

Smith, John

DOB: January 20th, 1984

MRN: Unarmed

Date: May 30th, 2022

Follow-up: after surgery

Diagnosis: selective deficiency of immunoglobulin m [igm] (d80.4), quadriplegia, c1-c4 incomplete (g82.52), and lobster-claw hand, unspecified hand (q71.60)

Work Duty: Full duty

Chief Complaint: Left hand pain, and numbness

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 occasional numbness and sore pain to his left hand. He states the symptoms have been present since May 1st, 2022, at severe to mild level intensity and developed gradually. He admits to injury: "nothing happened hahaha". He states symptoms are worse with carrying and get better with massage, and heat. He admits to the radiation of symptoms down right leg, and down right arm, No radiation hahaha. He has received previous treatment including cortisone. No treatment plan hahaha. He has taken the following medications to help with this condition: Levothyroxine (Oral Pill) 4 gram QDay PRN

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: John Smith is awake, alert and oriented male that appears equal to the stated age. He has a pleasant demeanor. He is able to follow instructions. He is in no acute distress. Gait is nonantalgic.

Vitals:

Ht: 6' 0"

Wt: 137 lbs

BMI: 18.57851

BP: 140 / 85

Pulse: 85

RR: 45

CV: Gallop

Pulm: CTAB

Skin Exam positive for:

- Edema to the 12 12 in size, 12

The Patient has tenderness to palpation at:

- Thumb right hand CMC Joint
- Thumb right hand Metacarpal
- Ring finger right hand Middle Phalanx
- Ring finger right hand DIP Joint

- Right Biceps Brachii

Range of motion:

- Right Hand Circumduction 2-130° Left Hand Circumduction 34-180°

Strength:

Right	Name	Left
0/5	Hand APB	3/5
3/5	Hand Grip	4/5
5/5	Wrist Extension	5/5

The patient has a positive:

- Mid Carpal Clunk on the Left Wrist
- Durkan on the Left Wrist

The patient has a negative:

- FDS Deficiency on the Right Hand

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

1. Selective deficiency of immunoglobulin M [IgM] (D80.4)
2. Quadriplegia, C1-C4 incomplete (G82.52)
3. Lobster-claw hand, unspecified hand (Q71.60)

Plan: John Smith presents signs and symptoms consistent with: selective deficiency of immunoglobulin m [igm] (d80.4), quadriplegia, c1-c4 incomplete (g82.52), and lobster-claw hand, unspecified hand (q71.60)

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

Treatment plan includes:

- Tylenol
- Surgery SPLIT GRAFT TRUNK SCALP
- 3" Ace

The patient will follow up after surgery.

Work Duty:

Full duty

Dr. Ryan, Doctor



5/30/2022, 8:58:05 AM