

SOAP Note

Date: November 18, 2024

Input:

"[doctor] hi logan. how are you?

[patient] hey, good to see you.

[doctor] it's good to see you as well.

[doctor] so i know the nurse told you about dax.

[patient] mm-hmm.

[doctor] i'd like to tell dax a little bit about you.

[patient] sure.

[doctor] so Berry Johnson is a 58 year old male, with a past medical history significant for diabetes type 2, hypertension, osteoarthritis, who presents today with some back pain.

[patient] mm-hmm.

[doctor] so logan, what happened to your back?

[patient] uh, we were helping my daughter with some heavy equipment and lifted some boxes a little too quickly, and they were a little too heavy.

[doctor] okay... and did you strain your back, did something-

[patient] i thought i heard a pop when i moved and i had to lie down for about an hour before it actually relieved the pain. and then it's been a little stiff ever since. and this was- what, so today's tuesday. this was saturday morning.

[doctor] okay, all right.

[doctor] and is it your lower back, your upper back?

[patient] my lower back.

[doctor] your lower back, okay. and what- what have you taken for the pain?

[patient] i took some tylenol, i took some ibuprofen, i used a little bit of icy heat on the spot but it

really didn't seem to help.

[doctor] okay. and um... do you have any numbing or tingling in your legs?

[patient] uh... i felt some tingling in my toes on my right foot until about sunday afternoon. and then that seemed to go away.

[doctor] okay, and is there a position that you feel better in?

[patient] uh... it's really tough to find a comfortable spot sleeping at night. i would- i tend to lie on my right side and that seemed to help a little bit?

[doctor] okay, all right.

[doctor] well, um... so how are you doing otherwise? i know that, you know, we have some issues to talk-

[patient] mm-hmm.

[doctor]. about today. were you able to take any vacations over the summer?

[patient] um... some long weekends, which was great. just kind of- trying to mix it up through the summer. so lots of three day weekends.

[doctor] okay, well i'm glad to hear that.

[doctor] um... so let's talk a little bit about your diabetes. how are you doing with that? i know that- you know, i remember you have a sweet tooth. so...

[patient] yeah... i-i love peanut butter cups. um... and i have to say that when we were helping my daughter, we were on the fly and on the go and haven't had a home cooked meal in weeks, our diets were less than stellar.

[patient] and uh... i-i think i need to go clean for a couple of weeks. but other than that, it was been- it's been pretty good eating.

[doctor] okay, all right. and how about your high blood pressure? are you monitoring your blood pressure readings at home, like i recommended?

[patient] i'm good about it during the week while i am at home working, but on the weekends when i'm out of the house i tend to forget. uh, and so it's not as regimented, but it's been pretty good

and-and under control for the most part.

[doctor] okay, and you're you're taking your medication?

[patient] yes, i am.

[doctor] okay. and then lastly, i know that you had had some early arthritis in your knee. how- how are you doing with that?

[patient] uh... it gets aggravated every once in a while. if i- maybe if i run too much or if i've lift boxes that are a little too heavy, i start to feel the strain. but it's been okay. not great, but it's been okay.

[doctor] okay. all right, well... let me go ahead and- you know, i know that the nurse did a review of systems sheet with you when you- when you checked in. i know that you were endorsing the back pain.

[doctor] have you had any other symptoms, chest pain, nausea or vomiting-

[patient] no.

[doctor]. fever, chills?

[patient] no. no none whatsoever.

[doctor] no. okay. all right, well let me go ahead, i want to do a quick physical exam.

[patient] mm-hmm.

[doctor] hey dragon? show me the blood pressure.

[doctor] so it's a little elevated. your blood pressure's a little elevated here in the office, but you know you could be in some pain, which could make your-

[patient] mm-hmm.

[doctor]. blood pressure go up. let's look at the readings.

[doctor] hey dragon? show me the blood pressure readings.

[doctor] yeah... yeah you know they do run a little bit on the high side, so we'll have to address that as well.

[patient] mm-hmm.

[doctor] okay, well. let me- i'm just going to be listening your heart and your lungs and i'll check out

your back and i'll let you know what i find, okay?

[patient] sure.

[doctor] and kick against my hands.

[doctor] okay, good. all right.

[doctor] okay, so... on physical examination, you know, i-i do hear a slight 2 out of 6 s- s- systolic heart murmur.

[patient] mm-hmm.

[doctor] on your heart exam. which you've had in the past.

