

## Encounters

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**Encounter 2** Date 08/26/2013

**Diagnosis** Lateral Epicondylitis (Tennis Elbow) (726.32), PAIN IN JOINT, FOREARM / ELBOW (719.43)

**Encounter 1** Date 07/08/2013

**Diagnosis** Lateral Epicondylitis (Tennis Elbow) (726.32)

## History & Physical Report #2

**Paul Dulberg**

8/26/2013 10:57 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)

The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)

The physical exam findings are as follows:

Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.

right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

**Story:** Left

Current Plans

- | Treatment options explained
- | Therapy notes reviewed / discussed with patient
- | Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
- | Activity restrictions discussed
- | Follow up as needed
- | Return to Work Date: 08/26/13

Work status discussed with patient and written statement was provided.

[ ☒ ] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

- [ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling
- [ ] No use of affected hand / arm [ ] Limited overhead use
- [ ] Limited lifting / pushing / pulling \_\_\_\_\_ #
- [ ] Wear Splint / Sling / Cast [ ] No forceful gripping [ ] No gym / sports
- [ ] Sedentary [ ] Limited forceful gripping

[ ] Other:

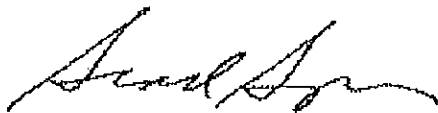
PAIN IN JOINT, FOREARM / ELBOW (719.43)

**Story:** right

Current Plans

- | Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.



Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

## History & Physical Report #1

**Paul Dulberg**

7/8/2013 10:39 AM

Location: VH Office

Patient #: 80330

DOB: 3/19/1970

Undefined / Language: English / Race: Undefined

Male

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)

**No Known Drug Allergies.** 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

**Cancer**

**Diabetes Mellitus**

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

**Hand Dominance.** Right Handed.

**Current Occupation.** not working

**Alcohol use.** 07/08/2013: does not drink alcoholic beverages

**Diabetic Diet.** 07/08/2013: no

**Illicit drug use.** 07/08/2013: no

**Tobacco use.** 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)

Naproxen DR ( Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

**Chronic or past head / neck disorders**

**Depression**

**Head Injury**

**Neurological disorder**

**Pneumonia**

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

**General:** Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling.

**HEENT:** Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.

**Respiratory:** Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.

**Breast:** Not Present- Breast Mass.

**Cardiovascular:** Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.

**Gastrointestinal:** Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.

**Male Genitourinary:** Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.

**Musculoskeletal:** Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.

**Neurological:** Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.

**Hematology:** Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)

7/8/2013 10:42 AM

**Weight:** 165 lb **Height:** 69 in

**Body Surface Area:** 1.91 m<sup>2</sup> **Body Mass Index:** 24.37 kg/m<sup>2</sup>

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)

The physical exam findings are as follows:

**Note:** Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

**Current Plans**

- ☒ Treatment options explained
- ☒ Patient provided with referral for Occupational Therapy
- ☒ Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)
- ☒ PROCEDURE / INJECTION

**PROCEDURE: STEROID INJECTION**

**SITE:** left elbow

Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected to proceed.

A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well. Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.

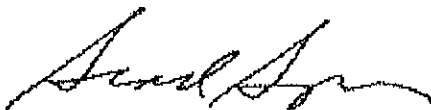
- ☒ 1% Lidocaine HCl Injection, USP (J3490) (3 Units)
- ☒ Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)
- ☒ Follow up in 6 weeks
- ☒ Return to Work Date: 7-8-13

Work status discussed with patient and written statement was provided.

☒ Unrestricted ☐ Restricted Therapy: ☐ Yes ☐ No

- ☐ Keep wound clean & dry ☐ No overhead use ☐ No lifting / pushing / pulling
- ☐ No use of affected hand / arm ☐ Limited overhead use
- ☐ Limited lifting / pushing / pulling \_\_\_\_\_ #
- ☐ Wear Splint / Sling / Cast ☐ No forceful gripping ☐ No gym / sports
- ☐ Sedentary ☐ Limited forceful gripping

☐ Other:



Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

**Procedures**

**Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)** Performed: 07/08/2013 (Ordered)

**1% Lidocaine HCl Injection, USP (J3490)** (3 Units) Performed: 07/08/2013 (Ordered)

**Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)** Performed: 07/08/2013 (Ordered)