**Patient Name:** COVEY, NANCY

**Date of Birth:** 11/24/1969

**Date of Service:** 11/22/2021

**History of Present Illness:**  
This is a 52 year-old right hand dominant female with complaints of random onset of left shoulder and left elbow pain over 3 years. The patient is here today for orthopedic evaluation. Patient has completed PT.

Patient reports left shoulder pain 4/10, and left elbow pain 6/10 which is sharp in nature. Patient reports radiating pain associated with numbness and tingling to fingers. Pain is increased with picking up objects, lifting overhead, and griping. Ice improves the pain.Left Shoulder

**Past Medical History:**  
Arthritis, asthma as a kid, weight loss and chronic fever on and off, pain related, ear/sinus infection, hypothyroidism, urinary tract infection, arm or leg weakness. Hashimoto's thyroiditis.

**Past Surgical History:**  
Fusion L3-S1 in 1995 x2, C-section in 2000, right ankle surgery x4, appendectomy, tonsillectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Levoxyl 115 mcg, morphine 15 mg qid, baclofen 10 mg bid, gabapentin 300 mg tid. Unithroid and amitriptyline.

**Allergies:**  
No known drug allergies.

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 4 inches tall, weighs 166 pounds   
**General Appearance:** Patient is a well-developed, well-nourished female in no acute distress. Awake, alert,   
and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left Shoulder:**  
Examination of the left shoulder revealed no tenderness to palpation. Hawkins and Neer's tests were positive. Speed's test was positive. O'Brien's test was negative. Range of motion Abduction 145 degrees (180 degrees normal), Forward flexion 140 degrees (180 degrees normal), Internal rotation 90 degrees (80 degrees normal), External rotation 60 degrees(90 degrees normal) .  
  
Left Elbow: Examination of the left elbow revealed lateral epicondylitis and has pain with \_\_\_\_\_resist and wrist flexion. Range of motion Flexion 140 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
None reviewed.

**Assessment and Plan:**  
Diagnosis: 1. Lateral epicondylitis, left elbow.  
 2. Rotator Cuff Tendinopathy, left shoulder.  
Recommend left shoulder MRI and PT.

The patient’s Left Shoulder and left elbow were examined   
Patient is to return to the office in 4 weeks.

Causality: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient. Patient is considered 100% temporarily disabled.  
  
In response to the required COVID-19 mandates the following precautions have been taken. Doctors and Medical Assistants wore masks and gloves; examination rooms are completely disinfected after each use. Patient was required to wear a mask. Temperature scan was administered prior to examination. No more than 10 people were permitted in the waiting room at any time as this is the max that can be achieved while still maintaining six (6) feet social distancing guidelines. Only the patient was permitted in the examination room.



**L Sean Thompson, M.D.**