Smith, John

DOB: January 20th, 1984

MRN: 789

Date: February 8th, 2022

Follow-up: 6 weeks

Diagnosis: carpal tunnel syndrome, right upper limb (g56.01), carpal tunnel syndrome, right upper limb (g56.01), carpal tunnel syndrome, right upper limb (g56.01), and lateral epicondylitis, right elbow (m77.11)

Work Duty: Sedentary Work no lifting, no pushing, and no pulling greater than 5 lbs. to the rightfalse until next visit on 1 month

Chief Complaint: Right elbow pain

History Of Presenting Illness:

John Smith is a very pleasant 38 year old male who presents with the complaint of sore, tender, sharp pain to his right elbow. He states the symptoms have been present since January 1st, 2022, at mild to severe level intensity. He denies any injury. He states symptoms are worse with lifting, grasping, carrying, and driving and get better with ice, rest, and medication. He denies any radiating symptoms. He has not received treatment for this issue in the past.. He has taken the following medications to help with this condition: Ibuprofen (Oral Pill) 600 mg TID

Allergies:

- 1. Levothyroxine (Oral Pill)
- 2. Acetaminophen/Codeine (Oral Pill) Hallucinations
- 3. Penicillin V potassium (Oral Pill) Hives

Medications:

- 1. SYNTHROID (Oral Pill)-25-mg 2x Daily
- 2. amLODIPine (Oral Pill) mcg 1x Daily
- 3. Simvastatin (Oral Pill)-100 mcg 2x Daily

Past Medical History:

- 1. anxiety
- 2. asthma
- 3. COPD/Emphysema
- 4. high blood pressure
- 5. seizure disorder

Past Surgical History:

- Knee arthroplasty total
- Carpal tunnel release
- Arthroscopy

Family History:

Mother's Conditions: hypertension, and arthritis

Fathers's Conditions: heart disease, cancer, and stroke Grand Parents Conditions: cancer, hypertension, and stroke

Siblings Conditions: hypertension

Social History:

Occupation: Engineer
Martial Status: single
Smokes: yes - 1 pack/daily
Drinks: yes - 1 per sitting/daily

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 an a&o x 3 male that appears equal to the stated age. He has a pleasent demeanor. He is able to follow instructions. He is in no acute distress.

Vitals:

Ht: Wt:

BMI: 0.0 BP:

Pulse: RR:

Skin Exam positive for:

• Edema

The Patient has tenderness to palpation at:

- Lateral Epicondyle Elbow
- Lateral Epicondyle Elbow
- Right Lateral Epicondyle

Range of motion:

• Right Elbow Extension 10-120° Left Elbow Extension 0-140°

Strength:

Right	Name	Left
5/5	Hand EPL	5/5
5/5	Hand FPL	5/5
5/5	Hand APB	5/5
5/5	Hand FDI	5/5
5/5	Hand ADM	5/5
5/5	Hand Grip	5/5
5/5	Hand Pinch	5/5
5/5	Wrist Flexion	5/5
5/5	Wrist Extension	5/5
5/5	Wrist Pronation	5/5
5/5	Wrist Supination	5/5
5/5	Elbow Flexion	5/5
5/5	Elbow Extension	5/5
5/5	Shoulder Abduction	5/5
5/5	Shoulder Forward Flexion	5/5
5/5	Shoulder Horizontal Abduction	5/5
5/5	Shoulder Internal Rotation	5/5
5/5	Shoulder External Rotation	5/5

The patient has a positive:

- Pain with Act Resisted Wrist Ext on the right Elbow
- PLRI on the right Elbow

Diagnostic Studies:

Three view x-rays of the right elbow demonstrate no fractures or dislocations no lytic or blastic changes no significant degenerative joint changes.

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

- 1. Carpal tunnel syndrome, right upper limb (G56.01)
- 2. Carpal tunnel syndrome, right upper limb (G56.01)
- 3. Carpal tunnel syndrome, right upper limb (G56.01)
- 4. Lateral epicondylitis, right elbow (M77.11)

Plan: John Smith presents signs and symptoms consistent with: carpal tunnel syndrome, right upper limb (g56.01), carpal tunnel syndrome, right upper limb (g56.01), carpal tunnel syndrome, right upper limb (g56.01), and lateral epicondylitis, right elbow (m77.11)

Diagnosis, diagnostic studies, and treatment plan was reviewed with the patient at today's visit. Treatment plan includes:

- Physical Therapy PT Eval & Treat Strengthening, Modalities
- NSAIDS
- Tylenol
- Wrist brace

The patient will follow up in 6 weeks.

Work Duty:

Sedentary Work no lifting, no pushing, and no pulling greater than 5 lbs. to the rightfalse until next visit on 1 month