13.5-17.7).Hematocrit is 45.7% (reference range: 40.0-52.0).Platelet count is 214 K/uL (reference range: 150-400).Differential shows neutrophils 54.1%, lymphocytes 31.7%, monocytes 6.5%, eosinophils 6.4%, and basophils 1.1%.  **Metabolic Panel and Renal Function:** Electrolytes show sodium 142 mmol/L (reference range: 135-145), potassium 4.7 mmol/L (reference range: 3.5-5.5), chloride 105 mmol/L (reference range: 98-107), and CO2 27 mmol/L (reference range: 22-29).Glucose is 83 mg/dL (reference range: 70-140).BUN is 15 mg/dL (reference range: 6-20).Creatinine is 0.76 mg/dL (reference range: 0.67-1.17).Calcium is 10.0 mg/dL (reference range: 8.4-10.5).eGFR is 131 mL/min/1.73m2 (reference range: >60), consistent with normal renal function.  **Protein Studies and Liver Function:** Total protein is 7.3 g/dL (reference range: 6.0-8.3).Albumin is 4.9 g/dL (reference range: 3.5-5.2).Liver function tests show AST 25 U/L (reference range: 10-50), ALT 17 U/L (reference range: 10-50), and alkaline phosphatase 73 U/L (reference range: 40-130).  **Endocrine Studies:** Thyroid function tests showed TSH 2.28 uIU/mL (reference 0.27-4.20), T3 Total 134 ng/dL (reference 80-200), and T3 Free 4.0 pg/mL (reference 2.0-4.4).Testosterone level was 549 ng/dL (reference 250-1,000).Vitamin D, 25-Hydroxy measured 29 ng/mL (reference 25-80).  **Iron Studies:** Ferritin level was 112 ng/mL (reference 30-400).  **Clinical Procedures**  **Diagnostic Tests:** Laboratory blood draw and strep throat swab were collected during the visit.  **Medications**  **Current Medication List:** Cholecalciferol (Vitamin D3) 1,000 units daily with 3 refills remaining, scheduled for discontinuation on 2/2/2024.Prednisone 10mg prescribed with tapering schedule: 6 tablets daily for days 1-3, 4 tablets daily for days 4-6, 2 tablets daily for days 7-9, 1 tablet daily for days 10-12, half tablet daily for days 13-15, then discontinue.Benzonatate (Tessalon) 100mg capsule prescribed three times daily as needed for cough, no refills remaining.  **Assessment and Plan**  **Clinical Assessment:** Patient's history and symptoms are most consistent with post-viral fatigue.The differential diagnosis includes viral mononucleosis versus strep throat, with noted concern that the patient did not complete the typically recommended three-week rest period for mono.  **Treatment Plan:** Patient is restricted from training and lifting activities.Laboratory studies ordered include CBC with diff, Epstein-Barr virus AB panel, ferritin, metabolic panel, Vitamin D, TSH w/ Reflex FT4, T3 tests, and testosterone.Antibiotic treatment will be initiated if strep screen returns positive.Follow-up is scheduled to discuss laboratory results. |
| **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 | **Present Illness**  **Current Status:** Patient presents for follow-up of fatigue and unspecified cough, reporting condition is unchanged or slightly deteriorated since previous visit this week.  **Illness History and Symptoms:** Initial symptoms began four weeks before 12/4/23 visit, including fevers, chills, malaise, sore throat, and cervical lymphadenopathy (anterior and posterior).Patient developed a productive morning cough.After a one-week break from training, patient attempted to resume running but experiences significant post-exertional fatigue lasting 2 days and persistent sore throat.Athletic performance is notably below baseline.Patient maintains 8-12 hours of daily sleep.Despite exposure to a teammate who tested positive for mononucleosis, patient's Monospot test was negative.  **Negative Findings:** Patient denies chest pain, shortness of breath, dizziness, lightheadedness, diarrhea, gastrointestinal upset, nausea, and vomiting.  **Current Illness**  **Physical Examination:** Vital signs (measured with patient sitting, left arm): Temperature 36.4C, BP 120/80, Pulse 55, SpO2 99%.HEENT exam shows enlarged but nonerythematous tonsils without exudate, anterior cervical lymphadenopathy (R>L), no posterior lymphadenopathy, and no sinus tenderness.Lungs clear bilaterally.Neurological exam grossly intact.Skin appearance normal.Mental status shows appropriate affect with intact thought and speech.  **Diagnostic Studies**  **Chest X-ray Findings:** The chest X-ray demonstrates a normal cardiomediastinal silhouette with clear lung parenchyma.No pleural or significant bony abnormalities are identified.There is no radiographic evidence of pneumonia or other acute pathology.  **Laboratory Results:** Laboratory studies reveal vitamin D deficiency.Mono test and strep screen are negative.Transaminases are within normal limits.Complete blood count and LEA labs demonstrate values within normal ranges.  **Medication History**  **Discontinued Medications:** Cholecalciferol (Vitamin D3) 1,000 units daily was prescribed from 2/3/2022 to 2/2/2024, with patient reporting non-compliance on 3/30/2023.Prednisone 10mg with tapering dose (6 tablets daily for days 1-3, 4 tablets daily for days 4-6, 2 tablets daily for days 7-9, 1 tablet daily for days 10-12, half tablet daily for days 13-15) was prescribed from 1/25/2023 to 3/14/2024, with patient reporting non-compliance on 7/27/2023.Benzonatate 100mg three times daily as needed for cough was prescribed from 3/30/2023 to 3/14/2024, with patient reporting non-compliance on 12/7/2023.Ergocalciferol (Vitamin D2) 50,000 units weekly was prescribed from 12/7/2023 to 3/14/2024, with patient reporting non-compliance on 12/14/2023.  **Treatment Plan**  **Assessment and Plan:** Symptoms are most consistent with post-viral fatigue.Normal chest X-ray rules out atypical pneumonia.Patient is restricted from training and lifting activities.Continued rest is recommended for another week.A follow-up evaluation is scheduled in one week. |
| **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 | **Present Illness**  **Initial Symptoms:** Patient initially presented on 12/4/23 with one week history of fevers, chills, malaise, sore throat, cervical lymphadenopathy (anterior and posterior), and productive morning cough.A Monospot test was negative despite exposure to a teammate who tested positive for mononucleosis.  **Current Status and Progression:** At approximately 6 weeks from initial illness, patient reports persistent significant fatigue affecting daily activities.Athletic performance is notably impaired, with ability to run limited to below regular performance level.Patient experiences significant fatigue and dyspnea after 1/2 mile of running, requiring 2 days of recovery.Overall improvement is estimated at 60-70% of baseline.Patient denies current fevers, chills, sore throat, abdominal pain, nausea, vomiting, diarrhea, chest pain, shortness of breath, palpitations, syncope, near-syncope, dizziness, or lightheadedness.  **Current Illness**  **Physical Examination:** Vital signs: BP 127/80 (left arm, sitting), pulse 65, temperature 36.2C (97.1F), SpO2 98%.Patient resting comfortably.Conjunctiva clear.Tonsils enlarged but nonerythematous without exudate.Anterior cervical lymphadenopathy present R>L, no posterior lymphadenopathy.Lungs clear bilaterally.Heart: regular rate and rhythm.Bowel sounds present.Neurologically intact.Skin appearance normal.Appropriate affect with intact thought and speech.  **Cardiac Evaluation**  **Diagnostic Testing:** High-sensitivity Troponin I measured 4 ng/L, falling within the indeterminate range for males 18 years (reference range: 4-34 ng/L).Electrocardiogram demonstrated sinus bradycardia, consistent with previous findings from 2021.  **Medication History**  **Discontinued Medications:** The following medications were discontinued on March 14, 2024: Benzonatate 100mg TID PRN for cough, Ergocalciferol 50,000 units weekly, and Prednisone taper.Vitamin D3 1,000 units daily was discontinued on February 2, 2024.  **Prior Active Medications:** Benzonatate (Tessalon) 100 mg capsule was prescribed to be taken 1 capsule by mouth three times daily as needed for cough.Ergocalciferol (Vitamin D2) 50,000 units capsule was prescribed to be taken 1 capsule by mouth every 7 days.Vitamin D3 1,000 unit capsules were prescribed to be taken 1 capsule by mouth daily.Prednisone 10 mg tablet was prescribed as a tapering dose: 6 tablets daily (days 1-3), 4 tablets daily (days 4-6), 2 tablets daily (days 7-9), 1 tablet daily (days 10-12), half tablet daily (days 13-15), then discontinue.  **Activity and Exercise Guidelines**  **Exercise Recommendations:** Light resistance stationary bike exercise is permitted within energy tolerance limits.Limited jogging up to 1/2 mile is allowed as tolerated, contingent upon negative troponin results.Patient is advised to maintain gentle activity levels and avoid pushing beyond current abilities or to the point of fatigue.  **Treatment and Follow-up Plan**  **Referrals:** An urgent referral has been initiated to the Chronic Fatigue Clinic for evaluation of chronic fatigue syndrome and strategies for return to sport.A referral has also been made to Infectious Disease specialists for chronic fatigue syndrome evaluation and management of persistent fatigue.  **Follow-up Planning:** Follow-up appointment will be scheduled after laboratory results are available.Further management will be coordinated with Infectious Disease pending negative troponin results. |
| **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 | **Clinical Assessment**  **Present Illness:** Patient presents with right ankle sprain and pain specifically over the fifth metatarsal region, requiring evaluation for possible fracture.  **Diagnostic Imaging**  **Right Ankle X-Ray Findings:** A 3-view right ankle X-ray revealed a 3mm ossific density projecting at the dorsal aspect of the talus head without appreciable adjacent soft tissue swelling.The ankle mortise appears symmetric.The findings suggest late subacute to chronic sequela of a subtle avulsion injury at the dorsal aspect of the talus head.No acute radiographic abnormality was identified.  **Technical Limitations:** The ankle radiographs do not provide optimal evaluation of the fifth metatarsal bone.  **Recommendations:** A dedicated 3-view radiographic series of the foot is recommended for better evaluation of the fifth metatarsal bone.  **Diagnostic Studies**  **Previous Studies:** Prior right ankle imaging from November 14, 2022 was referenced for comparison.  **Medication History**  **Recently Discontinued Medications:** The following medications were discontinued: Cholecalciferol (Vitamin D3) 1,000 units daily was discontinued on 2/2/2024.PredniSONE 10mg tapering dose, benzonatate 100mg three times daily as needed for cough, and ergocalciferol (Vitamin D2) 50,000 units weekly were all discontinued on 3/14/2024.The patient is not currently taking any medications. |
| **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 | **Clinical Presentation**  **Chief Complaint:** Patient presents with right ankle pain and fifth metatarsal pain following an ankle sprain.  **Medications**  **Prescribed Medications:** The following medications have been prescribed: Cholecalciferol (Vitamin D3) 1,000 units daily until 2/2/2024 with 3 refills remaining.Prednisone 10mg with tapering schedule (6 tablets daily for days 1-3, 4 tablets daily for days 4-6, 2 tablets daily for days 7-9, 1 tablet daily for days 10-12, half tablet daily for days 13-15) until 3/14/2024 with no refills.Benzonatate 100mg three times daily as needed for cough until 3/14/2024 with no refills.Ergocalciferol (Vitamin D2) 50,000 units weekly until 3/14/2024 with no refills.Patient is currently not taking any of these prescribed medications.  **Diagnostic Imaging**  **Imaging Details:** Three views of the right foot were obtained as an expedited study.The imaging was performed on January 9, 2024, in response to acute right ankle pain.Comparison was made with a previous ankle examination from January 8, 2024.  **Radiographic Examination:** Three-view X-ray examination of the right foot was performed with comparison to previous ankle examination.Sequela of avulsion fracture at the dorsal aspect of the talar head is noted on lateral view, appearing unchanged from the previous examination.The fifth metatarsal is intact without acute displaced fracture or traumatic malalignment.Low-grade chronic appearing deformities of the toes are present.Joint spaces are preserved.No obvious radiographic etiology was identified for the fifth metatarsal pain. |
