

Identifying Data

Date: 09 / 21 / 2022
Time: 12:20 PM
Location: AMZ Medical Services
Patient Name: S.W .
Sex: F
DOB: 07 / 17 / 1969
Informant: Patient
Reliability: Reliable

Chief Complaint

Right shoulder pain x 1 week

HPI

S.W. is a 53-year-old female with a PMHx HTN, Hypothyroidism, HLD, carpal tunnel syndrome, and chronic venous insufficiency (s/p left GVS EVLT 02/2022) presents to the office with right shoulder pain that started 1 week ago. Patient states shoulder pain was sustained from a work-related injury as a custodial worker. She was cleaning a hospital bed and lifted a heavy mattress that was anchored to the frame. She used one swift motion to lift the bed overhead and oppose the force of the anchor, which then caused immediate pain in her right shoulder. Patient reports worsening of this pain since the incident has found minimal relief with Ibuprofen. Patient describes the pain as constant, aching, and throbbing in nature. The pain is diffuse around the right shoulder and does not radiate elsewhere. Patient admits to arm weakness and very limited range of motion. Patient states pain is exacerbated by movements and is unable to perform daily activities, particularly lifting or pulling. Pain is rated 8/10. Denies any paresthesia, dysesthesia, numbness, swelling, erythema, obvious deformities, neck pain, chest pain, or abdominal pain.

Past Medical History

Present Illnesses: Hypothyroidism x 12 years
HTN x 7 years
HLD x 7 years
Carpal Tunnel Syndrome x 3 years

Past Illnesses: COVID-19 09/2021

Immunizations: Up to date
COVID-19 vaccine x 3 doses - Pfizer

Screening Tests: Colonoscopy 2021 – negative
Mammogram 2022 – negative

Hospitalizations: Denies

Medications: Lisinopril 2.5 mg Tablet, Daily for HTN
Levothyroxine 50 mcg Tablet, Daily for Hypothyroidism
Atorvastatin 10 mg Tablet, Daily for HLD
Aspirin 81 mg Tablet, Daily for HLD
Gabapentin 300 mg Capsule, Daily for Carpal tunnel syndrome

Allergies: No known allergies

Past Surgical History

Surgeries: Cesarean Section 04/1998
Cholecystectomy 08/2013
Arthroscopic Meniscus Repair of the R Knee 05/2015
Endovenous Laser Treatment of the L Great Saphenous Vein 02/2022

Transfusions: Denies

Family History

Mother: Deceased at 69 years old, Breast Cancer
Father: Deceased at 67 years old, Gallbladder Cancer
Daughter: Living at 27, Healthy
Son: Living at 24, Healthy

Social History

S. W. is a 53-year-old African-American female living in Queens with her family. Her current occupation is a full-time custodial worker at Jamaica Hospital.

Habits: Former cigarette smoker, 20 pack year history. Denies alcohol use, marijuana use, or illicit drug use.

Diet: She admits to an unbalanced diet mostly consisting of carbohydrates. Tries to minimize salt and sugar intake.

Exercise: Active while she is at work. Cannot stand for over an hour from leg pain secondary to chronic venous insufficiency.

Sexual Activity: Not Currently

Review of Systems

Constitutional **See HPI. Positive** for **decrease in activity change** secondary to R shoulder injury. **Negative** for weight loss, fatigue, fever, chills, night sweats.

Skin / hair / nails **Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.

Head **Negative** for dizziness, vertigo, mild headache, swelling, light-headedness, or recent head trauma.

Eyes **Negative** for diplopia, blurry vision, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, redness, or discharge.

Ears **Negative** for deafness, pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses	Negative for difficulty breathing, congestion rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.
Mouth / Throat	Negative for sore throat/tongue, post nasal drip, bleeding gums, mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or dentures.
Neck	Negative for neck pain, stiffness, decreased range of motion, trauma, masses, localized swelling, or adenopathy.
Pulmonary	Negative for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	Negative chest pain, chest tightness, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.
Gastrointestinal	Negative for abdominal pain, nausea, vomiting, heartburn, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	Negative for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, difficult urination, incontinence, hematuria, pyuria, dark brown urine, flank pain.
Nervous	See HPI. Positive for numbness, paresthesias, pain in palmar aspect of bilateral hands secondary to carpal tunnel syndrome. Negative for seizures, headaches, dizziness balance problems, loss of consciousness, numbness, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	See HPI. Positive for R shoulder pain secondary to work-related injury. Negative for chest pain, back pain, falls, gait problem, deformity, redness, restricted motion, joint swelling, gout.
Hematologic	Negative for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Negative for polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	Negative for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, or delusions.

