

John,Smith

DOB: January 20th, 1984

Date Of Encounter: June 14th, 2022

MRN: Unarmed c1

Follow-up: The patient will follow up in 6 weeks.

Diagnosis: unilateral primary osteoarthritis, right hip (m16.11)

Work Duty: Full duty

Chief Complaint: Right hip pain, catching

History Of Presenting Illness

John Smith presents today for follow up. Since last appointment, he has been compliant with treatment plan including rest, ice, compression and elevation. He states that since last visit, symptoms are worse and he grades his pain 5 to 7 out of 10 level intensity. The patient admits to no trauma.

Allergies:

1. Sulfamethoxazole/Trimethoprim (Oral Pill) - Hives

Medications:

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

Physical Examination:

General Examination: John Smith is an awake, alert and oriented male. He appears stated age. He has a pleasant demeanor. He is able to follow instructions. He is in no acute distress. Gait is antalgic.

Vitals:

Ht: 5' 6"

Wt: 130 lbs

BMI: 20.980257

BP: 120 / 80

Pulse: 70

RR: 14

CV: Regular rate and rhythm

Pulm: CTAB

Skin Exam positive for:

- Normal

Vascular Exam:

- Dorsalis Pedis Pulse 2+
- Posterior Tibial Pulse 2+
- Capillary Refill 2+

Sensation Exam:

- Normal sensation distally

The patient has no tenderness at:

- Right Hip ASIS
- Right Hip AIIS
- Right Hip Iliac Crest
- Right Hip Ischium

Range of motion:

- Right Hip Flexion 10°-95°
- Left Hip Flexion 30°-120°

Strength:

Right	Name	Left
5/5	Hip Flexion	5/5
5/5	Hip Extension	5/5
5/5	Hip Abduction	5/5

The patient has a positive:

- FABER on the Right Hip
- FADIR on the Right Hip
- Stinchfield on the Right Hip
- Log Roll on the Right Hip

Assessment: John Smith is a 38 year old with:

1. Unilateral primary osteoarthritis, right hip (M16.11)

Plan:

John Smith presents with signs and symptoms consistent with worsened Unilateral primary osteoarthritis, right hip. Diagnosis, diagnostic studies, and treatment plans were reviewed with the patient at today's visit. Treatment plan includes:

- Physical Therapy -
- NSAIDS
- Tylenol
- Rest, ice, compression, elevation
- 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.

The patient will follow up in 6 weeks. The patient is happy with the plan moving forward.

Work Duty:

Full duty

