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PHYSICAL MEDICINE

PAIN CLINIC SERVICES

ELECTRODIAGNOSTICS

## NEW EVALUATION

December 28, 2022

Amanda Diehl, MD  
Community Health Center of the Black Hills  
350 Pine St.  
Rapid City, SD 57701

**RE: GLAYZER, HARLEY**  
**MEDICAL RECORD #: 144813**  
**DOB: 12/12/2002**

Dear Dr. Diehl:

I had the pleasure of seeing Ms. Glayzer in consultation today, as requested.

As you know, she is a pleasant 20-year-old who identifies as a transgender female. She has had diffuse joint pains for as long as she can remember. Her symptoms will involve the cervical spine, bilateral shoulders, elbows, hips, knees, and ankles. Her hips are most painful, particularly the right hip. She localizes pain to the lateral aspect of the right hip with only slight distal radiation. The pain is described as a sharp or dull aching sensation rated as 1-9/10 in severity. Her symptoms are constant but exacerbated by sitting, standing, lifting, bending, walking, or running. She has some relief when lying down. She denies pain radiation into the upper or lower extremities and she has had no upper or lower extremity numbness or tingling. She describes weakness in both legs such that her knees will intermittently give out. She has had no bowel or bladder incontinence.

She has not had any recent imaging for these issues.

**TREATMENTS TO DATE:** In terms of treatments, she underwent eight sessions of physical therapy at Monument Health in July. I reviewed Sara Haack, PT's note dated July 5, 2022. In terms of medications, Ms. Glayzer has tried Tylenol, aspirin, ibuprofen, naproxen, Celebrex, tramadol, hydrocodone, and topical medications. She has never been on gabapentin or Lyrica. She prefers to avoid opioid medications if possible due to a family history of addiction.

HARLEY J GLAYZER (DOB: Dec 12, 2002, Male)  
MRN: 5578-144813.0 Ins:  
Encounter Date: Dec 28, 2022

Printed on January 16, 2023  
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**PAST MEDICAL HISTORY:** Hypermobility disorder, autism, ADHD, and PDP.

**PAST SURGICAL HISTORY:** Tonsillectomy.

**ALLERGIES:** Spironolactone and nicotine.

**MEDICATIONS:** Omeprazole 20 mg p.o. q.d., Qelbree, hydroxyzine, fluoxetine, trazodone, Vyvanse, and Celebrex.

**FAMILY HISTORY:** Significant for Ehlers-Danlos syndrome.

**SOCIAL HISTORY:** The patient is a nonsmoker. She denies alcohol use. She does not have a regular exercise program. She is not currently employed.

**REVIEW OF SYSTEMS:**

CONSTITUTIONAL: Positive for insomnia.

ENT: Positive for blurry vision and dry eyes/mouth.

CARDIAC: Positive for murmur.

GI: Positive for heartburn/reflux and bloody stools.

GU: Positive for intermittent dysuria due to kidney stones.

PSYCHIATRIC: Positive for anxiety, mood swings, and high stress level.

**PHYSICAL EXAMINATION:**

VITALS: Blood pressure 125/93. Pulse 83.

GENERAL: Pleasant, straightforward, overweight patient in no acute distress.

MENTAL STATUS: Oriented to person, place, and time. Appropriate mood and affect.

MOTOR: She has full strength throughout both upper and lower extremities. No atrophy or tone abnormalities are noted.

SENSATION: She endorses intact pinprick sensation throughout both upper extremities.

REFLEXES: Bilateral upper and lower extremity muscle stretch reflexes are physiologic and symmetric.

GAIT: Gait is normal.

SPINE ROM: Cervical and thoracolumbar spine range of motion is full in all planes.

PERIPHERAL JOINT ROM: Bilateral shoulder, hip, and knee range of motion is full in all planes.

She is able to sublaxate both shoulders with minimal effort. She is able to hyperextend both elbows and knees to more than 10 degrees. She is able to dorsiflex the fifth digits to greater than 90 degrees and flex the thumbs nearly to both forearms. She is able to forward flex her trunk with knees straight and touch her palms to the floor.

