



4343 E 31st Place
Yuma, AZ 85365 - 6553
PH: 928-341-4544
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PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
John	Barone	07-20-1963	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Alyssa Poland, PA-C		09-19-2023	SCL48689
Insurance:	Employer:	Claim Number:	Date of Injury:
Helmsman Management Services	Y-Encore Cactus Garden	WC608-G52148	07-31-2023
Appointment Location:		Appointment Location Address:	
Agile Occupational Medicine, Yuma		4343 E 31st Place, Yuma AZ 85365 - 6553	

History of Present Illness

Patient is a 60 year old male.

DOS 9/19/23 WC FUP joint pain. Patient states that over pain improving. Now his neck is a little painful. He is prednisone 2.5mg daily and Ibuprofen 600mg 1-2x a day. He has followed up with his PCP and is awaiting nephrology referral.

DOS 8/23/23 WC FUP bilateral knee pain patient states he is still improving. He is down to a 5 mg dose of prednisone. He still reports pain in the bilateral knees, right ankle and 6 and to the heel of his right foot.

DOS 8/16/23 WC FUP bilateral knee pain. Patient states that he feels mildly improved today. Pain down from an 8/10 to a 6/10. He states that his knees continue to be the main area of pain. He has had some swelling to his ankles and feet. He is taking his prednisone taper. He has not been at work.

DOS 8/10/23 WC FUP right shoulder pain and bilateral knee pain. Patient states that his knee pain has increased in severity today. He notes that he went back to work full duty yesterday and had kneeled on the ground for several hours. Upon standing he felt very stiff. Waking up this morning pain is much worse in severity. He has needed to walk with a cane to get around. He states that he is also had some pain in several other random joints. He suspects that this injury may have flared up his history of vasculitis.

DOS 8/9/23 WC FUP right shoulder pain and bilateral knee pain. Patient states he feels significantly improved this week. He is has full range of motion of his shoulder. He reports some stiffness in bilateral knees in the morning and at night but otherwise he is doing well. He has been walking more. He has been taking the anti-inflammatory as prescribed.

DOS 8/2/23 NEW WORK INJURY 60-year-old male presents with right shoulder pain and bilateral knee pain that occurred while at work on 7/31/2023. Patient states he works as a maintenance man doing miscellaneous tasks at his job. He states that he was asked to help digging a trench approximately 14 feet x 3 feet x 2 feet. While digging a trench he felt some discomfort to his knees and shoulder although it was very mild at that time. Upon completion of this project at the end of the day, and he noticed he was in significantly more pain. He reports pain with weightbearing and ambulation. Patient also has pain to the right shoulder and is unable to

range of motion over his head. He denies any pain radiation from any of these joints. No numbness or tingling. Pain in the knees is primarily along the anterior distal aspect along the meniscal line into the medial aspect of both knees. Patient has taken 1 dose of Tylenol a day which has helped him sleep. He denies any prior injuries to either of or any of these locations although he does report a history of vasculitis to multiple joints. He has not been on any immunotherapy in 2 years with only having pain in his hands primarily.

Past Medical History

Vasculitis .

Surgical History

No Known Surgical History

Allergy

No Known Drug Allergies.

Social History

Use of Drugs/Alcohol/Tobacco: Never drinks any alcohol. Smoking Status (MU) smoker, current status unknown.

Vitals

Pain scale was 1 out of 10.

Weight: 216.00 lbs.

Pulse: 68 per min.

Pulse rhythm regular: Yes

Respiration: 18 breaths per min.

BP Systolic: 154 mm Hg.

BP Diastolic: 105 mmHg.

Physical Examination

Constitutional: Alert and oriented, In no acute distress, well developed, well nourished.

Head: NC/AT.

Eyes: EOMI, No injection or icterus.

Ears: No redness or swelling of external ear. Symmetrical.

Nose: Nares clear and without excessive discharge.

Neck: Supple.

Resp: Nonlabored breathing.

Cardio: Warm and well perfused.

Abdomen: Non-distended.

Neurological: Alert and oriented. CN II-XII grossly intact, Motor/Sensation grossly normal, Non-focal.

Musculoskeletal: Mild diffuse tenderness to palpation to bilateral knees anteriorly. Range of motion decreased secondary to pain.. Antalgic gait bilaterally and walking with a cane. No no muscle atrophy or weakness. Patient with mild hallux varus to the knees bilaterally. No clubbing, cyanosis, or edema.

Skin: Warm, dry, no rashes

Psych: Alert & cooperative, Normal affect, Thoughts appear congruent & appropriate.

Orders:

Assessment and Plan

ICD: Right knee pain (M25.561)

Assessment: 60-year-old male presents with right shoulder and bilateral knee pain after increased manual labor work while at work on 7/31/2023. X-ray's are negative for any acute findings. He does have some mild degenerative disease. Will treat as overuse injuries/strains at this time.

8/9/23- patient feeling improved.

8/10/23- failed full duty trial. Will proceed with long tapering dose of steroids in attempt to decrease likely flare of vasculitis.

8/16/23-patient is feeling mildly improved today. States pain is down from an 8/10 to about a 6/10.

8/23/23- pain improving. Pt approved for insurance and working to establish care with PCP. Once appt is made and patient sees PCP, will discharge for them to resume care.

9/19/23- Pt has followed up with PCP. PCP to take over restrictions moving forward.

Plan: Continue prednisone 2.5mg daily.

Continue the muscle relaxer PRN.

Follow up with PCP--PCP to continue work status moving forward.

Light duty.

Follow-up as needed.

ICD: Left knee pain (M25.562)

ICD: Right shoulder strain (S46.911A)

ICD: Right shoulder pain (M25.511)

CPT Codes:

Office O/p Est Low 20-29 Min (99213)

Follow up: -



Alyssa Poland PA-C

This has been electronically signed by Alyssa Poland PA-C for visit dated 09-19-2023.

Clinic Address: 4343 E 31st Place, Yuma AZ 85365 - 6553



Melvin Carter MD

Barone, John DOB:07-20-1963

Supervising Provider

This has been electronically signed by Melvin Carter MD for visit dated 09-19-2023.

A handwritten signature in black ink, appearing to read "Melvin Carter MD". The signature is stylized and cursive.

Melvin Carter MD
Rendering Provider

This has been electronically signed by Melvin Carter MD for visit dated 09-19-2023.