| **01-11-2024**  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  Arrillaga Sports Medicine Center | **Clinical Presentation**  **Chief Complaint and History:** Patient presents with right foot pain following an ankle inversion injury sustained while running in late December 2023.The pain developed hours after the initial injury, with the patient continuing to run.Pain is characterized as dull, rated 7/10 at maximum intensity, and localized to the 5th metatarsal.Symptoms are exacerbated by running, barefoot walking, and prolonged standing.Patient reports 50% improvement but continues to run despite ongoing symptoms.  **Physical Examination:** Vital signs are stable with blood pressure 126/63, pulse 59, and oxygen saturation 97%.Right foot examination reveals mild tenderness over the anterior talofibular ligament (ATLF) and base of 5th metatarsal.No tenderness is elicited over the medial malleolus, navicular, lateral malleolus, Achilles tendon, or tarsal bones.Metatarsal and calcaneal squeeze tests are negative.Anterior drawer and talar tilt tests are negative.Muscle strength is 5/5 throughout, though pain is noted with resisted eversion.Sensation remains intact.  **Current Illness**  **Assessment:** Peroneal tendon injury suspected based on pain with resisted ankle eversion.Initial X-rays negative for obvious etiology of fifth metatarsal pain.  **Diagnostic Imaging Findings**  **Bones and Cartilage:** The dorsal talar head demonstrates cortical irregularity with a small bony avulsion injury and mild bone marrow edema.Chondral fissuring and delamination are present along the superomedial tibial plafond anteriorly adjacent to the notch of Harty, with associated fraying of the adjacent medial talar dome.The remaining articular cartilage appears intact.  **Ligaments:** A moderate grade sprain of the dorsal talonavicular ligament is identified.The following ligaments are intact: anterior and posterior tibiofibular ligaments, anterior talofibular ligament, calcaneofibular ligament, posterior talofibular ligament, deltoid ligament, spring ligament, dorsal calcaneocuboid ligament, and bifurcate ligament.  **Tendons:** The peroneus brevis tendon shows mildly increased signal with attenuation and irregularity of inframalleolar fibers, particularly near the fifth metatarsal base insertion.The peroneus longus demonstrates mild tendinopathy with peritendinous edema adjacent to the cuboid.The superior peroneal retinaculum is intact.All flexor and extensor tendons are intact.The Achilles tendon is minimal without retrocalcaneal bursal fluid.  **Other Structures:** The plantar fascia demonstrates normal thickness and signal intensity without discrete tear.The sinus tarsi shows normal fat signal.No joint effusion is present.  **Chopart Joint and Talar Findings:** MRI demonstrates sequelae of prior Chopart injury with minimally displaced avulsion of the dorsal talar head.There is associated moderate dorsal talonavicular ligament sprain.The anterior and posterior tibiofibular ligaments, anterior talofibular, calcaneofibular, and posterior talofibular ligaments are intact.  **Peroneal Tendon Pathology:** The peroneus brevis insertion shows mild tendinopathy with peritendinitis.The peroneus longus demonstrates inframalleolar tendinopathy with peritendinitis edema adjacent to the cuboid.Mild peroneal tenosynovitis is present.  **Articular Surface Findings:** Chondral fissuring and delamination are present along the superomedial tibial plafond.The medial talar dome shows chondral fraying.No joint effusion is identified.  **Treatment Plan**  **Activity Modifications:** Cross-training recommended until MRI results are available.  **Medications:** Current prescribed medications with discontinuation schedule: Benzonatate 100mg capsule three times daily as needed for cough (discontinue by 3/14/2024), Ergocalciferol (Vitamin D2) 50,000 units weekly (discontinue by 3/14/2024), Prednisone 10mg with tapering schedule (6 tablets daily days 1-3, 4 tablets daily days 4-6, 2 tablets daily days 7-9, 1 tablet daily days 10-12, half tablet daily days 13-15, discontinue by 3/14/2024), Vitamin D3 1,000 units daily (discontinue by 2/2/2024).Patient currently not taking prescribed medications.  **Follow-up Care:** Physical therapy referral initiated for evaluation and treatment of right ankle sprain.Follow-up appointment scheduled with Sports Medicine for continued care. |
| **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 | **Current Injury Assessment**  **Injury Details:** Right foot pain following trail running in Santa Barbara during the end of Winter Break 2023 with an inversion ankle moment.Pain characterized as stabbing from dorsal foot through to plantar foot at 5th metatarsal.Initial pain level was 6/10, improving to 5/10 with Advil.Pain worsens with standing and walking, especially barefoot.X-rays on January 8-9 were clear, with MRI pending as of January 11 due to suspicion of bony injury.  **Physical Examination:** Examination reveals normal arch position with slight right foot turnout.Functional testing showed asymmetrical movement patterns including increased right foot turnout during double leg squats, normal single leg squats to 90 degrees without foot pain, and normal weight-bearing during single leg calf raises.Length testing revealed popliteal angles of -40 degrees left and -30 degrees right, with mild hypomobility of rectus femoris bilaterally and minimal gastrocnemius hypomobility.Strength testing shows 5/5 in most movements with 4+/5 in ankle inversion and eversion bilaterally.Passive accessory motion testing revealed minimal hypomobility of talar AP glide in dorsiflexion bilaterally, min/mod hypomobility of calcaneal eversion bilaterally, and right minimal hypomobility of cuboid dorsal glide compared to left.Moderate tenderness noted at right proximal 5th metatarsal, peroneus brevis tendon, and cuboid/5th metatarsal joint.Biomechanical assessment shows moderate forefoot varus bilaterally with neutral hindfoot.  **Treatment Plan:** Treatment includes shock wave therapy (5 minutes, 2-2.5 bars at plantar right foot over cuboid/5th metatarsal area, 11Hz, 1000 pulses), manual therapy (20 minutes) including right ankle dorsiflexion stretching (3x20sec), soft tissue mobilization to plantar foot structures, dorsal cuboid glide (IV++, 5x15sec), and leukotape application for dorsal glide support.Plan includes running progression to 30 minutes without pain within 2 weeks.Interventions will focus on therapeutic exercise, manual therapy, heat/cold treatment, and home exercise education.Assessment suggests peroneal tendon strain vs cuboid/5th metatarsal joint sprain, requiring physical therapy for lateral foot stability improvement and strengthening. |
| **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 | **Medications**  **Discontinued Medications:** All medications have been discontinued/patient not taking: Cholecalciferol (Vitamin D3) 1,000 units daily (discontinued 2/2/2024), Prednisone 10mg with tapering dose (discontinued 3/14/2024), Benzonatate 100mg three times daily as needed for cough (discontinued 3/14/2024), and Ergocalciferol (Vitamin D2) 50,000 units weekly (discontinued 3/14/2024).  **Physical Therapy Evaluation**  **Visit Context:** Patient presented for physical therapy reassessment of right foot pain following an inversion injury during a run.  **Physical Examination:** Palpation reveals minimal to moderate tenderness over right foot at proximal 5th metatarsal, peroneal tendon at 5th metatarsal, and metatarsal/cuboid joint.Bilateral minimal to moderate hypomobility noted in ankle dorsiflexion.These findings are most consistent with peroneal tendon strain versus cuboid/5th metatarsal joint sprain.  **Functional Testing:** No significant pain with standing or walking.Single leg squat shows no complaints bilaterally.Single leg calf raise and hop testing reveal mild discomfort in lateral right midfoot, with left side asymptomatic.  **Treatment Goals:** Improve lateral foot stability and develop program of strengthening and proprioception to limit recurrence.  **Manual Therapy Provided:** 25 minutes of manual therapy including soft tissue mobilization of right foot (dorsal and plantar surfaces, lateral ankle ligaments, peroneal tendons/muscles, foot intrinsics), prone wholefoot dorsiflexion, first toe/plantar fascia stretching, cuboid dorsal glide, and foot plantarflexion with dorsal glides.  **Exercise Progression Plan:** Progressive anti-gravity treadmill protocol: January 16 - 20 minutes at 65-75% body weight; January 18 - 20-30 minutes at 75-80% body weight; January 20 - 30 minutes at 80-90% body weight; January 22-24 - Ground running 30 minutes; January 25 - Anti-gravity treadmill 30 minutes at 80% body weight.  **Assessment Outcomes:** Improved cuboid mobility noted on right side.No significant pain reported with activities of daily living.Cleared to begin anti-gravity treadmill progression. |
| **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 | **Current Medications**  **Prescribed Medications (Not Currently Taking):** The following medications have been prescribed but patient is not currently taking: Cholecalciferol (Vitamin D3) 1,000 units daily until 2/2/2024; Prednisone 10mg with tapering dose (6 tabs daily days 1-3, 4 tabs daily days 4-6, 2 tabs daily days 7-9, 1 tab daily days 10-12, half tab daily days 13-15) until 3/14/2024; Benzonatate 100mg three times daily as needed for cough until 3/14/2024; Ergocalciferol (Vitamin D2) 50,000 units weekly until 3/14/2024.  **Physical Therapy Evaluation**  **Initial Assessment:** Patient sustained a right foot injury during an inversion moment while running.Initial testing on AlterG treadmill at 90% body weight demonstrated pain-free movement, successfully progressing to full weight-bearing ground running for 4 miles without pain during or after activity.  **Objective Findings:** Functional testing revealed: no complaints with single leg squat; mild discomfort in lateral right midfoot during calf raises and single leg hop exercises, with left side asymptomatic.Palpation elicited 3/10 pain at proximal end of fifth metatarsal and 4/10 pain at metatarsal-cuboid joint.Examination revealed minimal to moderate hypomobility in bilateral ankle dorsiflexion.  **Treatment:** Manual therapy (20 minutes): Soft tissue mobilization to dorsal and plantar right foot, lateral ankle ligaments, peroneal tendons/muscles, and lateral midfoot joints.Specific techniques included prone wholefoot dorsiflexion (4x20 seconds), first toe/plantar fascia stretch (2x20 seconds), cuboid dorsal glide (4x15 seconds), and plantarflexion with dorsal glides.Therapeutic exercise (15 minutes): Single leg windmill balance exercise (3x5 repetitions per leg) and calf raises (3 sets of 10 repetitions with 10-second holds at half range using 10 lb dumbbell).  **Clinical Assessment and Plan:** Based on mechanism of injury (inversion during running) and examination findings, clinical presentation is consistent with either peroneal tendon strain or cuboid/fifth metatarsal joint sprain.Patient maintains functional activities of daily living without significant pain.Cleared to continue ground running with restrictions against hills and speed work.Patient to continue prescribed exercises and return next week for reassessment and potential exercise progression. |
| **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 | **Prescribed Medications**  **Current Prescriptions (Not Being Taken):** Patient is currently not taking any of the following prescribed medications: Cholecalciferol (Vitamin D3) 1000 units daily (prescribed through 2/2/2024); Prednisone 10mg with tapering dose schedule (prescribed through 3/14/2024); Benzonatate 100mg three times daily as needed for cough (prescribed through 3/14/2024); Ergocalciferol (Vitamin D2) 50,000 units weekly (prescribed through 3/14/2024).  **Physical Therapy Evaluation**  **Visit Context:** Follow-up physical therapy visit on 1/23/2024 for right foot pain following an inversion injury during running.Patient currently able to run on ground and AlterG (anti-gravity treadmill) without foot pain and reports no pain with activities of daily living.  **Functional Assessment:** Patient completed functional testing including single leg squat x2, calf raise x2, and hop x2 without complaints.Minimal hypomobility noted in bilateral ankle dorsiflexion.  **Physical Examination:** Palpation reveals 3/10 pain at the proximal end of the 5th metatarsal and 2/10 pain at the metatarsocuboid joint.Assessment indicates symptoms consistent with peroneal tendon strain versus cuboid/5th metatarsal joint sprain.Tender to palpation but no significant pain with activities of daily living.  **Treatment Plan:** Twenty-minute treatment session included therapeutic exercise with home program review.Exercises focused on single leg balance/windmill movements emphasizing foot position, and calf raises with slow movement and isometric hold using 10-15 lb dumbbell.Program to continue 2-3x/week as part of weight room program.Ankle theraband exercise discontinued.Treatment aims to improve lateral foot stability and develop proprioception to limit recurrence.Patient cleared to progress back to ground running as tolerated, with instructions to avoid hills and speed work for two weeks.Will continue working with athletic trainer weekly with physical therapy follow-up as needed. |