PALPATION: There is no midline spine tenderness to palpation in the cervical region. She is tender along the bilateral suboccipital regions. She is mildly tender along the bilateral upper trapezii

muscles. There is no midline spine tenderness to palpation in the thoracic or lumbar regions. She is mildly tender over the right greater trochanter.

**PROVOCATIVE MANEUVERS:**

NECK: Spurling's test is negative for radicular pain bilaterally.

SHOULDER: Neer's sign is negative bilaterally.

LUMBAR: Seated and supine straight leg raise are negative bilaterally.

HIPS: FABERs test is negative bilaterally.

PERIPHERAL VASCULAR: There is no evidence of upper or lower extremity edema.

SKIN: Skin over the cervical, thoracic, and lumbar regions is intact.

**ASSESSMENT:**

1. Generalized musculoskeletal pain.
2. Ehlers-Danlos hypermobility syndrome.

**PLAN:**

Ms. Glayzer's diffuse musculoskeletal pains are consistent with Ehlers-Danlos syndrome hypermobility subtype. I explained to her that there is no genetic testing for the hypermobility subtype and, therefore, this is a clinical diagnosis. She has a Beighton score of at least 7/9 with arthralgias in multiple joints for more than three months. She has undergone physical therapy and continues to do her home exercises. I explained to her that there is no definitive treatment for hypermobility syndrome. She is currently taking Celebrex. She inquired about other non-opioid medications. I explained to her that gabapentin would be reasonable. I will have her start at 300 mg p.o. q.h.s. and gradually increase up to t.i.d. as tolerated. I cautioned her that it can cause drowsiness or grogginess. She states that she will be applying for disability which is reasonable. She is seeking a desk type job. I encouraged her to continue with the home exercise program for joint stability. I am recommending baseline x-rays of the shoulders, hips, knees, and lumbar spine. We will call her with the results of those.

Thank you, Dr. Diehl, for allowing me to participate in the care of Ms. Glayzer.

Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Tobacco Screening Counseling Summary: Patient was advised that smoking affects overall health, complicates treatment and poses additional risks for patients. Tobacco Screening Plan Summary: The patient was informed of the South Dakota Quit Program, a pamphlet was provided to the patient. The patient was informed that calling the phone number listed will provide them with cessation counseling & medications. Advised to stop using tobacco and to speak with primary care physician about ways to stop using tobacco (including QUIT program).

**ENCOUNTER ORDERS:**

(Q79.62) Hypermobility Ehlers-Danlos syndrome (SCT30652003)

(M25.552) Hip, Pain, Left (SCT0000000000)

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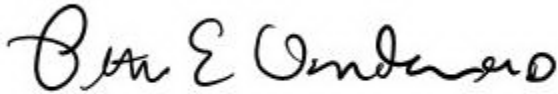
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(M25.551) Hip, Pain, Right (SCT0000000000)  
(M25.562) Knee, Pain, Left (SCT0000000000)  
(M25.561) Knee, Pain, Right (SCT0000000000)  
(M54.5) Low back pain (SCT279039007)  
(M25.512) Shoulder Pain, Left (SCT0000000000)  
(M25.511) Shoulder Pain, Right (SCT0000000000)

RAD-XRAY Shoulder - complete (min 2 views) Right Shoulder at bhuc. Will call with results.  
RAD-XRAY Shoulder - complete (min 2 views) Left Shoulder at bhuc. Will call with results.  
RAD-XRAY Hips, Bilateral (3-4 views) at bhuc. Will call with results.  
RAD-XRAY Knee, Bilateral (Standing, AP) at bhuc. Will call with results.  
RAD-XRAY Lumbosacral spine (2 or 3 views) at bhuc. Will call with results.

gabapentin 300 mg capsule ( Start 1 cap PO Qhs for 2 days, then 1 cap BID for 2 days, then 1 cap TID, 90 Capsule, 1 Refills, allow substitutes)

Sincerely,

A handwritten signature in black ink, appearing to read "Peter E. Vonderau". The signature is fluid and cursive, with the first name "Peter" and last name "Vonderau" clearly distinguishable.

Peter E. Vonderau, MD