

Alerts

Under pain management.  
No rheumatoid arthritis, no allergy to adhesive, no rsd, no blood thinners, no allergy to latex, no pacemaker, no allergy to shellfish/iodine, no defibrillator, and no premedication prior to procedures.

Allergies

Obtained and Reviewed May 7, 2025.  
Penicillins  
Sulfa (Sulfonamide Antibiotics)

Medications

Obtained and Reviewed May 7, 2025.  
Accu-Chek Aviva Plus Meter  
Miscellaneous - misc Frequency: PRN  
alprazolam 0.5 mg Oral - tablet  
Frequency: QD  
amlodipine 10 mg Oral - tablet  
Frequency: QD  
Aspirin-81 81 mg Oral - tablet, delayed release (DR/EC) Frequency: QD  
cyclobenzaprine 10 mg Oral - tablet  
Frequency: QD  
hydrocodone-acetaminophen 7.5-325 mg Oral - tablet Frequency: PRN  
isosorbide mononitrate 30 mg Oral - tablet extended release 24 hr  
Frequency: QD  
pantoprazole 40 mg Oral - tablet, delayed release (DR/EC)  
Frequency: QD  
Other: Vitamin D

Medical History

Obtained and Reviewed May 7, 2025.  
Anxiety disorder  
Depressive disorder  
Essential hypertension  
Gastroesophageal reflux disease  
Hypercholesterolemia  
Other: chronic pain on pain management, HTN, h/o type II diabetes, CAD, GERD, anxiety (on benzodiazepines)

Musculoskeletal

History

Obtained and Reviewed May 7, 2025.  
Impingement syndrome of shoulder region: Surgery

Musculoskeletal

Family History

Diabetes: Mother  
Hypertension: Mother

Interventional Pain

Medial Branch Block - Lumbar

Musculoskeletal Surgery

History of repair of musculotendinous cuff of shoulder - Structure of right shoulder region  
Other: Surgery on right shoulder 2015

Chief Complaints:

1. Right Shoulder Pain

HPI: This is a 70 year old female who:

1. is being seen for a chief complaint of shoulder pain, involving the right shoulder.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
05/07/25 10:41	Inthaphone, Angela						64.0 in	142.8 lbs	24.5	1.7
	FIO2									

\* Patient Reported

Exam:

Comprehensive, Upper Extremity Neurovascular

Appearance: well developed and nourished

Orientation: Alert and oriented.

Mood: mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances

Right UE Pulses: Radial pulse 2+, without thrill, good capillary refill

RUE Peripheral Sensation: Musculocutaneous, radial, median, ulnar nerves are intact motor and sensory.

Shoulder

Right Shoulder Active ROM:

Forward Flexion: 120 degrees

External Rotation: 50 degrees

Internal Rotation: buttock

Skin:

Right Shoulder: incision healed

Inspection:

Right Shoulder: AC joint TTP

Strength:

Right Shoulder Forward Flexion: Strength: 4

Right Shoulder External Rotation: Strength: 5/5, normal muscle tone.

Special:

Right Shoulder: Belly Press: normal, Neer impingement: positive, and Yergason's test: negative

Strength:

Left Shoulder Forward Flexion: Strength: 5/5, normal muscle tone.

Left Shoulder External Rotation: Strength: 5/5, normal muscle tone.

**Surgical History**

Obtained and Reviewed May 7, 2025.  
Other: cholecystectomy, cardiac valve surgery, RT RCR

**Social History**

Obtained and Reviewed May 7, 2025.  
Drug use: No  
IV Drug Use: No  
IV Drug Use Within Past 12 Months: No  
Smoking status - Never smoker

Pneumonia vaccination not administered or previously received

**Data Reviewed:**

1 Review of the result(s) of each unique test (EMG Result Review)

**Tests****EMG Result Review**

Study Data:  
Date: 10/21/2020  
Study: EMG Upper Extremities, Bilateral

Other Result Details: performed at  
Ortho South

- 1. Abnormal study
- 2. The electrodiagnostic findings in the study are consistent with mild sensory distal median neuropathy on the right

**X-Ray Interpretation Shoulder**

Diagnosis: Rotator Cuff Tendinitis, Right - M75.81, Z98.890  
X-Ray Data:  
Date: 05/07/2025  
The following film(s) were done in our facility: right complete, minimum of 2 views; CPT 73030

X-rays of the right shoulder were ordered and obtained, demonstrating the following findings: X-rays taken today 4 views of right shoulder were reviewed and demonstrate a normal acromiohumeral interval. Very mild glenohumeral degenerative changes. Large enthesophyte noted out laterally on the greater tuberosity. Type II acromion. On the axillary view, the humeral head looks relatively centered on the glenoid.

**X-Ray Interpretation C-Spine Neck Pain**

Diagnosis: Intervertebral Disc Degeneration, Cervical - M50.322  
X-Ray Data:  
Date: 05/07/2025  
The following film(s) were done in our facility: Cervical; 2 or 3 views; CPT 72040

X-rays of the c-spine were ordered and obtained, demonstrating the following findings: X-rays taken today 2 views of the cervical spine were reviewed and demonstrate mild cervical degenerative disc disease. There is also mild facet arthritis.