| **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 | **Clinical Assessment**  **Laboratory Findings:** Laboratory tests as of 2/2/2024 revealed low vitamin D levels, with other results reported as looking good according to the treating physician.  **Treatment Plan:** Patient instructed to pick up vitamin D supplement from the sports medicine clinic when back in stock later in the month.  **Medications**  **Active Medications:** Vitamin D3 5,000 unit tablets: Prescribed for 100 tablets with no refills, to be taken once daily on weekdays (none on weekends) from 2/2/2024 to 9/6/2024.Authorized by Dr. Walker.Order was later discontinued by Dr. Anderson with reason listed as 'Reorder'.Medication adherence status noted as 'Unknown' with 'Low Confidence' in fill data completeness.  **Discontinued Medications:** The following medications were discontinued effective 3/14/2024, with notation that patient was not taking them: 1) Prednisone 10mg (authorized by Dr. Kuo): Tapering schedule of 6 tablets daily days 1-3, 4 tablets daily days 4-6, 2 tablets daily days 7-9, 1 tablet daily days 10-12, half tablet daily days 13-15.Started 1/25/2023.2) Benzonatate 100mg (authorized by Dr. Choo): Three times daily as needed for cough.Started 3/30/2023.3) Ergocalciferol (Vitamin D2) 50,000 units (authorized by Dr. Dykowski): Weekly dosing.Started 12/7/2023. |
| **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 | **Current Assessment**  **Present Illness:** Over the past 1.5 weeks, patient reports significant fatigue and decreased performance with difficulty maintaining workouts.He experiences difficulty maintaining feeling as eating prior to workouts makes him feel ill, while also experiencing significant hunger post-workout.Sleep patterns are disrupted, averaging 5-6 hours on weekdays with attempted recovery sleep of 8-9 hours on weekends.Reports difficulty falling asleep but notes no changes in morning erections or overall sex drive.  **Physical Examination:** Patient appears tired but is in no acute distress.Speech is clear and fluent with appropriate conversation.  **Laboratory Findings:** Fasting laboratory results show: Ferritin 80.4 ng/mL (30-400), TSH 2.64 uIU/mL (0.27-4.20), Free T4 1.12 ng/dL (0.93-1.70), T3 3.5 pg/mL (2.0-4.4), Total T3 120 ng/dL (80-200), Vitamin D 40 ng/mL (25-80), and Testosterone 834 ng/dL (250-1,000).Note: Results may be affected by biotin supplementation.  **Treatment Plan**  **Medications:** Vitamin D3 5,000 units daily on weekdays (none on weekends), initially prescribed 2/2/2024, discontinued and reordered with end date 9/6/2024.  **Ordered Studies:** Comprehensive metabolic panel, CBC with differential, thyroid studies (TSH, Free T4, Free T3, Total T3), Vitamin D 25-Hydroxyvitamin, Testosterone, and Ferritin levels ordered.Tests to be performed fasting for accurate results.  **Consultations:** Referrals placed for sleep medicine evaluation to address impaired sleep affecting athletic performance.Sports psychology consultation recommended for management of performance impact.Nutrition consultation pending lab review results. |
| **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 | **Current Medications**  **Vitamin D Supplementation:** Vitamin D3 5,000 units tablet prescribed to be taken daily on weekdays (none on weekends).Started on 2/2/2024 with 100 tablets, no refills remaining.Discontinued by Dr. Anderson on 9/6/2024 with reason listed as 'Reorder'.  **Laboratory Results**  **Specimen Collection:** All laboratory specimens were collected via venipuncture on 3/19/2024 at 1236.All results are final.  **Iron Studies:** Ferritin: 80.4 ng/mL (reference range: 30-400 ng/mL), within normal limits.Note: Biotin may interfere with results if patient is taking supplements.  **Thyroid Function Panel:** All values within normal ranges: TSH: 2.64 uIU/mL (0.27-4.20), Free T4: 1.12 ng/dL (0.93-1.70), Total T3: 120 ng/dL (80-200), Free T3: 3.5 pg/mL (2.0-4.4).Note: Results may be affected by biotin supplementation.  **Complete Blood Count:** WBC: 4.0 K/uL (4.0-11.0), RBC: 5.49 MIL/uL (4.40-5.90), Hemoglobin: 15.4 g/dL (13.5-17.7), Hematocrit: 46.5% (40.0-52.0), Platelets: 245 K/uL (150-400).Differential: Neutrophils: 47.2%, Lymphocytes: 40.1%, Monocytes: 7.6%, Eosinophils: 4.3%, Basophils: 0.8%.All values within normal ranges.  **Comprehensive Metabolic Panel:** Electrolytes: Sodium: 138 mmol/L (135-145), Potassium: 5.1 mmol/L (3.5-5.5), Chloride: 100 mmol/L (98-107), CO2: 27 mmol/L (22-29).Renal Function: BUN: 16 mg/dL (6-20), Creatinine: 0.86 mg/dL (0.67-1.17), eGFR: 126 mL/min/1.73m2 (>60), consistent with normal renal function.Fasting Glucose: 89 mg/dL (70-100).Proteins: Total Protein: 7.6 g/dL (6.0-8.3), Albumin: 4.7 g/dL (3.5-5.2).Liver Function: Total Bilirubin: 0.6 mg/dL (<1.2), Alkaline Phosphatase: 77 U/L (40-130), AST: 31 U/L (10-50), ALT: 22 U/L (10-50).All values within normal ranges. |
| **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 | **Current Visit**  **Chief Complaint:** Follow-up visit for persistent malaise and fatigue, one week after initial evaluation on 3/14/2024.  **Recent Clinical Course:** Initial evaluation on 3/14/2024 for fatigue lasting several weeks, affecting athletic performance.Laboratory studies were ordered and returned unremarkable.  **History of Present Illness:** Patient reports ongoing fatigue with disrupted sleep patterns.Sleep onset is delayed 1-2 hours after going to bed.Current sleep schedule is 1-2 AM to 10 AM.Patient experiences persistent grogginess throughout the day.Sleep environment includes a cold, dark room shared with a roommate.Pre-sleep routine involves extended time looking at phone while in bed.Previously attempted melatonin 5-10 mg but discontinued due to excessive grogginess.Avoids all caffeine sources.Alcohol consumption limited to once monthly.Denies smoking and illicit drug use.Not using prescribed stimulants.Does not believe current training regimen is excessive.  **Review of Systems:** All pertinent positive findings are documented in the HPI.All other systems reviewed and negative.  **Physical Examination:** Vital signs: BP 129/75, pulse 53, SpO2 98%.Alert and oriented but showing signs of fatigue.Head is normocephalic, trachea midline, extremities warm and well-perfused.Breathing comfortably on room air.Mood and affect normal.  **Assessment:** Fatigue with significant sleep disruption, characterized by delayed sleep onset and daytime somnolence.Poor sleep hygiene identified as contributing factor, with history of post-viral fatigue.Athletic performance continues to be affected.  **Treatment Plan:** Sleep consultation to be expedited due to severity of sleep disruption.Second opinion to be obtained from Dr. Hwang regarding comprehensive fatigue evaluation.  **Medications**  **Current Medications:** Vitamin D3 5,000 units tablet by mouth every weekday (none on weekends).Started 2/2/2024, prescribed through 9/6/2024. |
| **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 | **Current Visit**  **Chief Complaint:** Patient presents with unspecified sleep apnea (primary) and unspecified insomnia, referred for impaired ability to fall asleep affecting sports performance.  **Sleep History:** Patient reports sleep onset difficulties and daytime fatigue/sleepiness.He sleeps 8-10 hours but still feels sleepy and groggy upon waking, with improvement after exercise.Denies teeth grinding and choking sensations.Sleep onset difficulties began in high school and worsened in college.Sleep is usually better when at home though fatigue persists.Typical bedtime is 1-2am with wake time around 10am.Sleep onset latency ranges from 45 minutes to 2 hours.Patient experiences 0-2 awakenings per night.Recent napping pattern includes one long nap per week, sometimes lasting up to 5 hours, which is not necessarily refreshing.Previously tried melatonin 5-10mg which caused grogginess.Epworth Sleepiness Score is 3, indicating minimal daytime sleepiness.  **Physical Examination:** General: Well appearing, alert.ENT: Mallampati score 3, no nasal valve collapse or septum deviation, nasal turbinate hypertrophy grade 0 bilaterally.Cardiovascular: Normal and regular rate and rhythm.Pulmonary: Clear to auscultation.Psychiatric: Euthymic affect with full range and appropriate.  **Sleep Assessment:** Patient is diagnosed with chronic sleep onset insomnia with possible delayed sleep phase disorder.Symptoms do not appear consistent with central hypersomnolence disorder.A home sleep test is planned to rule out obstructive sleep apnea.  **Current Medications:** Vitamin D3 5,000 unit tablets taken daily on weekdays (none on weekends), started 2/2/2024, to be discontinued on 9/6/2024 by Dr. Anderson for reorder.No refills remaining.  **Treatment Plan:** 1.Ordered home sleep test (HSAT) to rule out OSA.2.Referred to SHIP for Cognitive Behavioral Therapy for Insomnia (CBTi).3.Recommended melatonin 0.25-0.5mg 4-5 hours before desired sleep time.4.Prescribed morning light exposure with at least 15 minutes of bright light within 15 minutes of waking.5.Recommended avoiding bright lights (including electronic devices) for at least 2 hours before bedtime.6.Will follow up via MyHealth after sleep study results.7.Provided comprehensive sleep hygiene instructions including consistent wake time and evening routine guidelines. |
| **04-01-2024**  Madriaga, Jennifer  Stanford Sleep Medicine Center | **Sleep Study Details**  **Study Parameters:** Level 3 home sleep study ordered during visit on 4/1/2024.The study involves overnight monitoring using the WatchPAT ONE device, which measures sleep parameters through multiple physiological sensors.Study must be completed by 4/28/2024.  **Medical Monitoring Requirements:** The study requires three specific monitoring points: wrist-mounted device on non-dominant hand, chest sensor placement at center of upper chest, and finger probe sensor.Study duration is one night only, with no repeat measurements permitted.  **Data Collection Protocol:** Sleep data will be transmitted wirelessly through patient's mobile device to healthcare providers for analysis.Study results expected within 3-4 weeks of completion.If study is not completed within 6 months of initial visit, medical reevaluation will be required before proceeding with testing. |
| **04-07-2024**  Madriaga, Jennifer, Anderson, Mitchell P., MD, Walker, Clayton R., MD  Stanford Medicine Outpatient Center | **Current Medications**  **Active Medications:** Vitamin D3 5,000 unit tablets taken once daily on weekdays (none on weekends), started 2/2/2024 with a quantity of 100 tablets, to be discontinued on 9/6/2024 with no refills remaining.  **Sleep Study**  **Study Type:** Level 3 home sleep test using WatchPAT ONE device has been ordered.The study is covered at 90% with a 10% patient responsibility.  **Clinical Protocol:** The sleep study is to be conducted for a single night using a three-point monitoring system: wrist device, chest sensor, and finger probe.Data will be transmitted wirelessly through a smartphone or tablet application.Study results are expected within 3-4 weeks of completion.  **Medical Requirements:** Patient must confirm absence or presence of a pacemaker before proceeding with the study.If study is not completed within 6 months of initial evaluation, a new clinical assessment will be required. |