Physical Exam

Vitals	BP: 131/71 LA, Sitting – took meds in AM RR: 16 breaths / min, unlabored Pulse: 74 beats / min O2 Sat: 94% Room air Temp: 37.6 C oral Height: 170 cm Weight: 108 kg BMI: 37.4 kg/m ²
General	Alert, awake, not in acute distress. Appears to be well-developed and well-nourished.
Skin	Warm, moist, even texture, good turgor. No lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. Non-diaphoretic. Bilateral skin temperature consistently warm on all extremities.
Hair	Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp.
Head	Unremarkable symmetry. Normocephalic, atraumatic, non-tender throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. No recent falls.
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.
Eyes	No signs of lesions, masses, deformities, discharge. Symmetrical OU. Sclera white, cornea and lens clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. No cataracts or scleral icterus. PERRLA. EOMs intact. No nystagmus.
Ears	Symmetrical. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. No tenderness. Tympanic membrane pearly white/intact with light of reflex AU.
Nose / Sinus	Symmetrical. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off to palpation. Nares patent bilaterally. Nasal mucosa pink & well hydrated.
Mouth	Lips, mucosa, gums are pink, well hydrated, no cyanosis or lesions, swelling. No masses, lesions, scars. Palate is pink, well hydrated and intact. Tonsils are symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.

Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations noted, JVD, carotid thrills. Supple, non-tender to palpation. No carotid bruits on auscultation.
Thyroid	Not enlarged and non-tender. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.
Lungs	Pulmonary effort appears normal, no accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration symmetrical and appropriate. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5 th intercostal space at midclavicular line. No chest wall tenderness.
Abdomen	Abdomen symmetric with no bruises, scars, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. Vertical scar from previous cesarean section. Abdomen soft and non-distended. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. No guarding or rebounding noted. No presence of ascites. No hepatosplenomegaly to palpation. No CVA tenderness.
MSK	No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. R upper extremity: Diffuse tenderness of R shoulder with more pronounced tenderness over the subacromial region. No crepitus. Limited passive and active ROM secondary to pain. Strength 1/5 on R shoulder. Pain with abduction of arm from 0-90 degrees. (+) Neer test (+) Drop arm test L upper extremity: Full active/passive ROM without rigidity or spasticity. Strength 5/5 throughout against resistance. Lower extremities: Full active/passive ROM without rigidity or spasticity. Strength 5/5 throughout against resistance.
Neuro	Cranial + Peripheral
CN II	See Eyes section.
CN III, IV, VI	See Eyes section.
CN V	Face sensation intact bilaterally to light touch. Strong contraction of jaw muscles without fasciculations or atrophy.
CN VII	Facial expressions are symmetric and intact at rest and smile. No difficulty with BMP speech sounds. Strong eye muscle closure against resistance.

CN VIII Not performed.

CN IX and X No dysarthria. Uvula midline with elevation of soft palate. No difficulty swallowing. No hoarseness.

CN XI Full ROM at neck. **Shoulder shrug against resistance weaker on R side than L shoulder.**

CN XII Tongue midline without fasciculations or atrophy. Strong and symmetric tongue. No difficulty with LTND speech sounds.

Motor **See MSK section for ROM and muscle strength.** No abnormal movements seen – no atrophy, tics, tremors, bradykinesia or fasciculation. No pronator drift and rapid finger taps bilaterally.

Cerebellar Coordination by point-to-point intact bilaterally. No dysmetria. No asterixis. Gait intact.

Sensory Intact to light touch and vibratory sense throughout. Proprioception intact bilaterally. Romberg test not performed.

Reflexes Not performed.

Mental Status Alert and oriented to person, place, time, and situation. Intact language and speech. No depression or suicidal ideations.

Vascular **Varicose veins in R leg.** Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities and lower extremities. No edema noted. No calf tenderness bilaterally, equal in circumference. No palpable cords bilaterally. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations. Extremities are warm and well-perfused.

