

## Physician Summary Report

**Date of Visit:** July 7, 2025 14:30

**Patient Name:** Michael Rodriguez **MRN:** WC-789456 **Visit No.:** PV-07-07-2025

**Attending Physician:** Sarah Chen, MD (Physiatry)

### Chief Complaint

Pain and mechanical issues with right prosthetic arm, and concerns regarding left ocular prosthetic fit and appearance.

### Location:

- Right upper-extremity prosthetic interface
- Left ocular prosthetic socket

### Quality:

- Mechanical grinding sounds
- Socket pressure pain
- Prosthetic eye displacement

### Severity:

- 6–7/10 prosthetic interface pain

**Duration:** Progressive over 3 months

**Timing:** Worse with activity; morning stiffness

**Context:** Prosthetics in place for 8 years; recent weight changes

**Modifying Factors:** Rest provides temporary relief

### Associated Signs/Symptoms:

- Skin irritation at prosthetic interface
- Reduced functional capacity

### History of Present Illness

Mr. Rodriguez is a 42-year-old male with traumatic right above-elbow amputation and left ocular prosthesis placement following an industrial accident in 2017. He presents for routine prosthetic evaluation, reporting increasing pain at the right-arm socket accompanied by mechanical grinding noises during arm operation. He also requests replacement of his left artificial eye due to poor cosmetic match and frequent displacement. The patient denies fever or systemic infection signs but notes skin breakdown at prosthetic margins.

### Past Medical History

- Traumatic right above-elbow amputation (2017)

- Left ocular prosthesis in situ
- Osteonecrosis of right ulna
- Osteonecrosis of left radius
- Post-traumatic stress disorder
- History of nicotine dependence

### **Allergies**

- Latex (contact dermatitis)
- Adhesive tape (mild irritation)

### **Social History**

- Former heavy smoker (25 pack-years; quit 2020)
- Occasional alcohol use (3–4 drinks/week)
- No illicit drug use
- Lives with spouse; works part-time as a computer programmer
- Strong family support system

### **Review of Systems**

- **Constitutional:** No fever, chills, or weight loss
- **Musculoskeletal:** Right residual limb pain and stiffness
- **Integumentary:** Skin breakdown at prosthetic interfaces
- **Neurological:** Phantom limb pain (well-managed)
- **Psychiatric:** Mild anxiety regarding prosthetic function
- **Ophthalmologic:** Artificial eye displacement, cosmetic concerns
- All other systems negative.

### **Physical Examination**

#### **Vital Signs (14:35):**

- Temperature: 36.8 °C
- Heart Rate: 78 bpm

- Respiratory Rate: 16 breaths/min
- Blood Pressure: 128/82 mm Hg
- SpO<sub>2</sub>: 99 % on room air

**General:** Well-appearing male, in no acute distress, cooperative.

**Right Upper Extremity:**

- Residual limb: 8 cm above elbow amputation site
- Skin: Erythematous at contact points
- Palpation: Mild tenderness; no masses or drainage
- Range of Motion: Limited by socket discomfort
- Prosthetic Assessment: Mechanical wear; poor socket fit

**Left Eye:**

- Prosthesis: Visible displacement; poor color match
- Socket: No infection or inflammation
- Extraocular Movements: Limited by prosthetic constraints

**Musculoskeletal:** Compensatory changes noted in left upper extremity.

**Imaging & Diagnostic Studies**

- **X-ray, Right Residual Limb (07/07/2025):**
  - Osteonecrosis in residual ulnar segment
  - No acute fractures or hardware issues
  - Bone density adequate for prosthetic fitting
- **CT Scan, Left Orbit (03/15/2025):**
  - Socket integrity maintained
  - No complications

**Diagnoses**

- Presence of right-arm prosthesis
- Acquired absence of right upper limb above elbow
- Presence of artificial eye
- Osteonecrosis of right ulna

- Osteonecrosis of left radius

### **Ordered Services & Procedures**

- Office visit (moderate complexity)
- Physical performance testing
- Partial-hand prosthetic evaluation
- Ocular prosthetic evaluation

### **Current Medications**

- **Gabapentin** 300 mg TID (for phantom limb pain)
- **Ibuprofen** 600 mg BID PRN (for interface pain)
- **Multivitamin** daily
- **Calcium with Vitamin D** 600 mg daily

### **Plan**

1. **Prosthetic Management:**
  - Refer to certified prosthetist for right-arm prosthetic replacement
  - Redesign socket to improve fit and reduce skin breakdown
  - Evaluate myoelectric technology options for enhanced function
2. **Ocular Prosthesis:**
  - Refer to ocularist for replacement with custom color matching
  - Implement improved retention system and assess socket fit
3. **Bone Health:**
  - Annual imaging to monitor osteonecrosis progression
  - Continue calcium and vitamin D supplementation
  - Consider formal bone density scan
4. **Pain Management & Rehabilitation:**
  - Continue current phantom limb pain regimen
  - Physical therapy for compensatory movement patterns
  - Trial interface padding modifications to reduce pressure points

## 5. Follow-Up:

- Return in 6 weeks post-prosthetic fitting review
- Annual comprehensive evaluation with prosthetist and ocularist

## Goals of Care

- Optimize prosthetic comfort and function
- Improve cosmetic appearance and stability of ocular prosthesis
- Prevent further skin breakdown
- Maintain independence in activities of daily living

## Disposition

- Outpatient follow-up; condition stable
- Referrals: Prosthetist, Ocularist, Physical Therapy

## Vital Signs Summary

**Time Temp (°C) HR (bpm) BP (mm Hg) RR (breaths/min) SpO<sub>2</sub> (%) Pain (0–10)**

14:35 36.8 78 128/82 16 99 3/10

## Electronically signed

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