

Alerts

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

Reviewed and no changes noted May 7, 2025.
sulfabenzamide
Sulfa (Sulfonamide Antibiotics)

Medications

Obtained and Reviewed May 7, 2025.
azelastine 137 mcg (0.1 %) Intranasal - spray, non-aerosol Frequency: qd
celecoxib 200 mg Oral - capsule Frequency: qd
chlorthalidone 25 mg Oral - tablet Frequency: QD
montelukast 10 mg Oral - tablet Frequency: qd
olmesartan 40 mg Oral - tablet Frequency: QD
Otezla 30 mg Oral - tablet Frequency: qd
pravastatin 20 mg Oral - tablet Frequency: QD
prednisone 5 mg Oral - tablet Frequency: QD
pregabalin 75 mg Oral - capsule Frequency: QD

Medical History

Reviewed and no changes noted May 7, 2025.
H/O: hypertension
Psoriasis
Other: Low level prostate cancer
HTN
HLD
Psoriatic arthritis
Kidney stones

Musculoskeletal History

Reviewed and no changes noted May 7, 2025.
Osteoarthritis

Musculoskeletal Family History

None

Musculoskeletal Pediatric History

None

Interventional Pain

None

Musculoskeletal Surgery

Other: Right knee scope

Chief Complaints:

1. F/U Glenohumeral Arthritis, Left evaluated on April 4, 2025

HPI: This is a 71 year old male who:

1. is following up for Glenohumeral Arthritis. He was seen on April 4, 2025, at which time X-Ray Interpretation Shoulder was performed, MRI Interpretation Shoulder was performed and counseling shoulder djd was performed.

Order EMG/NCV was performed.

The patient presents for further evaluation and management.

Historical Summary:

MRI left shoulder

The imaging center at Wolf River

January 26, 2025

1. Rotator cuff tendinosis without tear
2. Moderate glenohumeral and moderate acromioclavicular joint osteoarthritis.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
05/07/25 10:27	Inthaphone, Angela						71.0 in	246.6 lbs	34.4	2.3
	FIO2									

* Patient Reported

Exam:

General Appearance

Appearance: **obese**

Orientation: Alert and oriented.

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

Shoulder

Left Shoulder Active ROM:

Forward Flexion: 125 degrees

External Rotation: 30 degrees

Internal Rotation: L5

Skin:

Left Shoulder: skin intact, no rashes, ecchymosis, or lesions.

Inspection:

Left Shoulder: **AC joint not TTP TTP over biceps**

Strength:

Left Shoulder Forward Flexion: **Strength: 4-**

Strength:

Right Shoulder Forward Flexion: Strength: 5/5, normal

Surgical History

Reviewed and no changes noted May 7, 2025.
Other: TURP
Appendectomy
RT TKA
Ureter stent

Social History

Reviewed and no changes noted May 7, 2025.
EtOH less than 1 drink per day
Smoking status - Never smoker

muscle tone.

Special:

Left Shoulder: **External Rotation Weakness: positive**
and Neer impingement: positive

Data Reviewed:

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

Tests

EMG Result Review

Study Data:
Date: 04/17/2025
Study: EMG, Left Upper Extremity

Other Result Details: PERFORMED BY DR. STUART AT ORTHOSOUTH

Impression/Plan:

- Glenohumeral Arthritis, Left**
Primary osteoarthritis, left shoulder (M19.012)

Plan: Counseling - Shoulder DJD.

Plan: Prescription.
Medrol (Pak) 4 mg tablets in a dose pack PO
Sig: Take as directed. Do not take with NSAIDs.
Quantity: 1 Tablet

Plan: Consult.
I counseled the patient regarding the following need to see the specialist:
We discussed the need to see another medical specialist to assist in the current diagnosis and treatment. The patient was advised to call the office of the specialist to set up an appointment for consultation. Delay in this may lead to poor outcomes.
Reason for consultation: 2nd opinion to rule out any neurologic issues that would cause the spasms patient is complaining about- prior to performing surgery

Provider: Christopher Pokabla, MD
Perform at: Vishad Kumar, MD
Address: Work: (901) 522-7700
Fax: (901) 259-2015

Priority: normal

MIPS

- MIPS**
Plan: MIPS Quality.

Quality 128 (Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan): BMI is documented above normal parameters and a follow-up plan is documented
Plan: Counseling - Overweight Counseling.

Please refer to the education handout for detailed counseling.
Plan: Plan for BMI management.

The plan for weight management was discussed with the patient as follows:

Return to Primary Care: The patient will be referred back to the primary care physician for BMI management.

Follow up for: F/U after consultation**Note:**

This is a follow-up visit for left shoulder glenohumeral arthritis. The patient was last seen and evaluated in clinic on April 4, 2025. At that time, I reviewed x-rays. I reviewed Dr. Weiss's note. I noted that according to his plain films, the patient really only had mild glenohumeral arthritis with no large osteophytes and relatively preserved joint space. I noted that his pain appeared to be out of proportion to the x-ray and MRI findings. I ordered an EMG/NCV to evaluate for any nerve damage prior to proceeding with invasive procedures. I noted that I would tend to favor arthroscopy over arthroplasty at this point to further evaluate the biceps, rotator cuff, and extent of arthritic changes at that time. Follow-up was set for after her EMG results.

I was able to review the patient's EMG that was performed at Ortho South by Dr. Jonathan Stuart on April 17, 2025. It revealed a normal study with no electrodiagnostic evidence of cervical radiculopathy or peripheral compression neuropathy.

I was able to review Dr. Stuart's note from April 17, 2025. He was diagnosed with numbness and instructed to follow-up with me.

Today, the patient says his arm is "starting to jump" which he says started after the EMG. He describes an involuntary spasm like an "electrical shock" or "quiver". He localizes the spasms to the shoulder. The patient is concerned that his symptoms are related to SIRVA.

Plan

I'd like a second opinion from Dr. Kumar to rule out neurologic causes for the spasms the patient is describing prior to surgical intervention. I also provided a Medrol Dosepak. Follow-up after consultation with Dr. Kumar.

Staff:

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

Angela Inthaphone

Quinesia Ayers

Jennifer Pierce

Electronically Signed By: Christopher Pokabla, MD, 05/07/2025 03:55 PM CDT