

Smith, John

DOB: January 20th, 1984

MRN: Unarmed

Date: May 30th, 2022

Follow-up: in 1 month

Diagnosis: lateral epicondylitis, right elbow (m77.11)

Work Duty: Full duty

Chief Complaint: Right elbow pain

History Of Presenting Illness:

John Smith is a very pleasant 38 year old, left hand dominant, male who works as an engineer. He comes in today complaining of constant sharp, sore, tender pain to his right elbow. He states the symptoms have been present since May 1st, 2022, at mild to severe level intensity and developed suddenly. He denies any injury. He states symptoms are worse with lifting, grasping, and carrying and get better with rest, and ice. He denies any radiating symptoms. He has not received treatment for this issue in the past. He has not taken any medications to help with this issue.

Allergies:

1. Sulfamethoxazole/Trimethoprim (Oral Pill) - Hives
2. SYNTHROID (Oral Pill) - Sun reaction
3. Levothyroxine (Oral Pill) - Testing reaction
4. LEVO-T (Oral Pill) - Levi reaction

Medications:

1. amLODIPine/Hydrochlorothiazide/Valsartan (Oral Pill) mg 1x Daily
2. AMLACTIN (Topical) mg 1x Daily

Past Medical History:

1. Anxiety
2. COPD/Emphysema
3. Hypertension
4. Seizure disorder

Past Surgical History:

- REPAIR EXTEN. MUSCLE/TEN.
- Knee replacement
- Carpal tunnel release
- REPAIR EXTENSOR TENDON LE
- REPAIR EXTENSOR TENDON LE
- NEEDLE ASPIRATION-ABS/HEMATOMA
- I&D ABSCESS-COMPLICATED
- I&D ABSCESS-COMPLICATED

Family History:

Mother's Conditions: blood clots

Fathers's Conditions: heart disease, and stroke

Grand Parents Conditions: cancer, and stroke

Siblings Conditions: heart disease

Social History:

Occupation: Engineer

Martial Status: single

Smokes: No

Drinks: No

Hand Dominance: left

Review of Systems:

General: fever or chills, and trouble sleeping

Neurological: tingling

Skin: none

Hematologic: none

Musculoskeletal: muscle or joint pain, and back pain

Endocrine: none

Psychiatric: none

Physical Examination:

General Examination: He is able to follow instructions. Gait is nontalgic.

The Patient has tenderness to palpation at:

- Right Elbow Posterolateral Joint Line
- Right Radial Tunnel

Range of motion:

- Right Elbow Flexion/Extension 10°-105° Left Elbow Flexion/Extension 0°-140°

Strength:

Right	Name	Left
5/5	Elbow Flexion	5/5
5/5	Elbow Extension	5/5
5/5	Elbow Supination	5/5
5/5	Elbow Pronation	5/5

The patient has a positive:

- Pain with Act Resisted Wrist Ext on the Right Elbow

The patient has a negative:

- Pain with Act Resisted Wrist Ext on the Left Elbow

Assessment: John Smith is a 38 year old male with:

1. Lateral epicondylitis, right elbow (M77.11)

Plan: John Smith presents signs and symptoms consistent with: lateral epicondylitis, right elbow (m77.11)

Diagnosis and treatment plan was reviewed with the patient at today's visit.

Treatment plan includes:

- Cortisone - After review of risks and benefits including hypopigmentation and fat atrophy, decision made to proceed with injection. Expectations from injection were reviewed including temporary anesthesia followed by possible flare response from steroid. This can be managed with ice and non-steroidal medications. Response to injection is typically 1-3 days after injection. After a sterile prep, intraarticular injection was performed to the right hip using ultrasound guidance, with a combination of 2.0 cc of Celestone and 8.0 cc of 2% Lidocaine.
- Wrist brace

The patient will follow up in 1 month.

Work Duty:

Full duty