[patient] mm-hmm.

[doctor] so that sounds stable to me.

[doctor] on your back exam, you know, you do have some pain to palpation of the lumbar spine. and you have pain with flexion and extension of the back. and you have a negative straight leg raise, which is which is good. so, let's- let's just look at some of your results, okay?

[patient] mm-hmm.

[doctor] hey dragon? show me the diabetes labs.

[doctor] okay, so... in reviewing the results of your diabetes labs, your hemoglobin a1c is a little elevated at eight. i'd like to see it a little bit better, okay?

[patient] sure.

[doctor] hey dragon? show me the back x-ray.

[doctor] so in reviewing the results of your back x-ray, this looks like a normal x-ray. there's good bony alignment, there's normal uh- there's no fracture present. uh, so this is a normal x-ray of your back, which is not surprising based on-

[patient] mm-hmm.

[doctor]. the history, okay?

[patient] mm-hmm.

[doctor] so let's just go ahead and we'll- we're going to go over, you know, my assessment and my

plan for you.

[doctor] so for your first problem, your back pain. you know, i think you have a lumbar strain from the lifting. so, let's go ahead. we can prescribe you some meloxicam 15 mg once a day.

[patient] mm-hmm.

[doctor] i want you to continue to ice it, okay. i want you to try to avoid any strenuous activity and we can go ahead and- and refer you to physical therapy-

[patient] mm-hmm.

[doctor]. and see how you do, okay?

[patient] you got it.

[doctor] for your next problem, your diabetes. y-you know, i think it's a little under- out of control. so i want to increase the metformin to 1000 mg twice a day. and i'm going to um... um... i'm going to repeat a hemoglobin a1c in about 6 months, okay?

[patient] mm-hmm.

[doctor] hey dragon? order a hemoglobin a1c.

[doctor] so, for your third problem, your hypertension. uh... i-i'd like to go ahead increase the lisinopril from 10 mg to 20 mg a day.

[patient] mm-hmm.

[doctor] does that sound okay? i think we need to get

Response:

CHIEF COMPLAINT

Back pain.

HISTORY OF PRESENT ILLNESS

Logan Berry is a 58-year-old male who presents to the clinic today for the evaluation of back pain. The onset of his symptoms began on Saturday morning when he was helping his daughter move. He states that he heard a pop in his back and had to lie down for an hour before the pain relieved. He states that the pain has been stiff ever since. He denies any numbness or tingling in his legs. He notes that he felt some tingling in his toes on his right foot until Sunday afternoon. He states that it is difficult to find a comfortable sleeping position at night. He prefers to lie on his right side. He denies any chest pain, nausea, vomiting, or fevers. He reports that he has been taking Tylenol, ibuprofen, and icing the area. He also states that he has been having problems with his diet over the past few weeks.

The patient reports that he has a history of diabetes type 2, hypertension, and osteoarthritis.

MEDICATIONS

The patient reports that he is compliant with his lisinopril and metformin.

REVIEW OF SYSTEMS

Cardiovascular: Denies chest pain.

Respiratory: Denies shortness of breath or dyspnea on exertion.

Gastrointestinal: Denies abdominal pain, nausea, vomiting, or diarrhea.

Genitourinary: Denies hematuria or urinary urgency.

Musculoskeletal: Endorses back pain. Denies lower extremity numbness or tingling.

Neurological: Denies weakness or difficulty ambulating.

Endocrine: Endorses diabetes.

PHYSICAL EXAMINATION

Respiratory: Lungs are clear to auscultation bilaterally. No wheezes, rales, or rhonchi.

Cardiovascular: Regular rate and rhythm. 2/6 systolic ejection murmur is noted on auscultation of the heart. No extra heart sounds. No jugular venous distention. No lower extremity edema.

Musculoskeletal: Pain to palpation of the lumbar spine. Pain with flexion and extension of the back.

Negative straight leg raise.

RESULTS

Hemoglobin A1c: 8.0.

X-rays of the lumbar spine were obtained today. There is no fracture or bony abnormality noted.

ASSESSMENT AND PLAN

1. Back pain.

Medical Reasoning: This appears to be due to a lumbar strain from lifting.

Patient Education and Counseling: I reviewed the risks, benefits, and alternatives of the treatment options with the patient.

Medical Treatment: I have prescribed meloxicam 15 mg once a day. I want him to continue to ice the area, and I want him to avoid any strenuous activity. I will refer him to physical therapy