

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 (Physical Medicine)

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
- SpO₂: 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 prosthodontist 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: Prosthodontist, Ocularist, Physical Therapy

Vital Signs Summary

Time Temp (°C) HR (bpm) BP (mm Hg) RR (breaths/min) SpO₂ (%) Pain (0–10)

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

Electronically signed

Sarah Chen, MD (NPI 1234567890)

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