| **04-19-2024**  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  Stanford Hospital | **Current Episode**  **Presenting Symptoms and Initial Response:** Patient experienced an acute allergic reaction while running, presenting with shortness of breath and swelling of the eyes and airway.EMS responded Code 3 with advanced life support and found the patient sitting on a table.Sports medicine staff had administered an EpiPen at approximately 17:20.The patient reported no previous history of similar allergic reactions while running in this familiar area.  **Disposition:** Patient left against medical advice after being counseled about the risks of leaving without an EpiPen at home and potential for reaction recurrence.Patient was ambulatory and self-transported home.  **Clinical Course and Assessment**  **Initial Presentation and Emergency Response:** Initial patient acuity was assessed as Emergent (Yellow).Sports medicine staff administered EpiPen (0.3mg epinephrine IM) at approximately 17:20 and initiated emergency response by calling 911 at 17:23:45.EMS arrived at 17:40:01.Benadryl 50mg IV was administered at 17:42:00.  **Physical Examination:** Patient was alert and oriented x4 with Glasgow Coma Scale of 15.Physical examination revealed moderate eye swelling with patent airways, normal respiratory rate and volume, and clear bilateral lung sounds.GFAST assessment was negative.Strong bilateral upper extremity pulses were present with warm extremities.Patient denied headache, nausea, dizziness, shortness of breath, blurred vision, chest pain, abdominal discomfort, vomiting, and diarrhea.  **Disposition:** At approximately 18:54, patient expressed desire to leave.After MD, RN, and charge RN explained risks of leaving against medical advice, patient acknowledged understanding but insisted on leaving.Against Medical Advice (AMA) paperwork was signed and IV was removed.  **Vital Signs**  **Initial Vital Signs:** Initial vital signs showed blood pressure 150/100 mmHg, pulse 90 beats per minute, respiratory rate 18 breaths per minute, oxygen saturation 98%, temperature 37.1C (98.8F), Glasgow Coma Scale 15, mean arterial pressure 82 mmHg, and CO2 128.Pain level was reported as 0/10.  **Follow-up Vital Signs:** Follow-up vital signs demonstrated blood pressure 149/83 mmHg and pulse 88 beats per minute.  **Transport and Treatment**  **Medication Administration:** EMS administered IV Benadryl 50mg at 17:42.  **Transport Details:** Patient was transported in semi-Fowlers position.Patient's condition remained stable and unchanged throughout transport, with vital signs remaining within normal limits.Continuous monitoring of vital signs was maintained during transport.  **Clinical Information**  **Purpose of Visit:** Patient presented for a sports physical examination.  **Medications:** Vitamin D3 5,000 unit tablets were prescribed with instructions to take 1 tablet by mouth every weekday, excluding weekends.The prescription covers the period from 2/2/2024 to 9/6/2024, with a quantity of 100 tablets and no refills.  **Laboratory Studies:** Blood testing revealed a 25-OH Vitamin D total level of 35 ng/mL (reference range: 25-80 ng/mL), indicating normal vitamin D status.The sample was collected and analyzed on 4/24/2024. |
| **04-22-2024**  Roh, Eugene Y., MD, Mlakar, Rachel, Anderson, Mitchell P., MD, Walker, Clayton R., MD, Mooth, Audriana, DO  Arrillaga Sports Medicine Center | **Current Visit**  **Chief Complaint:** Follow-up evaluation for anaphylactic episode  **History of Present Illness:** Patient recently experienced an anaphylactic episode during off-campus workout.Initial symptoms included facial swelling, throat swelling, severe coughing, sneezing, and difficulty breathing.Unable to continue running, he returned to the training room where he received an EpiPen.Paramedics were called and transported him to the emergency department.Though breathing improved post-treatment, he continues experiencing frequent sneezing and coughing, particularly affecting sleep until 5-6 AM.Coughing started Friday without associated sore throat or puffiness.Patient spent most of Saturday in bed due to feeling unwell.  **Physical Examination:** Vital Signs:. -BP: 119/67 mmHg. -Pulse: 72 bpm. -Temperature: 36.2C (97.2F). -SpO2: 96%. .General: Alert, cooperative, no acute distress.HEENT: Normocephalic, no masses/lesions, EOM intact, external ears normal.Skin: Normal color, texture, and turgor; no rashes or lesions.Respiratory: Non-labored breathing, normal rate and rhythm, no wheezing.Cardiovascular: Well-perfused, no pitting edema, regular S1/S2  **Laboratory Results:** Labs from 3/19/2024:.Endocrine:. -Testosterone: 834 ng/dL (250-1,000). -Vitamin D: 40 ng/mL (25-80). -TSH: 2.64 uIU/mL (0.27-4.20). -Free T3: 3.5 pg/mL (2.0-4.4). -Free T4: 1.12 ng/dL (0.93-1.70). .Hematology:. -WBC: 4.0 K/uL (4.0-11.0). -Hemoglobin: 15.4 g/dL (13.5-17.7). -Platelets: 245 K/uL (150-400). .Chemistry:. -Comprehensive metabolic panel within normal limits  **Current Medications:** 1.EpiPen 0.3 mg/0.3 mL auto-injector. -Use: As needed for anaphylaxis. -Instructions: Carry both pens at same time, keep trainer pen separate. -Start date: 4/22/2024. .2.Loratadine (Claritin) 10 mg tablet. -Use: Daily. -Start date: 4/22/2024. -End date: 10/15/2024. .3.Vitamin D3 5,000 units. -Use: One tablet daily on weekdays (none on weekends). -Start date: 2/2/2024. -End date: 9/6/2024  **Assessment and Plan:** Assessment: Anaphylactic episode with ongoing respiratory symptoms.Patient managing symptoms effectively without shortness of breath, wheezing, or stridor.. .Plan:.1.EpiPen prescribed as precautionary measure for potential recurrence.2.Daily loratadine initiated.3.Follow-up assessment scheduled in 3 days with sports medicine specialist for athletic participation clearance evaluation.4.Patient educated on EpiPen use (declined further teaching due to prior knowledge) |
| **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 | **Current Visit**  **Reason for Visit:** Follow-up visit on 4/24/2024 after recent anaphylactic episode.Patient experienced an allergic reaction on Friday that progressed to anaphylaxis, initially presenting with eye swelling and cough, followed by throat closure sensation and difficulty breathing.Patient received epinephrine from athletic trainer and was transported to ED via ambulance where he received IV and Benadryl.Patient left against medical advice due to ED overcrowding.Currently reports fatigue and sleep difficulties attributed to Benadryl and disrupted sleep schedule, but states remaining symptoms have improved.  **Physical Examination:** Vital signs: BP 126/80 (right arm, sitting), pulse 96, SpO2 65% (marked as concerning).Patient appears slightly fatigued but cooperative.HEENT examination shows clear throat with no eye swelling.Neck supple with normal range of motion.Normal respiratory rate and effort with clear lungs throughout.Normal heart rate and rhythm.Neurological exam without gross cranial nerve or mental status deficits.Musculoskeletal exam shows no gross range of motion deficits.Skin without urticaria.  **Current Medications:** 1.EpiPen 0.3mg/0.3mL injection as needed (prescribed 4/22/2024, quantity: 1 each) - Carry both pens simultaneously, keep trainer pen separate to avoid confusion during emergencies.2.Loratadine (Claritin) 10mg tablet daily (prescribed 4/22/2024 through 10/15/2024, quantity: 30 tablets).3.Vitamin D3 5,000 units every weekday, none on weekends (prescribed 2/2/2024 through 9/6/2024, quantity: 100 tablets)  **Laboratory Results:** Routine clinic collect blood draw on 4/24/2024 showed Vitamin D, 25-Hydroxyvitamin level of 35 ng/mL (reference range 25-80 ng/mL).  **Assessment and Plan:** Patient is recovering as expected from anaphylactic episode of unknown trigger.Cleared for light running with teammate supervision and daily athletic trainer check-ins.Advised against competing in upcoming weekend meet, with recommendation to slowly resume training for Tuesday's meet.Urgent allergy referral placed.Patient confirmed to have EpiPen at home and instructed to maintain EpiPen availability and contact clinic if symptoms worsen.Patient states feeling otherwise 100% but will follow gradual return to activity protocol. |
| **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 | **Current Visit**  **Chief Complaint and Recent Event:** Presents with wheezing, seasonal allergic rhinitis, angioedema, and anaphylaxis following possible shellfish exposure.On 4/19/24, developed swollen eyes, generalized facial swelling, throat tightness, coughing, and intense skin itching/burning after eating at a restaurant and during track practice.Received epinephrine from trainer and Benadryl from paramedics.Face swelling resolved over 2 days but has experienced persistent difficulty with running and breathing since the episode.  **Pulmonary Function Testing:** Pre-bronchodilator FEV1 4.23L (96% predicted) with reduced FEV1/FVC ratio of 67%.Post-bronchodilator testing shows significant improvement with FEV1 increasing to 5.00L (18% improvement), indicating reversible obstructive defect.  **Assessment and Plan:** 1.Exercise-induced anaphylaxis with possible seasonal allergies and new onset wheezing.Ordered serum tryptase and C4 testing.2.Consider paradoxical vocal fold movement - ENT evaluation planned.3.Continue strict shellfish avoidance.4.Advised against participating in upcoming track meet due to breathing difficulties.5.Follow-up scheduled in one week for spirometry and FENO testing, or sooner if needed.  **Physical Examination**  **Vital Signs:** Blood pressure 131/58, pulse 58, respiratory rate 20, temperature 37.1C, oxygen saturation 98%.  **General Examination:** Patient is well-appearing.Conjunctiva are clear.ENT examination is normal.Patient is breathing comfortably without tachypnea or wheezing.Skin examination reveals no rashes or ulcerations.Neurological examination shows patient is intact with appropriate affect and speech.  **Clinical Assessment**  **Pain Assessment:** Patient reports no pain with a pain score of 0.  **Risk Assessments:** Fall risk screening is negative with no falls reported in the last 30 days.Abuse screening is negative for harmful relationships, threats, and financial exploitation.  **Medications and Compliance**  **Current Medication Regimen:** The current medication regimen includes epinephrine auto-injector 0.3mg with instructions to carry both pens at all times and keep trainer pen separate.Albuterol HFA inhaler is prescribed for 1-2 puffs every 6 hours as needed for wheezing and should be used 20 minutes before exercise.Azelastine nasal spray is prescribed as 2 sprays per nostril twice daily for nasal symptoms.Loratadine 10mg is to be taken daily.Vitamin D3 5000 units is prescribed for weekday use only.  **Medication Compliance Issues:** Medication compliance concerns have been identified, including incomplete use of prescribed dispensers, continued use of previous prescriptions with different dosing, and difficulties managing complex dosing regimens involving multiple strengths and frequent changes.  **Treatment Plan**  **Asthma Management:** Albuterol rescue inhaler is prescribed for asthma symptoms with instructions to use 1-2 puffs every 4-6 hours as needed and 20 minutes before exercise.Emergency medical attention should be sought for worsening breathing problems or if Albuterol is needed more than 3-4 times per day.  **Allergy Management:** Azelastine nasal spray is prescribed for allergy symptoms with instructions to administer 2 sprays in each nostril once daily.A temporary bitter taste in the mouth may occur as a side effect.  **Emergency Allergy Protocol:** Epinephrine auto-injector is prescribed for severe allergic reactions (anaphylaxis).The auto-injector should be administered by injecting into the outer thigh muscle and held for 10 seconds to ensure complete medication delivery.Expected side effects include jitteriness and increased heart rate.Emergency services (911) must be called immediately after use for observation of potential delayed or recurrent reactions.  **Medication Storage and Monitoring:** The epinephrine auto-injector should be maintained at room temperature and kept accessible at all times.The solution should be regularly inspected for cloudiness.The expiration date should be monitored with replacement as needed. |
| **05-03-2024**  Kanahele, Leina'Ala Y., MD, Roh, Eugene Y., MD  Arrillaga Sports Medicine Center | **Clinical Communication**  **Patient Inquiry:** On 5/3/2024 at 3:35 PM, patient reported not feeling much better since starting Loratadine 10mg and requested information about stronger allergy medication options.  **Provider Response:** On 5/6/2024 at 9:16 AM, provider recommended trying cetirizine (ZyrTEC) 10mg.The medication was not available in clinic.  **Medication Order:** Cetirizine (ZyrTEC) 10mg tablet was prescribed.The medication is to be taken once daily by mouth.A 30-day supply was provided with no refills.The prescription period is from 5/6/2024 through 5/6/2025.  **Medication Adherence**  **Adherence Status:** Medication adherence cannot be calculated as cetirizine is an over-the-counter medication.Fill data may be incomplete for accurate adherence tracking. |
