

Comprehensive medical report essay



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Data: 06/03/09 Identifying Data: Name: J. Smith Sex: female Age: 44

Occupation: community college administration assistant Reliability: good CC:

bilateral shoulder stiffness, right elbow pain HPI: Ms. Smith presents to the office with bilateral shoulder stiffness and lateral elbow pain in right arm. The patient has been suffering shoulder stiffness for over 2 years. The symptom developed gradually after she started using her computer more at her work place; she had to hold her telephone between her shoulder and head while typing information on computer.

The pain in right elbow stated about 8 months ago with gradual onset. The patient does not recall any trauma to the shoulder and elbow. She has been diagnosed as tennis elbow in December 2008 by her chiropractor (Dr. Shui). The patient experiences stiffness on both shoulders, slightly more on the right side. There is no pain with shoulder movement, but she reports tenderness on bilateral trapezius, rhomboid major and minor as well as right rotator cuff muscles upon moderate palpation. She also experiences localized dull, achy pain at lateral epicondyle of right elbow which becomes sharp with mild palpation.

There is no pain or paresthesia radiating down to the hands. Mr. Smith experiences the stiffness and pain constantly on a daily basis and rates them a 4 on a 1-10 scale, 1 presenting no pain and 10 presenting extreme pain/stiffness so she cannot move the shoulder or elbow. Keeping one position, such as using computer for a long time, worsens the symptoms. Stretching the shoulder and elbow only briefly alleviates the symptoms. Applying hot pack or taking hot shower also alleviates symptoms. Several

massages and physical therapy have been applied and alleviated her symptoms.

No antalgic gait, deformity, edema, erythemas, ecchymosis, scars, or muscle spasms are detected. The shoulder ROM and elbow ROM are within normal range. PMH: Childhood illnesses: chicken pox, does not recall other illnesses Adult illnesses: occasional difficulty falling asleep Psychiatric illnesses: none reported Obstetric/Gynecologic history: no pregnancy Hospitalizations/surgeries: none reported Injuries/Trauma: none reported Current medications: women's multivitamin/mineral, 1 tablet, 3 years; Omega-3 fish oil, 650 mg, 1year; OTC sleep aid on occasion to help with sleep

Allergies and drug reaction: no known medication, environmental, and food allergies Transfusions: none reported Hazardous exposures: none known FH: Father: 72, alive and well, no major medical illnesses Mother: 69, alive and well, no major medical illnesses Brother: 40, alive and well, no major medical illnesses No children SH: Ms. Smith lives with her boyfriend in a condo in San Diego. She was born and raised in Orange County and moved to San Diego with her current boyfriend in 2000. Her parents and brother are still living in Orange County, but she maintains close relations with them.

Although she is not considering marriage, Ms. Smith loves her boyfriend a lot and considers him as her best supporter. She has bachelor's degree in business. She has been working as an administration assistant at community college since 2004, and she likes her job although it occasionally gives her physical/mental stress and leads to insomnia. She denies tobacco, alcohol, or

recreational drug use. She is generally a happy person with positive attitude. She is very excited with cooking classes which she is going to take with her boyfriend on Friday nights starting next week.

HMS: Lifestyle: Diet: 3 meals per day at regular interval with 1 small snack around 3-4 pm; average 1L of water and 1-2 cups of green tea per day

Exercise: swimming for 1 hour on Mondays and Wednesdays; gym exercise for 1 hour on Tuesdays and Thursdays; hiking with boyfriend average once a

month Periodic health examination: Cholesterol: total cholesterol level 165 mg/dL, checked in February 2009 Immunizations: had usual childhood

immunizations, and completed boost shoots for HPB in April 2009 Cancer

prevention: annual OBGYN checkup including mammogram, no abnormality detected n last checkup in February 2009 Vision screening: regular screening

every 6 months, no abnormality detected on last checkup in February 2009

Dental care: regular screening every 6 months, no abnormality detected on last checkup in February 2009 ROS: General: no history of weight change,

fever or chills, weakness, fatigue, or change in appetite; occasional difficulty falling asleep, mostly associated with stress from work Integument: N/A

Hematopoietic: N/A Eyes: N/A Ears: N/A Nose/throat/sinuses: N/A Mouth: N/A

Pulmonary: N/A Breasts: N/A Cardiovascular: N/A

Gastrointestinal: occasional heartburn and bloating, especially after consumption of Indian foods; no history of nausea, vomiting, bowel changes, melena, hematochezia, dysphagia, jaundice, abdominal pain reported

Urinary: N/A Geniral/Reproductive: N/A Menses: 26-27 days of cycle duration, 3 days of actual bleeding and 1-2 days of spotting afterword, moderate flow of bright red blood, no clots; mild increase in appetite 2-3 days prior to

periods, no other PMS symptoms; no history of dysmenorrhea or abnormal bleeding; no menopausal symptoms Endocrine: N/A

Musculoskeletal: bilateral shoulder stiffness and lateral elbow pain in right arm (see HIP) Neuro: rarely experiences headache; no history of syncope, seizure, vertigo, diplopia, tremor, ataxia, or dysesthesia reported

Psychologic: N/A PEX: General: 5'7" and 135 lb; well developed and well nourished Caucasian female in no apparent distress Shoulder: Observation: no antalgic gait, deformity, edema, erythemas, ecchymosis, scars observed; no obvious abnormalities detected with posture exam

Palpation: tenderness on bilateral trapezius, rhomboid major and minor as well as right rotator cuff muscles upon moderate palpation reported ROM: AROM, PROM, ARROM within normal range Assessment: Allen's test, Halstead maneuver test, Adson maneuver test, empty can test, drop-arm test, anterior and posterior apprehension stress tests on shoulders were negative; mild tenderness on bicipital groove on right shoulder with Speed's test reported Elbow:

Observation: no antalgic gait, deformity, edema, erythemas, ecchymosis, scars observed; no obvious abnormalities detected with posture exam

Palpation: sharp pain on lateral epicondyle of right elbow with mild palpation reported ROM: AROM, PROM, ARROM within normal range Assessment: mild laxity of radial collateral ligament on right elbow detected on valgus/varus test; positive Cozen's test on right elbow; Phalen's test and reverse Phalen's test were negative Neurological: Myotomes of C5-T1: 5 (complete ROM against gravity with full resistance) Reflexes of C5-7: +2 (normal)

Summary: Ms. Smith is a 44 year old female with no significant past medical history who now presents with bilateral shoulder stiffness for 2 years and right elbow pain for 6 months. She has been diagnosed as tennis elbow in December 2008 by her chiropractor (Dr. Shui). Physical exam shows tenderness on bilateral trapezius, rhomboid major and minor, right rotator cuff muscles and sharp pain on lateral epicondyle of right elbow. Problem List: Bilateral shoulder stiffness Right elbow pain at lateral epicondyle