Recent Labs

CBC

-	WBC	8.39	09/21/2022
-	HGB	13.2	09/21/2022
-	HCT	41.0	09/21/2022
-	Platelets	267	09/21/2022
-	MCV	86.40	09/21/2022

BMP

-	Sodium	140	09/21/2022
-	Potassium	4.6	09/21/2022
-	Chloride	101	09/21/2022
-	CO2	24.0	09/21/2022
-	Glucose	98	09/21/2022
-	BUN	21	09/21/2022
-	Creatine	0.83	09/21/2022
-	eGFR	634	09/21/2022

CMP			
-	ALT	30	09/21/2022
-	AST	17	09/21/2022
-	ALK PHOS	100	09/21/2022
LIPID PANEL			
-	Triglyceride	207 (H)	09/21/2022
-	Cholesterol	149	09/21/2022
-	HDL	42	09/21/2022
-	LDL	81	09/21/2022
THYROID			
-	TSH	2.41	09/21/2022
RHEUMATOLOGY LABS			
-	ESR, CRP, ANA, RF etc.	Negative	09/21/2022

Imaging

X-Ray R shoulder 09/19/2022

IMPRESSION:

- No evidence of fracture, bony lesions, or degenerative changes.

Problem List

1. R shoulder injury
2. HTN
3. HLD
4. Hypothyroidism
5. Chronic venous insufficiency

Assessment/Plan

53-year-old female with a PMHx HTN, Hypothyroidism, HLD, carpal tunnel syndrome, and chronic venous insufficiency presents to the office with worsening of right shoulder pain after a occupational-related injury. Physical exam is notable for diffuse tenderness of R shoulder with more pronounced tenderness over the subacromial region. Limited ROM and decreased strength secondary to pain. Pain was easily elicited during Neer test and Drop arm test. X-ray of R shoulder showed no signs of fracture. The differential diagnosis includes rotator cuff tear vs. subacromial impingement syndrome vs. frozen shoulder vs. bursitis vs. fracture.

Differential Diagnoses

1. Rotator cuff tear (**most likely**)
 - **Likely** due to acute onset pain from an overhead mechanism of injury
 - PE positive for diffuse tenderness of R shoulder, severe limited ROM, and pain was easily elicited on Neer test and drop arm test
2. Subacromial impingement syndrome
 - PE positive for diffuse tenderness of R shoulder particularly more tender at subacromial area, severe limited ROM, and pain was easily elicited on Neer test and drop arm test
 - **Unlikely** because subacromial space on X-ray seems to be normal in R shoulder compared to the L shoulder. No signs of inflammation.
3. Frozen shoulder (Adhesive capsulitis)
 - PE positive for diffuse tenderness of R shoulder, severe limited ROM, and pain was easily elicited on Neer test and drop arm test

- **Unlikely** because the shoulder joint can still move but with difficulty, this is an acute injury. Denies stiffness and immobility.
- 4. Bursitis
 - PE positive for diffuse tenderness of R shoulder, severe limited ROM, and pain was easily elicited on Neer test and drop arm test
 - **Unlikely** because there is no evidence of painful swelling of shoulder on exam
- 5. Fracture (**least likely**)
 - PE positive for diffuse tenderness of R shoulder, severe limited ROM, and pain was easily elicited on Neer test and drop arm test
 - **Unlikely** because X-ray ruled out fracture and no step-offs noted on exam.

Right shoulder injury

- No evidence of fracture, bony lesions, or degenerative changes on X-Ray
- Likely rotator cuff tear

PLAN:

- ORDERED Shoulder MRI without contrast to assess soft tissue structures involved in cuff pathology
- Use OTC NSAIDs PRN for pain relief
- Refer to physical therapy
- Refer to Orthopedic Surgery for further evaluation

Hypertension

- BP controlled today (131/71)

PLAN:

- Advised pt to monitor BP at home
- CONTINUE Lisinopril 2.5 mg daily

Hyperlipidemia

- Triglycerides elevated

PLAN:

- CONTINUE Atorvastatin 10 mg daily
- Advised pt on lifestyle modifications – diet and exercise

Hypothyroidism

- Clinically stable at this time

PLAN:

- CONTINUE Levothyroxine 50 mg daily
- Follow up with endocrinologist

Chronic venous insufficiency

- S/p left GVS EVLT in 02/2022
- Clinically stable at this time

PLAN:

- Continue to monitor symptoms
- Advised pt on lifestyle modifications – diet and exercise
- Follow up with vascular surgeon