| **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 | **Chief Complaints and Present Illness**  **Primary Complaints:** Patient presents with asthma with wheezing, seasonal allergic rhinitis, angioedema, and anaphylaxis due to shellfish.  **Current Symptoms and Management:** Patient exhibits new onset wheezing and possible paradoxical vocal fold movement.Patient experienced throat closing symptoms requiring epinephrine administration during track practice.Currently taking daily Claritin but has not obtained Albuterol.Uses daily nasal spray and reports occasional itchy eyes.During a recent outdoor run, patient developed hives on the left arm lasting 1.5 hours despite morning Loratadine dose, though no throat closing occurred during this episode.Patient successfully manages 4-6 mile runs on indoor treadmill without complications but reports mild difficulty breathing.Patient has not attempted additional outdoor runs.  **Clinical Assessment**  **Current Status:** Patient has asthma with concurrent seasonal allergic rhinitis due to pollen.Pain score is 0.  **Current Visit**  **Physical Examination:** Vital signs: BP 119/71, pulse 62, respiratory rate 16, temperature 36.7C (98.1F), SpO2 95%.Constitutional: No acute distress, well-appearing, pleasant, alert and oriented.Eyes: Pupils equal and round, conjunctivae non-injected.ENT: Mucous membranes moist, no thrush or angioedema.Respiratory: Clear to auscultation bilaterally, normal respiratory effort, no wheezing.MSK: Moving all extremities symmetrically.Skin: Warm and dry, no rash or urticaria.  **Diagnostic Testing**  **Pulmonary Function Testing:** Spirometry reveals mild obstruction with significant bronchodilator reversibility.Pre-bronchodilator values show FVC 6.31 (122%), FEV1 4.23 (96%), FEV1/FVC 67.04% (78%), and FEF 25-75 3.05 (63%).Post-bronchodilator testing demonstrates significant improvement with FEV1 increasing to 5.00 (114%, representing an 18% improvement) and FEV1/FVC ratio improving to 78.95% (17% improvement).FEF 25-75 improved to 4.41 (91%).The Asthma Control Test (ACT) score is 22.Fractional Exhaled Nitric Oxide (FENO) measures 29 ppb, indicating moderate airway inflammation.  **Screening Assessments**  **Abuse Screening:** Patient screened negative for abuse, including harm from others and financial exploitation.  **Assessment and Plan**  **Diagnoses and Treatment Plan:** 1.Anaphylaxis/angioedema episode: Continue strict shellfish avoidance.Keep EpiPen in fanny pack while running, avoid running in remote areas alone.For severe allergic reaction, inject EpiPen into outer thigh muscle, hold for 10 seconds, then seek immediate emergency care for observation of potential delayed reactions.Consider ENT evaluation for paradoxical vocal fold movement if throat symptoms persist.2.Mild Persistent Asthma: Started on Breo Ellipta 100-25 mcg once daily (rinse and spit with water after use).Use Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed, especially before exercise.Recommended indoor training for the next week.3.Food allergy: Repeat shellfish testing ordered.4.Allergic rhinitis: Continue Azelastine spray twice daily, switching to Zyrtec 10mg at bedtime.Follow up in 4 weeks or sooner if needed.  **Medications**  **Current Medication Regimen:** EpiPen 0.3mg/0.3mL auto-injector is prescribed for anaphylaxis, with instructions to carry two pens.Breo Ellipta 100-25mcg inhaler is prescribed for one puff daily.Albuterol 90mcg/actuation HFA inhaler is prescribed for 1-2 puffs every 6 hours as needed for bronchospasm/wheezing, with one refill remaining.Azelastine 137mcg nasal spray is prescribed for two sprays per nostril twice daily for nasal symptoms, including itchy nose, sneezing, and nasal congestion, with three refills remaining.Cetirizine (Zyrtec) 10mg is prescribed for one tablet daily, with a 30-tablet quantity dispensed.  **Recent Medication Changes:** Vitamin D3 5000 unit tablets were discontinued on September 6, 2024, with a reorder pending.  **Prescription Details:** EpiPen was ordered on April 22, 2024, with a quantity of one.Albuterol inhaler was ordered on April 29, 2024.Azelastine nasal spray was ordered on April 29, 2024.Cetirizine was ordered on May 6, 2024.  **Treatment Plan**  **Patient Instructions:** Start Breo Ellipta 100, one puff daily with water rinse after use.Continue Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed.Carry rescue inhaler during exercise and use 2 puffs for wheezing or shortness of breath.Exercise caution outdoors; indoor training recommended for the next week.Keep both epinephrine auto-injectors available at all times for severe allergic reactions, carrying both pens simultaneously in case second dose needed.For epinephrine, inject into outer thigh muscle for 10 seconds and seek emergency care after use.Store at room temperature, monitor solution clarity, and check expiration date regularly. |
| **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 | **Current Medications**  **Active Medications:** 1.EPINEPHrine (EpiPen) 0.3 mg/0.3 mL for injection as needed, with instructions to carry both pens simultaneously in case a second dose is needed.One unit prescribed on 4/22/2024.2.Albuterol 90 mcg/actuation HFA inhaler (18g), 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Started 4/29/2024 with 1 refill remaining.3.Cetirizine (ZyrTEC) 10 mg tablet daily, 30 tablets prescribed on 5/6/2024 until 5/6/2025.  **Prescribed But Not Taking:** Azelastine (Astelin) 137 mcg nasal spray, prescribed 4/29/2024 with instructions for 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Patient is not taking this medication.Three refills remain available.  **Recent Medication Changes:** 1.Vitamin D3 5,000 unit tablets discontinued as of 9/6/2024 (previously taken on weekdays only).2.Loratadine (Claritin) 10 mg daily tablet discontinued as of 10/15/2024.3.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler discontinued as of 5/13/2024, with a new order pending as of 5/7/2024 for the same medication with 3 refills. |
| **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 | **Current Medications**  **Respiratory Medications:** Albuterol HFA inhaler 90mcg is prescribed for bronchospasm/wheezing, with instructions to take 1-2 puffs every 6 hours as needed.The prescription started 4/29/2024 with a quantity of 18g and 1 refill remaining.Breo Ellipta inhaler (fluticasone furoate-vilanterol) 100-25mcg is prescribed for 1 puff daily, started 5/13/2024, with a quantity of 1 inhaler and 3 refills remaining.  **Allergy Medications:** Cetirizine 10mg is prescribed for one tablet daily, started 5/6/2024, with a quantity of 30 tablets and no refills remaining.Azelastine nasal spray 137mcg was prescribed on 4/29/2024 for two sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion, with a quantity of 30mL and 3 refills remaining, though patient reports non-compliance with this medication.  **Supplements:** Vitamin D3 125 mcg (5,000 units) is prescribed for one tablet every weekday (none on weekends), started 9/6/2024, with a quantity of 100 tablets.  **Respiratory Medications:** Albuterol HFA inhaler 90mcg was started on 4/29/2024, prescribed as 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.The quantity dispensed was 18g with 1 refill remaining.Breo Ellipta inhaler 100-25mcg was started on 5/13/2024, prescribed as one puff daily.The quantity dispensed was 1 inhaler with 3 refills remaining.  **Allergy Medications:** Cetirizine 10mg was started on 5/6/2024, prescribed as one tablet daily.The quantity dispensed was 30 tablets with no refills remaining.Azelastine nasal spray 137mcg was started on 4/29/2024, prescribed as two sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.The quantity dispensed was 30mL with 3 refills remaining.  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector prescribed with instructions to inject 0.3 mL once as needed.Patient advised to carry both pens simultaneously in case second dose needed.Keep trainer pen separate to avoid confusion during emergencies.Quantity: 1 each, no refills remaining.  **Medication Management**  **Medication Access and Monitoring:** The inhaler is being dispensed through in-clinic services at the Sports Medicine Center to address high out-of-pocket costs at external pharmacies.Initial medication tracking data indicates limited fill history, with system confidence in dispensing data completeness noted as low due to the new prescription arrangement.  **Medications**  **Currently Discontinued Medications:** Vitamin D3 5,000 units was prescribed from 2/2/2024 to 9/6/2024, with instructions to take one tablet daily on weekdays (quantity: 100 tablets).Loratadine 10mg was prescribed from 4/22/2024 to 10/15/2024, with instructions to take one tablet daily (quantity: 30 tablets).  **Future Prescribed Medications:** Loratadine (Claritin) 10 mg is prescribed to start 10/15/2024, to be taken daily as needed (quantity: 30 tablets).Fluticasone propionate (Flonase) 50 mcg nasal spray is prescribed to start 1/10/2025, with instructions for 2 sprays twice daily (quantity: 16g).Oxymetazoline (Afrin) 0.05% nasal spray is prescribed to start 1/10/2025, with instructions for 2 sprays twice daily as needed for 3 days only (quantity: 15 mL).Guaifenesin-dextromethorphan (Robitussin-DM) 10-100 mg/5 mL syrup is prescribed to start 1/10/2025, with instructions to take 5 mL every 12 hours as needed, with a maximum of 20 mL per 24 hours (quantity: 89 mL). |
| **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 | **Visit Information**  **Reason for Visit:** Patient presented for routine lab draw and sports physical examination.  **Current Medications**  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector prescribed for use as needed.Patient instructed to carry both pens simultaneously for potential second dose and keep trainer pen separate to avoid confusion with real pen during emergencies.  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation (18g) prescribed for 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler prescribed for 1 puff daily.  **Allergy Medications:** Loratadine (Claritin) 10 mg tablet prescribed daily for 30 tablets on 04/22/2024, discontinued effective 10/15/2024, with no refills remaining.Azelastine (Astelin) nasal spray 137 mcg (30mL) prescribed on 04/29/2024 for 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion, with patient not taking as of prescription date, 3 refills remaining.Cetirizine (ZyrTEC) 10 mg tablet prescribed daily for 30 tablets, effective 05/06/2024 through 05/06/2025, with no refills remaining.  **Supplements:** Vitamin D3 5,000 unit tablets prescribed for daily use on weekdays only (none on weekends), 100 tablets, started 02/02/2024 and discontinued 09/06/2024 for reorder, with no refills remaining.  **Laboratory Results**  **Hematology:** Complete Blood Count shows WBC 5.3 K/uL (4.0-11.0), RBC 5.23 MIL/uL (4.40-5.90), Hemoglobin 14.9 g/dL (13.5-17.7), and Hematocrit 44.2% (40.0-52.0).RBC indices include MCV 84.5 fL (82.0-98.0), MCH 28.5 pg (27.0-34.0), MCHC 33.7 g/dL (32.0-36.0), and RDW 11.8% (11.5-14.5).Platelet count is 211 K/uL (150-400).Differential count shows Neutrophils 54.6% (2.89 K/uL), Lymphocytes 34.8% (1.84 K/uL), Monocytes 7.4% (0.39 K/uL), Eosinophils 2.6% (0.14 K/uL), Basophils 0.4% (0.02 K/uL), and Immature Granulocytes 0.2% (0.01 K/uL).All hematology values are within normal reference ranges.  **Nutritional Status:** Ferritin level is 99.4 ng/mL (30-400 ng/mL).25-OH Vitamin D Total is 36 ng/mL (25-80 ng/mL).Both nutritional markers are within normal reference ranges. |
| **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 | **Visit Information**  **Reason for Visit:** Patient presented to Sports Medicine Center for a sports physical and routine lab draw on 8/28/2024.  **Current Medications**  **Daily Maintenance Medications:** Cetirizine (ZyrTEC) 10mg tablet is taken daily, initiated on 5/6/2024 with 30 tablets dispensed.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25mcg inhaler is administered as one puff daily, started on 5/13/2024 with 3 refills remaining.  **As-Needed Medications:** Albuterol HFA inhaler 90mcg/actuation is prescribed as 1-2 puffs every 6 hours as needed for bronchospasm/wheezing, initiated on 4/29/2024 with 1 refill remaining.Azelastine (Astelin) 137mcg nasal spray is prescribed as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion, though patient is currently not taking it; 3 refills remain.  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3mg/0.3mL for injection as needed was initiated on 4/22/2024.Patient is instructed to carry both pens simultaneously in case a second dose is needed, with specific direction to keep the trainer pen separate to avoid confusion during emergencies.  **Discontinued Medications:** Vitamin D3 5,000 units daily (weekdays only) was started on 2/2/2024 and discontinued on 9/6/2024 due to reorder.Loratadine (Claritin) 10mg daily was initiated on 4/22/2024 and discontinued on 10/15/2024.  **Laboratory Results**  **Complete Blood Count:** WBC count is 5.3 K/uL (4.0-11.0).RBC count is 5.23 MIL/uL (4.40-5.90).Hemoglobin is 14.9 g/dL (13.5-17.7).Hematocrit is 44.2% (40.0-52.0).MCV is 84.5 fL (82.0-98.0).MCH is 28.5 pg (27.0-34.0).MCHC is 33.7 g/dL (32.0-36.0).RDW is 11.8% (11.5-14.5).Platelet count is 211 K/uL (150-400).Differential shows Neutrophils 54.6% (2.89 K/uL), Lymphocytes 34.8% (1.84 K/uL), Monocytes 7.4% (0.39 K/uL), Eosinophils 2.6% (0.14 K/uL), Basophils 0.4% (0.02 K/uL), Immature Granulocytes 0.2% (0.01 K/uL), and nRBC 0.0% (0.00 K/uL).All values are within normal ranges.  **Vitamin D Status:** 25-OH Vitamin D Total level is 36 ng/mL (reference range: 25-80 ng/mL), indicating adequate vitamin D status.  **Iron Studies:** Ferritin level is 99.4 ng/mL (reference range: 30-400 ng/mL). |
