

Phone: 337-235-8007 • Fax: 337-235-8008

Patient Name: Latoria Maxie

Encounter Date: 6/27/2023

Date of Birth: 8/9/1976

Chief Complaint Stiffness left hand.

History of Present Illness: The patient is a 46 year old female seen today for a follow up evaluation. She has been working hard with therapy as we asked but no significant improvement since last visit

Date of Onset: 12/18/2020

Conservative Care History: The patient has received the following treatments heat, muscle relaxers, PT, injection, bracing and tens unit.

Medical History

Medical Conditions: No known medical conditions.

Current Medications: diclofenac sodium 75 mg tablet, delayed release 1 TbEC oral as directed, amitriptyline 10 mg tablet 1 oral as directed, hydrocodone 10 mg-acetaminophen 325 mg tablet 1 oral as directed, lisinopril 20 mg-hydrochlorothiazide 25 mg tablet 1 oral as directed, pregabalin 300 mg capsule 1 oral as directed, tramadol 50 mg tablet 1 oral as directed, bupropion HCl 75 mg tablet 1 oral as directed, tizanidine 4 mg tablet 1 oral as directed, duloxetine 30 mg capsule, delayed release 1 cpDR oral as directed, duloxetine 60 mg capsule, delayed release 1 cpDR oral as directed, hydroxyzine HCl 10 mg tablet 1 oral as directed

Allergies: No known allergies

Surgical History: nerve stimulator implant 4/8/2022 04/08/2022

Personal and Social History: The patient reports being a former smoker. The patient currently does not consume alcohol. She is single.

Review of Systems

Constitutional: weight loss and fatigue.

Eyes: The patient denies any blurred vision, double vision or vision loss.

Ear/Nose/Throat: The patient denies any hearing loss, hoarseness or trouble swallowing.

Cardiovascular: chest pain and palpitations.

Respiratory: shortness of breath.

Gastrointestinal: Patient denies heartburn, nausea or blood in stool.

Genitourinary: The patient denies any painful urination, blood in urine or kidney problems.

Skin: The patient denies any rashes, skin ulcers, lumps or psoriasis.

Neurological: The patient denies any frequent falls, loss of coordination, numbness, dizziness, change in bowel and bladder function.

Psychiatric: depression/anxiety and sleep disorder.

Endocrine: heat or cold intolerance and night sweats.

Hematological: The patient denies any bleeding problems, easy bruising or anemia.

Vital Signs: Height: 5 ft 4.00 in, Weight: 196 lbs BMI 33.64

General Exam:

Constitutional: Patient is adequately groomed with no evidence of malnutrition.

Skin: There are no rashes, ulcerations or lesions in the regions examined.

Mental Status: The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

Left Hand Examination

Inspection: There is no deformity.

Palpation: There is no tenderness to palpation.

Range of motion: Wrist range of motion is within normal limits. Digital range of motion is Decreased.

Stability: Wrist and digital stability is normal.

Strength: Wrist and hand strength is within normal limits.

Vascular: Radial pulse is 2+. There is brisk capillary refill.

Sensation is normal. S2PD is >15, +15, >15, >15, >15.

Skin is normal.

Provocative test for carpal tunnel syndrome cubital tunnel syndrome and ulnar nerve compression at the wrist are negative.

Active range of motion:

Index: +30/70, 35/100, 0/90

Middle: +30/85, 50/100, 10/50

Ring: +30/85, 50/100, 10/50

Small: +30/90, 50/100, 0/50

Passively PIPJ extension is 10 degrees for the index finger, 30 degrees for the middle finger, 30 degrees for the ring finger and 30 degrees for the small finger

Strength:

Elbow extension and flexion strength are both 5/5. Wrist extension and flexion strength are also 5/5.

Thumb extension is 4/5. MPJ extension of the index middle ring and small fingers is 5/5.

Thumb opposition is 4+/5. Index and middle finger FDS and FDP strength is 5/5. Ring and small finger FDS strength is 4+/5 and FDP strength 4/5.

She has weakness with abduction and adduction of her fingers. She has a positive Earle sign and mildly positive

Froment's test. She has a Wartenberg's sign

Grip strength is an average of 35 pounds

6/28/2023 update. No significant changes

Diagnostic Test Findings: Electrodiagnostic study images reviewed with the patient. Consistent with evidence of a left lower trunk brachial plexopathy. Evaluation of the median motor nerve as well as the ulnar motor nerve showed no response. The left median sensory radial sensory and ulnar sensory nerves showed no response. Needle evaluation of the first dorsal interossei muscle showed moderately increased spontaneous activity. Left abductor pollicis brevis and left pronator teres and left brachial radialis muscle show slightly increased spontaneous activity. Left triceps muscle showed increased insertional activity. There is no electrodiagnostic evidence of left cervical radiculopathy.

Previous X-ray Studies: 3 views the left hand taken today show the IP joints of the digits held in flexion. No acute findings.

Diagnosis Codes:

M25.642 Stiffness of left hand, not elsewhere classified, G54.0 Brachial plexus disorders, M24.542 Contracture, left hand, G56.22 Lesion of ulnar nerve, left upper limb

Impression:

Stiffness Joint Left Hand

Treatment Plan:

She continues to have issues with the hand. She has done therapy for a while now she relief attempted to be patient and and nonoperative treatment and just not making the progress were hoping for. Difficult to get full assessment of the intrinsic and extrinsic because the PIP joints are locked and stiff. We need to proceed in a stepwise fashion. We will cannot release the PIP joints get them fully mobilized we talked about that we would then potentially in a staged fashion bringing the MCP joint into flexion to allow for full extension of the IP joints if necessary. If just releasing the PIP joints get the digits better aligned and functional then we can stop from the first procedure. She voices understanding is ready to proceed. Consent was obtained today. Discussed capsulectomies and tenolysis of all 4 digits index finger middle finger ring finger and small finger. I discussed the possibility of recurrence of progressive stiffness. We discussed aggressive therapy postoperatively helpful in this her overall recovery. A course of occupational therapy was recommended.



Electronically signed by: Bryce Fugarino, MD
Date: 6/28/2023 Time: 3:01 PM
Encounter Date: 6/27/2023