HISTORY OF PRESENT PROBLEM:, XYZ was seen by Dr. ABC for an FCR tendinitis. We do not have his reports, but by history she has had two cortisone shots. She plays musical instruments, and it does bother her from time to time. She was considering surgery, but she takes ibuprofen and it seems to be well-controlled. She is here now for consultation. ,CLINICAL/PHYSICAL EXAMINATION: , ,General: The patient is alert and oriented times three in no acute distress. ,Skin: No skin breakdown or hyperhidrosis.,Vascular: 2+ radial and ulnar artery pulses.,Musculoskeletal: Wrist, elbow, shoulder and neck exams reveal no focal findings except for some tenderness to palpation over the FCR tendon on the scaphoid tubercle, but there is no SL instability and no signs of lunotriquetral instability or midcarpal instability. The DRUJ is stable. Flexion/extension of the fingers is all intact. Forearm, elbow and shoulder exams reveal no other focal tenderness to palpation.,Neurologic: Negative Tinel's, Phalen's and compression median nerve test. APB, EPL and first dorsal interosseous have 5/5 strength. Forearm, elbow and shoulder exams reveal no neurologic compromise.,Gait: Normal.,Neck: Negative Spurling sign. Negative signs of thoracic outlet.,HEENT: Pupils equal and reactive with no asymmetry.,CLINICAL IMPRESSION:, By history, possible FCR tendinitis.,EVALUATION/TREATMENT PLAN: At this point, we have asked her some questions again. She is not that sore at this point, and she has had a couple of cortisone shots. Without being the initial treating physician, she has FCR tendinitis that fails to respond to cortisone shots. She is a

candidate for an FCR tunnel release. It has been described and is effective for those patients with that problem. My only consideration would be, if the patient should choose, to get an MRI when she is symptomatic to confirm the FCR tendinitis. She will followup with Dr. ABC as needed or come back to us when she is thinking more along the lines of surgery.