| **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 | **Active Medications**  **Rescue and Maintenance Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL for injection as needed, with instructions to carry both pens simultaneously for potential second dose (started 04/22/2024, no refills).Albuterol HFA inhaler 90 mcg/actuation, 1-2 puffs every 6 hours as needed for bronchospasm/wheezing (started 04/29/2024, one refill, expires 04/29/2025).Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler, one puff daily (started 05/13/2024, three refills remaining).  **Medications**  **Active Allergy Medications:** Cetirizine (ZyrTEC) 10 mg tablet is prescribed for daily use, with a start date of 05/06/2024 and expiration date of 05/06/2025, with no refills remaining.Azelastine (Astelin) nasal spray 137 mcg (0.1%) is prescribed for 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion, with a start date of 04/29/2024 and three refills remaining.  **Discontinued Medications:** Loratadine (Claritin) 10 mg tablet, previously taken daily, was discontinued as of 10/15/2024.  **Vitamin D3 Supplementation:** Vitamin D3 125 mcg (5,000 units) is prescribed with instructions to take one tablet orally Monday through Friday, excluding weekends.The prescription was initiated on 09/06/2024 with a quantity of 100 tablets and no refills.This represents a continuation of previous Vitamin D3 therapy at the same dosage.The prescription is designated as 'Dispense As Written' and will continue until explicitly discontinued.  **Medication Monitoring**  **Adherence Tracking:** Medication adherence cannot be calculated for this over-the-counter medication.Fill data may be incomplete, resulting in low confidence in adherence monitoring. |
| **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 | **Present Illness**  **Allergic Reaction Details:** Patient experienced an allergic reaction during morning track practice, developing hives on arms and neck, eyelid swelling, and throat swelling sensation at approximately 7:45 AM.Patient self-administered 2 Benadryl pills, which resolved the hives and throat symptoms, though some periorbital puffiness remained.No recent changes to routine or known exposures were identified.Patient has EpiPens at home but did not have them available during practice.Patient was previously prescribed daily Zyrtec but had discontinued use due to feeling well.  **Physical Examination**  **Vital Signs:** Blood pressure was 118/72.Pulse was 85.Oxygen saturation (SpO2) was 96%.  **General Assessment:** Patient was alert but visibly fatigued, not in acute distress.Patient reported no pain (pain level: 0) and no falls within the last 30 days.  **Head and Neck Examination:** Head was normocephalic and atraumatic.Pupils were equal and reactive to light and accommodation with intact extraocular movements.Mild bilateral eyelid edema was noted.Oropharyngeal mucosa was pink and moist without lesions.No facial, tongue, or oropharyngeal swelling was observed.No nasal discharge was present.  **Cardiopulmonary Examination:** Lungs were clear bilaterally with comfortable breathing.Cardiovascular examination was normal with regular rate and rhythm.  **Neurological and Skin Examination:** No focal neurological deficits were present.No rash or urticaria was observed during examination.  **Current Visit**  **Laboratory Results:** Labs ordered to evaluate severity of allergic reaction:.Complement C4: 25.0 mg/dL (reference range 20.0-59.0 mg/dL).Tryptase: 4.1 ng/mL (reference range <11.5 ng/mL)  **Assessment and Plan:** Stable after Benadryl administration.Plan includes restarting Zyrtec with Claritin provided as backup.Strong recommendation to carry EpiPen at all times, with instruction to keep both pens together for potential second dose and keep trainer pen separate.Follow-up scheduled with provider on October 15, 2024 at 10:45 AM.Additional follow-up with allergist recommended.  **Medications**  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector prescribed for emergency use.Patient instructed to use 0.3 mL as needed and carry both pens simultaneously in case second dose needed.Trainer pen must be kept separate from real pen to avoid confusion during emergencies.Quantity dispensed: 1 each, with no refills remaining.  **Maintenance Medications:** Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is prescribed for one puff daily.Cetirizine (ZyrTEC) 10 mg tablet is prescribed for one tablet daily.Vitamin D3 125 mcg (5,000 units) tablets are prescribed for one tablet on weekdays only.  **Respiratory Medications:** Albuterol 90 mcg/actuation HFA inhaler is prescribed for 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is prescribed for one puff daily.  **Medications and Supplements**  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation prescribed 4/29/2024 for bronchospasm/wheezing, to be taken as 1-2 puffs every 6 hours as needed.Quantity dispensed: 18g with 1 refill remaining, prescription ends 4/29/2025.  **Allergy Medications:** Cetirizine 10 mg daily initiated 5/6/2024, dispensed as 30 tablets with no refills remaining.Azelastine (Astelin) nasal spray 137 mcg prescribed 4/29/2024, directed as 2 sprays per nostril twice daily as needed for allergy symptoms, with 3 refills remaining; patient not currently taking.Loratadine (Claritin) 10 mg tablet prescribed 10/15/2024 for daily use as needed, dispensed as 30 tablets with no refills remaining; patient not currently taking.  **Supplements:** Vitamin D3 125 mcg (5,000 units) initiated 9/6/2024, taken as one tablet on weekdays only.Quantity dispensed: 100 tablets with no refills remaining.  **Current Medications**  **Respiratory Medications:** Albuterol 90mcg inhaler is prescribed at 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol 100-25mcg inhaler is to be taken as 1 puff daily.  **Allergy Medications:** Azelastine 137mcg nasal spray is prescribed as 2 sprays per nostril twice daily as needed for nasal symptoms.Cetirizine 10mg is taken as 1 tablet daily.Loratadine 10mg is taken as 1 tablet daily.EpiPen 0.3mg auto-injector is to be used as needed for severe allergic reactions, with instructions to carry both pens at all times.  **Supplements:** Vitamin D3 125mcg is taken as 1 tablet on weekdays only. |
| **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 | **Clinical Encounters**  **Follow-up Care:** Patient unavailable for scheduled follow-up care with allergy specialist on 10/16/2024.  **Current Medications**  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL (Started 4/22/2024): One injection as needed.Patient must carry both pens simultaneously in case second dose needed.Critical safety note: Trainer pen must be kept separate from real pen to avoid confusion during emergencies.Quantity: 1 each, no refills remaining.  **Active Respiratory Medications:** 1.Albuterol 90 mcg/actuation HFA inhaler (Started 4/29/2024): 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Quantity: 18g, 1 refill remaining.End date: 4/29/2025.. 2.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler (Started 5/13/2024): 1 puff daily.Quantity: 1 each, 3 refills remaining.  **Active Allergy Medications:** Cetirizine (ZyrTEC) 10 mg tablet (Started 5/6/2024): One tablet daily.Quantity: 30 tablets, no refills remaining.End date: 5/6/2025.  **Inactive Allergy Medications:** 1.Azelastine (Astelin) 137 mcg nasal spray (Started 4/29/2024): Two sprays per nostril twice daily as needed for itchy nose, sneezing, nasal congestion.Quantity: 30 mL, 3 refills remaining.Status: Patient not currently taking.. 2.Loratadine (Claritin) 10 mg tablet (Started 10/15/2024): One tablet daily as needed.Quantity: 30 tablets, no refills remaining.Status: Patient not currently taking.  **Supplements:** Vitamin D3 125 mcg (5,000 units) (Started 9/6/2024): Take one tablet every weekday (none on weekends).Quantity: 100 tablets, no refills remaining. |
| **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 | **Current Medications**  **Active Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector started 4/22/2024.Instructions: 0.3 mL by injection as needed.Critical safety note: Carry both pens simultaneously for potential second dose.Keep trainer pen separate from real pen to avoid confusion during emergency.No refills remaining.  **Active Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation (18g) started 4/29/2024.Instructions: 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.One refill remaining.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler started 5/13/2024.Instructions: 1 puff daily.Three refills remaining.  **Prescribed But Not Taking:** Azelastine nasal spray 137 mcg (0.1%) started 4/29/2024.Instructions: 2 sprays per nostril twice daily for itchy nose, sneezing, and nasal congestion.Three refills remaining.Loratadine 10 mg tablet started 10/15/2024.Instructions: Take one tablet daily as needed.No refills remaining.  **Active Allergy Medications:** Cetirizine 10 mg tablet started 5/6/2024.Instructions: Take one tablet daily.No refills remaining.  **Active Supplements:** Vitamin D3 125 mcg (5,000 units) started 9/6/2024.Instructions: Take one tablet every weekday (none on weekends).No refills remaining. |
| **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 | **Current Clinical Status**  **Recent Anaphylactic Episodes:** Two recent episodes: First occurred during 3-mile warm-up with hives on arms, neck, eyelids and throat swelling.Second episode during warm-up stretching with facial flushing, eye swelling, and throat discomfort.Both episodes responded to Benadryl.Normal tryptase and C4 levels during last episode.  **Pulmonary Function Testing:** Spirometry (5/6/24) shows mild obstruction: Pre-bronchodilator FEV1/FVC 67.04% improving to 78.95% post-bronchodilator.ACT score 22, FENO 29 ppb.  **Current Medications:** Emergency medications: Epinephrine auto-injector 0.3mg for anaphylaxis.Respiratory medications: Albuterol inhaler 90mcg PRN for bronchospasm, fluticasone furoate-vilanterol inhaler 100-25mcg daily.Allergy medications: Azelastine nasal spray 137mcg twice daily PRN, cetirizine 10mg daily, loratadine 10mg daily PRN.Supplements: Vitamin D3 5000 units on weekdays.  **Physical Examination:** General: Well-appearing, no distress.HEENT: Clear conjunctiva, normal mouth and nasal exam.Respiratory: Comfortable breathing, no wheezing.Skin: No rashes, ulcerations, or telangiectasias.Neurologic: Alert, oriented, normal cranial nerves and upper extremity movement.  **Treatment Plan:** 1.Anaphylaxis management: Take Zyrtec 10mg at bedtime, carry EpiPen in fanny pack during exercise.2.Asthma care: Use Albuterol before exercise, temporary indoor training recommended.3.Allergy management: Strict shellfish avoidance, maintain EpiPen availability, avoid cats/dogs, use Azelastine spray twice daily.4.Follow-up: Complete recommended immunocap testing for environmental allergens. |