**Impression/Plan:**

1. **Rotator Cuff Tendinitis, Right**  
Other shoulder lesions, right shoulder (M75.81)  
distributed on the right shoulder joint.  
Associated diagnosis: History of Arthroscopy

**Plan: Subacromial Steroid Bursal Injection.**

The initial decision to perform this procedure was made after evaluation during this visit.

- Identified Risk Factors:

The risks, benefits and alternatives of bursal injection were discussed with the patient. Risks include infection, bleeding, transient hyperglycemia, cartilage damage, and tissue atrophy at injection site. No certain guarantees have been made, patients understand that responses can vary and multiple procedures may be necessary. The patient was identified and timeout confirmed the correct site for the procedure. The patient was positioned appropriately. The overlying skin was prepped with alcohol and Ethyl chloride was applied for topical anesthesia. A total of 1 injections on the right shoulder joint were treated with 2 ml of Triamcinolone acetonide, 40mg. Anesthesia was achieved with 2 ml of 0.25% bupivacaine.

Steroid # 1: Lot Number: AP240572 / Expiration Date: 12/01/2026

Intra-articular Anesthetic #1: Lot Number: 2329208 / Expiration Date: 07/01/2025)

Patient can resume activities as tolerated. Please contact the office if there is swelling, redness or pain at the

injection site.

**Plan: Separate and Identifiable Documentation.**

Unplanned injection/aspiration

**Plan: PT/OT Rx.**

Physical and/or Occupational Therapy Prescription

Indication: Rotator Cuff Tendinitis, Right - right shoulder joint - M75.81, Z98.890

Instructions: evaluate and treat per diagnosis/objective exam

Recommend frequency of 2-3 times per week for 4-6 weeks.

- Therapeutic Exercises: All exercises prn per therapist.
- Manual Therapy: All manual therapy prn per therapist.
- Modalities: All modalities prn per therapist. All modalities prn per therapist.

Provider: Pokabla, Christopher MD

Perform at: OrthoSouth Physical Therapy - East Mphs (Poplar)

Address: 4515 Poplar Ave

Suite 210

Memphis, TN 38117

Work: (901) 728-6912

Fax: (901) 701-2428

Priority: normal

Time frame: 6 week(s)

**2. Intervertebral Disc Degeneration, Cervical**

Other cervical disc degeneration at C5-C6 level (M50.322)

located on the cervical spine.

**Plan: PT/OT Rx.**

Physical and/or Occupational Therapy Prescription

Indication: Intervertebral Disc Degeneration, Cervical - cervical spine - M50.322

Instructions: evaluate and treat per diagnosis/objective exam

Recommend frequency of 2-3 times per week for 4-6 weeks.

- Therapeutic Exercises: All exercises prn per therapist.
- Manual Therapy: All manual therapy prn per therapist.
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**MIPS**

**1. MIPS**

**Plan: MIPS Quality.**

Quality 128 (Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan): BMI is documented within normal parameters and no follow-up plan is required.

**Follow up in 6 weeks for: PT/OT progress check, F/U after injection**

**Note:**

Chief complaint: Right shoulder pain

History of present illness: This is a 70-year-old RHD female who is retired. She has a history of right RCR in 2015 by Dr. Lindy. She complains of increased pain for about a month. She denies recent injury. She complains of pain in the shoulder that radiates into her arm and hand. She also complains of numbness in her hand. She also complains of weakness and limited AROM. Her symptoms are worse with overhead activity. ADLs are affected. Previous treatment includes Hydrocodone, muscle relaxers. No recent physical therapy or injections. She is currently in pain management and takes Hydrocodone four times per day.

Past medical history: chronic pain on pain management, HTN, h/o type II diabetes, CAD, GERD, anxiety

Past surgical history: cholecystectomy, cardiac valve surgery, RT RCR

Allergy to Gabapentin

I was able to review Dr. Manugian's note from February 24, 2020. At that time, he diagnosed her with right shoulder rotator cuff tendinitis. He performed a subacromial steroid injection and provided counseling.

EMG bilateral upper extremities

October 21, 2020

Ortho South

1. Abnormal study
2. The electrodiagnostic findings in the study are consistent with mild sensory distal median neuropathy on the right

X-rays taken today 4 views of right shoulder were reviewed and demonstrate a normal acromiohumeral interval. Very mild glenohumeral degenerative changes. Large enthesophyte noted out laterally on the greater tuberosity. Type II acromion. On the axillary view, the humeral head looks relatively centered on the glenoid.

X-rays taken today 2 views of the cervical spine were reviewed and demonstrate mild cervical degenerative disc disease. There is also mild facet arthritis.

Assessment

Right shoulder rotator cuff tendinitis

Cervical degenerative disc disease

Plan

X-rays reviewed. We discussed treatment options, risks, benefits, alternatives. Regarding her right shoulder, I recommend physical therapy at this time.

Under sterile technique, I performed a subacromial steroid injection. No complications or wasted medications.

Regarding her cervical spine pathology, I recommend physical therapy at this time. Follow-up in 6 weeks for recheck.

**Staff:**

Christopher Pokabla, MD (Primary Provider) (Bill Under)

Angela Inthaphone

Quinesia Ayers

Jennifer Pierce

Electronically Signed By: Christopher Pokabla, MD, 05/07/2025 03:57 PM CDT