| **11-19-2024**  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 | **Clinical Presentation**  **Chief Complaint and History:** Patient presents for follow-up evaluation of acute cough.Initial symptoms began two weeks ago, including cough, sore throat, tender anterior cervical lymphadenopathy, malaise/fatigue, and nasal/sinus congestion.The cough has evolved from productive to nonproductive and is exacerbated during athletic training.Patient is a track and field athlete with a history of anaphylaxis but is not consistently taking antihistamine medication.Patient has not used albuterol inhaler for current symptoms.  **Current Symptoms:** While most initial symptoms have significantly improved, the cough persists.Patient denies wheezing, shortness of breath, dizziness, lightheadedness, and nausea/vomiting.Review of systems is negative except for the noted persistent cough.  **Physical Examination**  **Vital Signs:** Blood pressure was 125/71 mmHg (left arm, sitting) with a mean arterial pressure of 89 mmHg.Pulse was 59 beats per minute.Oxygen saturation was 96%.Oral temperature was 36.6C (97.8F).Pain score was 0/10.  **General Appearance:** Patient was awake, alert, and not in acute distress, examined in sitting position.Patient demonstrated a pleasant, cooperative demeanor with appropriate mood.  **HEENT and Neck:** Head examination revealed normocephalic and atraumatic presentation.HEENT showed moist mucous membranes, patent nares, and no nasal discharge, with normal oropharyngeal findings.Neck examination demonstrated very mild anterior cervical lymphadenopathy with minimal tenderness.  **Cardiovascular and Respiratory:** Cardiovascular examination showed warm and well-perfused extremities with regular rate and rhythm, without murmurs, gallops, or rubs.Respiratory assessment revealed comfortable breathing with clear bilateral auscultation.  **Other Systems:** Abdomen was non-distended.Musculoskeletal examination showed no edema.Neurological examination revealed no obvious focal deficits.Skin examination showed no rashes or lesions.  **Clinical Assessment**  **Assessment and Plan:** Assessment indicates postviral cough that is improving.Plan includes continuing supportive care with possible consideration of corticosteroid inhaler and/or Flonase if cough persists or worsens.Patient encouraged to take antihistamine daily as prescribed by allergist.Follow-up recommended as needed if symptoms persist or worsen.No imaging results available at this visit.  **Medications**  **Current Medications:** The patient's current active medications include: EPINEPHrine (EpiPen) 0.3 mg/0.3 mL for emergency use (initiated 4/22/2024), albuterol 90 mcg/actuation HFA inhaler 1-2 puffs every 6 hours as needed for bronchospasm/wheezing (initiated 4/29/2024), cetirizine 10 mg daily (initiated 5/6/2024), fluticasone furoate-vilanterol 100-25 mcg inhaler 1 puff daily (initiated 5/13/2024), and Vitamin D3 125 mcg weekdays (initiated 9/6/2024).Prescribed but not currently being taken by the patient: azelastine 137 mcg nasal spray 2 sprays per nostril twice daily as needed (initiated 4/29/2024) and loratadine 10 mg daily as needed (initiated 10/15/2024).  **Current Medications**  **Emergency Medications:** EpiPen (epinephrine) 0.3 mg/0.3 mL injector: Administer 0.3 mL by injection route once as needed.Patient must carry both pens simultaneously in case second dose needed.A separate trainer pen should be kept separate to avoid confusion with real pen during emergencies.  **Rescue Inhalers:** Albuterol HFA inhaler 90 mcg/actuation: 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.  **Respiratory Medications:** Albuterol (HFA inhaler) 90 mcg/actuation is prescribed as 1-2 puffs by inhalation route every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is prescribed as 1 puff by inhalation route once daily.  **Allergy Medications:** Patient is prescribed Azelastine (Astelin) nasal spray 137 mcg (0.1%) to be administered as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Oral antihistamines include Cetirizine (ZyrTEC) 10 mg tablet taken once daily and Loratadine (Claritin) 10 mg tablet taken once daily as needed.  **Vitamins and Supplements:** Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units) taken orally once daily on weekdays only, with no weekend doses. |
| **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 | **Current Medications**  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector: One injection as needed.Started 4/22/2024.Quantity: 1 each with no refills remaining.Special instructions: Carry both pens simultaneously in case second dose needed.Keep trainer pen separate to avoid confusion during emergencies.  **Active Respiratory Medications:** 1.Albuterol 90 mcg/actuation HFA inhaler: 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Started 4/29/2024.Quantity: 18g with 1 refill remaining.2.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler: One puff daily.Started 5/13/2024.Quantity: 1 each with 3 refills remaining.  **Active Allergy Medications:** Cetirizine (ZyrTEC) 10 mg tablet: One tablet daily.Started 5/6/2024.Quantity: 30 tablets with no refills remaining.  **Inactive Allergy Medications:** 1.Azelastine (Astelin) 137 mcg nasal spray: Two sprays per nostril twice daily for itchy nose, sneezing, and nasal congestion.Started 4/29/2024.Quantity: 30 mL with 3 refills remaining.Status: Patient not taking.2.Loratadine (Claritin) 10 mg tablet: One tablet daily as needed.Started 10/15/2024.Quantity: 30 tablets with no refills remaining.Status: Patient not taking.  **Supplements:** Vitamin D3 125 mcg (5,000 units): One tablet daily on weekdays only (none on weekends).Started 9/6/2024.Quantity: 100 tablets with no refills remaining.  **Medication Management**  **Medication Reconciliation:** Medication reconciliation completed on 11/8/2024 and 7/27/2023.Most recent medication review with patient conducted on 11/2/2022. |
| **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 | **Current Visit**  **Chief Complaint and History:** Six-day history of viral upper respiratory tract infection.Initial symptoms began with sore throat, progressing to productive cough (identified as most bothersome symptom), chest congestion, and sinus congestion (yellow in morning, clear in afternoon).Reports fatigue and sneezing but denies night sweats, body aches, fever, chills, or history of asthma.Symptoms are slowly improving with prior treatments including tylenol and medicine D pack.  **Assessment and Plan:** Diagnosed with viral URI.Strep throat and mononucleosis ruled out based on examination findings.Treatment plan includes guaifenesin-dextromethorphan, fluticasone nasal spray, and Afrin, with supportive care including Tylenol/Motrin as needed.Not to practice or exercise if febrile or feeling too tired/ill to participate.Follow-up PRN with instructions to call clinic with any questions/concerns or if symptoms worsen.  **Physical Examination**  **Vital Signs:** Vital signs recorded at 0954 with patient in sitting position, left arm: Blood pressure 124/73 mmHg, pulse 68, temperature 36.4C (97.5F), SpO2 96%, mean arterial pressure 90 mmHg.Patient reported no pain (pain level: 0) and no falls in the last 30 days.  **HEENT:** Eyes showed pupils equal, round, reactive to light with extraocular movements intact.Sclera was clear with no erythema and conjunctiva was pink.Ears were normal bilaterally without bulging.Throat examination revealed no tonsillar adenopathy, exudates, or erythema.  **Neck:** Neck demonstrated no adenopathy and full range of motion.  **Respiratory:** Lungs exhibited mild diffuse coarse breath sounds with cough on exhalation, without wheezing.  **Cardiovascular:** Cardiovascular examination showed normal rate and rhythm, without murmurs, rubs, or gallops.  **Abdominal:** Abdomen was soft and non-tender with normal bowel sounds and no hepatosplenomegaly.  **Medications**  **Scheduled Medications:** Fluticasone propionate (Flonase) 50 mcg/actuation nasal spray is prescribed for twice daily use with 2 sprays per dose.A 16g quantity was prescribed with no refills.  **As-Needed (PRN) Medications:** Oxymetazoline (Afrin) 0.05% nasal spray is prescribed for twice daily use with 2 sprays per dose, limited to 3 days of use.A 15mL quantity was prescribed with no refills.Guaifenesin-dextromethorphan (Robitussin-DM) 10-100 mg/5mL oral syrup is prescribed as 5mL by mouth every 12 hours as needed, with a maximum daily dose of 20mL per 24 hours.An 89mL quantity was prescribed with no refills.  **Current Medications**  **Emergency Medications:** Epinephrine (EpiPen) 0.3 mg/0.3 mL auto-injector is prescribed for severe allergic reactions.Patient should carry two auto-injectors at all times and use 0.3 mL by injection as needed.  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation is prescribed as 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is prescribed as 1 puff by inhalation daily.  **Nasal Medications:** Azelastine (Astelin) nasal spray 137 mcg (0.1%) is prescribed as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Oxymetazoline (Afrin) nasal spray is prescribed as 2 sprays twice daily for 3 days only.  **Oral Antihistamines:** Cetirizine (ZyrTEC) 10 mg is prescribed as 1 tablet daily by mouth.Loratadine (Claritin) 10 mg is prescribed as 1 tablet by mouth daily as needed.  **Cough Medications:** Guaifenesin-dextromethorphan (Robitussin-DM) is prescribed as 5 mL every 12 hours as needed.  **Supplements:** Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units) is prescribed as one tablet daily on weekdays only.  **Medication Status:** No active medications are documented in the current medication list. |
| **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 | **Chief Complaint and History**  **Presenting Problem:** Patient presents with right ankle pain following an inversion injury sustained while playing basketball on February 9, 2025.Patient has a history of chronic ankle sprains despite previous physical therapy.  **Physical Assessment**  **Vital Signs:** Blood pressure was 124/76 mmHg measured in the left arm while sitting, with a mean arterial pressure of 92 mmHg.Pulse was 63 beats per minute.Oxygen saturation was 98%.Patient reported no pain with a pain score of 0/10.  **Right Ankle Examination:** Right ankle demonstrated trace effusion without ecchymosis.Tenderness was present over the anterior talofibular ligament (ATFL).Passive eversion and inversion of the subtalar joint were normal but painful.Patient exhibited full symmetric strength.Lateral malleolus, medial malleolus, base of 5th metatarsal, navicular, and talus were non-tender.No deltoid ligament or peroneal tendon tenderness was noted.Resisted external rotation in plantar flexion was negative for 5th metatarsal base pain.Tibiofibular squeeze test and fibular translation were negative.Anterior drawer and talar tilt tests were negative.Sensation and distal pulses were intact.  **Current Visit**  **Diagnostic Results:** MRI (1/11/2024) findings: BONES/JOINTS: Minimally displaced avulsion injury of dorsal talar head, chondral fissuring/delamination of superomedial tibial plafond and adjacent medial talar dome.LIGAMENTS: Moderate dorsal talonavicular ligament sprain.TENDONS: Mild peroneus brevis insertion tendinopathy with peritendinitis, mild inframalleolar peroneus longus tendinopathy with peritendinitis edema near cuboid, peroneal tenosynovitis.  **Assessment and Plan:** Low-grade ankle sprain without syndesmotic injury or laxity, with pain primarily over ATFL.Plan includes maintaining ROM, weaning from boot, and adherence to physical therapy/maintenance PT to prevent recurrent sprains.Return to clinic if symptoms plateau or worsen.  **Current Medications**  **Emergency Medications:** EPINEPHrine 0.3 mg/0.3 mL autoinjector is prescribed for emergency use.Instructions specify to carry both pens simultaneously in case a second dose is needed.A trainer pen should be kept separate to avoid confusion during emergencies.  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation is prescribed as 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is to be used as 1 puff by inhalation daily.GuaiFENesin-dextromethorphan 100-10 mg/5 mL oral syrup is prescribed as 5 mL orally every 12 hours as needed, not exceeding 20 mL per 24 hours.  **Nasal Medications:** Prescribed nasal medications include azelastine 137 mcg (0.1%) nasal spray to be used as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion; fluticasone propionate 50 mcg/actuation nasal spray to be used as 2 sprays nasally twice daily; and oxymetazoline 0.05% nasal spray as 2 sprays nasally twice daily as needed, limited to 3 days of use.  **Antihistamines and Supplements:** Oral antihistamines include cetirizine 10 mg tablet taken daily and loratadine 10 mg tablet taken daily as needed.Vitamin D3 (Cholecalciferol) 125 mcg (5,000 unit) is prescribed as 1 tablet orally every weekday, with none on weekends.  **Nasal Medications:** Azelastine (Astelin) 137 mcg nasal spray is prescribed as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Fluticasone propionate (Flonase) 50 mcg/actuation is to be administered as 2 sprays per nostril twice daily.Oxymetazoline (Afrin) 0.05% nasal spray is prescribed as 2 sprays per nostril twice daily as needed, with a critical limitation of maximum 3 days use to prevent rebound congestion.  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation is prescribed as 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler is to be taken as 1 puff daily.Guaifenesin-dextromethorphan (Robitussin-DM) 100-10 mg/5 mL oral syrup is prescribed as 5 mL by mouth every 12 hours as needed, with a maximum daily limit of 20 mL per 24 hours.  **Allergy Medications:** Cetirizine (ZyrTEC) 10 mg tablet is prescribed as 1 tablet daily.An alternative antihistamine option is Loratadine (Claritin) 10 mg tablet, to be taken as 1 tablet daily as needed.  **Emergency Medications:** EpiPen (epinephrine) 0.3 mg/0.3 mL auto-injector is prescribed for use as needed for severe allergic reactions.Patient is instructed to carry two pens at all times and keep the trainer pen separate.  **Supplements:** Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units) is prescribed as 1 tablet daily on weekdays only. |
| **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 | **Current Medications**  **Emergency Anaphylaxis Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL auto-injector prescribed at 0.3 mL injection as needed, started 4/22/2024.Patient instructed to carry both auto-injector pens simultaneously for potential second dose requirement.One emergency pen and one trainer pen provided, with specific instruction to keep trainer pen separate to avoid confusion during emergencies.No refills remaining.  **Maintenance Inhalers:** Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler: One puff by inhalation daily.Started 5/13/2024.One inhaler with 3 refills remaining.  **Rescue Inhalers:** Albuterol HFA inhaler (90 mcg/actuation): 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.  **Other Daily Medications:** Cetirizine (ZyrTEC) 10 mg tablet: One tablet daily.Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units): One tablet daily on weekdays only.  **Respiratory Medications:** Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler: 1 puff by inhalation daily.Albuterol HFA inhaler (90 mcg/actuation): 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.  **Nasal Sprays:** Azelastine 137 mcg (0.1%) nasal spray is prescribed as 2 sprays per nostril twice daily for nasal symptoms including itchy nose, sneezing, and nasal congestion.Treatment started 4/29/2024 with 30 mL and 3 refills remaining.Fluticasone propionate 50 mcg nasal spray is prescribed as 2 sprays twice daily, started 1/10/2025, 16g supply, but not currently in use.Oxymetazoline 0.05% nasal spray is prescribed as 2 sprays twice daily with a maximum duration of 3 days only, started 1/10/2025, 15 mL supply, but not currently in use.  **Antihistamines:** Cetirizine 10 mg tablet is prescribed as one tablet daily, started 5/6/2024, with 30 tablets and no refills remaining.Loratadine 10 mg tablet is prescribed as one tablet daily as needed as an alternative to cetirizine, started 10/15/2024, with 30 tablets, but not currently in use.  **Cough and Symptomatic Relief Medications:** Guaifenesin-dextromethorphan (Robitussin-DM) 100-10 mg/5 mL oral syrup prescribed at 5 mL every 12 hours as needed, not to exceed 20 mL per 24 hours.Started 1/10/2025 with 89 mL dispensed, not currently taking.  **Supplements:** Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units) is taken as one tablet daily on weekdays only, with no doses on weekends.The medication was initiated on 9/6/2024 with a prescription for 100 tablets and no refills.  **Medication List Status:** Medication list current as of March 3, 2025, 8:15 AM |
| **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 | **Clinical Presentation**  **Chief Complaint and Present Illness:** Patient presents with right ankle pain and pain in joint involving right ankle and foot.The patient developed severe sharp pain in the myotendinous junction of right calf on February 28, 2025, while moving at a steady pace without any precipitating trauma, fall, or misstep.Sharp bursts of pain occur after approximately 3 steps when attempting to run, making running impossible, though walking remains largely unaffected.The patient has been wearing a boot since symptom onset but has not taken any medications.There is a history of improving ankle inversion injury in the same extremity.The patient denies weakness, numbness, bruising, or skin changes.  **Review of Systems:** All systems were reviewed and were negative except for the musculoskeletal symptoms noted in the history of present illness.  **Clinical Examination**  **Vital Signs:** Blood pressure 123/75 mmHg measured in right arm while sitting.Pulse 75 beats per minute.Oxygen saturation 96%.  **Physical Examination:** General appearance is normal without acute distress.Head, eyes, ears, nose, and throat are atraumatic with equal pupils.Cardiovascular examination reveals warm and well-perfused skin.Respiratory system shows no distress.Abdomen is non-distended.Neurologically alert, awake, conversant and interactive.Psychiatric evaluation demonstrates organized and detailed history provision with appropriate responses to questions.Musculoskeletal examination reveals mild tenderness to palpation at the calcaneous-achilles junction with negative Thompson test and symmetric strength and sensation bilaterally.Skin examination shows no changes, rashes, lesions, or ulcerations.Extremities demonstrate no obvious deformities.  **Diagnostic Imaging:** Point-of-care ultrasound (POCUS) shows no evidence of Achilles or gastrocnemius tear.  **Assessment and Plan**  **Diagnosis:** Suspected low-grade strain of Soleus greater than Gastrocnemius muscles with right posterior ankle pain.  **Treatment Plan:** MRI is deferred with shared decision making and will be considered if condition does not improve or worsens.Treatment consists of NSAIDs and RICE protocol (Rest, Ice, Compression, Elevation).Walking boot is to be discontinued.Activity is limited to walking while monitoring improvement.  **Medications:** Respiratory Medications: Albuterol inhaler 90mcg 1-2 puffs every 6 hours as needed for bronchospasm/wheezing, fluticasone furoate-vilanterol inhaler 100-25mcg daily.Allergy Medications: Azelastine nasal spray 137mcg twice daily as needed, cetirizine 10mg daily, loratadine 10mg daily as needed, fluticasone propionate nasal spray 50mcg 2 sprays twice daily, oxymetazoline nasal spray 0.05% 2 sprays twice daily for 3 days only.Emergency Medications: EPINEPHrine 0.3mg/0.3mL auto-injector as needed.Supplements: Vitamin D3 5000 units on weekdays.Cough Medications: Guaifenesin-dextromethorphan 10-100mg/5mL syrup 5mL every 12 hours as needed.  **Current Medications**  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation prescribed as 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler prescribed as 1 puff by inhalation daily.Fluticasone propionate (Flonase) nasal spray 50 mcg/actuation prescribed as 2 sprays per nostril twice daily for regular use.  **Nasal Medications:** Azelastine (Astelin) nasal spray 137 mcg is prescribed as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Fluticasone propionate (Flonase) 50 mcg nasal spray is to be administered as 2 sprays by nasal route twice daily.Oxymetazoline (Afrin) 0.05% nasal spray is prescribed as 2 sprays by nasal route twice daily as needed, with usage limited to 3 days only.  **Oral Antihistamines:** Patient is prescribed a choice between two oral antihistamines: Cetirizine (ZyrTEC) 10 mg tablet taken as 1 tablet daily, OR Loratadine (Claritin) 10 mg tablet taken as 1 tablet daily as needed.  **Emergency Medications:** Epinephrine (EpiPen) 0.3 mg/0.3 mL auto-injector is prescribed for severe allergic reactions, to be used as a single 0.3 mL injection when needed.Patient must carry both pens at all times.The trainer pen should be kept separate to avoid confusion during emergencies.  **Cough Medications:** Guaifenesin-dextromethorphan (Robitussin-DM) 100-10 mg/5 mL oral syrup is prescribed at a dose of 5 mL by mouth every 12 hours as needed, with a maximum daily limit of 20 mL per 24 hours.  **Decongestants:** Oxymetazoline (Afrin) 0.05% nasal spray: 2 sprays per nostril twice daily as needed, limited to 3 days use only.  **Supplements:** Cholecalciferol (Vitamin D3) 125 mcg (5,000 units): Take 1 tablet by mouth Monday through Friday only, none on weekends. |
| **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 | **Current Medical Condition**  **Present Symptoms:** Patient presents with right posterior ankle pain, with clinical indication of gastrocnemius/soleus strain.Additional symptoms include lateral ankle pain and Achilles pain.These conditions are currently impacting running capability.Patient has elected to discontinue competitive activities following graduation.  **Recent Medical History:** Medical history includes right ankle sprain (January 2025), right ankle sprain with peroneal tendon injury (January 2024), post-viral fatigue (December 2023), and right SI joint pain (September 2022).All conditions have been resolved.  **Current Medications**  **Respiratory Medications:** Albuterol HFA inhaler 90 mcg/actuation: 1-2 puffs by inhalation every 6 hours as needed for bronchospasm/wheezing.Fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler: 1 puff by inhalation daily.  **Emergency Medications:** EpiPen (epinephrine) 0.3 mg/0.3 mL auto-injector: Use 0.3 mL by injection once as needed for emergency allergic reactions.Patient must carry two auto-injectors simultaneously, with second pen serving as backup if additional dose needed.Trainer pen must be kept physically separated from active pens to prevent confusion during emergencies.  **Nasal Medications:** Fluticasone propionate (Flonase) 50 mcg/actuation nasal spray is prescribed as 2 sprays per nostril twice daily.Azelastine (Astelin) 137 mcg nasal spray is prescribed as 2 sprays per nostril twice daily as needed for itchy nose, sneezing, and nasal congestion.Oxymetazoline (Afrin) 0.05% nasal spray is prescribed as 2 sprays per nostril twice daily as needed, with usage strictly limited to 3 days to prevent rebound congestion.  **Oral Antihistamines:** The primary antihistamine is Cetirizine (ZyrTEC) 10 mg tablet, taken once daily.Loratadine (Claritin) 10 mg tablet is prescribed as an alternative, to be taken once daily as needed.These antihistamines are alternatives and should not be taken together.  **Cough Medications:** Guaifenesin-dextromethorphan (Robitussin-DM) 100-10 mg/5 mL oral syrup: Take 5 mL by mouth every 12 hours as needed, not to exceed 20 mL per 24 hours.  **Supplements:** Vitamin D3 (Cholecalciferol) 125 mcg (5,000 units) is taken orally once daily on weekdays only, with no doses on weekends.  **Emergency Medications:** EPINEPHrine (EpiPen) 0.3 mg/0.3 mL injection is prescribed for emergency use.Both pens must be carried simultaneously to allow for a potential second dose.The trainer pen should be kept separate to avoid confusion during emergencies.  **Respiratory Medications:** Albuterol 90 mcg inhaler is prescribed at 1-2 puffs every 6 hours as needed for bronchospasm/wheezing.Fluticasone-vilanterol (Breo Ellipta) 100-25 mcg inhaler is prescribed as 1 puff daily.  **Supplements:** Vitamin D3 125 mcg (5,000 unit) is prescribed as 1 tablet every weekday.  **Medications**  **Prescribed But Not Taking:** 1.Azelastine 137 mcg nasal spray (Started 4/29/2024): Prescribed 2 sprays/nostril twice daily for allergy symptoms.Quantity: 30mL, 3 refills remaining.. 2.Cetirizine 10 mg (Started 5/6/2024): Prescribed 1 tablet daily.Quantity: 30 tablets.. 3.Loratadine 10 mg (Started 10/15/2024): Prescribed 1 tablet daily as needed.Quantity: 30 tablets.. 4.Fluticasone propionate 50 mcg nasal spray (Started 1/10/2025): Prescribed 2 sprays twice daily.Quantity: 16g.. 5.Oxymetazoline 0.05% nasal spray (Started 1/10/2025): Prescribed 2 sprays twice daily as needed for 3 days only.Quantity: 15mL.. 6.Guaifenesin-dextromethorphan 10-100 mg/5mL syrup (Started 1/10/2025): Prescribed 5mL every 12 hours as needed, not to exceed 20mL per 24 hours.Quantity: 89mL. |
| **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 | **Current Status**  **Active Medications:** Currently taking: Cetirizine 10 mg daily, Epinephrine 0.3 mg auto-injector (for emergency use), Fluticasone furoate-vilanterol 100-25 mcg inhaler (daily), Vitamin D3 5,000 units (weekdays only).Not currently taking (though prescribed): Azelastine nasal spray, Fluticasone propionate nasal spray, Guaifenesin-dextromethorphan syrup, Loratadine, Oxymetazoline nasal spray.  **Current Activities and Lifestyle:** Stanford undergraduate student, active member of university cross country team.Lives on campus in dormitory.Regular intensive athletic training with cross country team.No tobacco, alcohol, or drug use.Maintains full cognitive capacity with no status changes. |