Mid Site Evaluation H&P-2
History and Physical Rotation 7
Name: Abd-Manaaf Bakere
Rotation 7: Emergency Medicine
Date: 09/19/2024
Rotation Location: Metropolitan Hospital ED.

Name: JC
DOB: xx/xx/92
Age: 32 y/o
Address: Berge Avenue NY
Date/Time: 09/12/ 2024, 3:10 PM
Location: Metropolitan ED
Source of Information: Self
Reliability: Reliable
Preferred Language: Spanish

Chief complaint: "I have right side shoulder Pain x 2 days"

HPI
A 32 y/o. male with PMHx of HTN, HLD, presents to the ED with right-sided shoulder pain, radiating to the right side of his chest x 2 days. Patient states that 2 years ago he had an injury on his right shoulder but did not follow-up to get it treated. States that over the past 2 days he has been having pain. He works as a laborer's job and he had to pick up heavy objects. He has been taking naproxen for pain without relief. Admits to only pain with movement and walking. Denies any fever, chills, nausea, vomiting, diarrhea, numbness, tingling, headache, dizziness, shortness of breath, chest pain, hematemesis.

Past Medical History
Hypertension
Hyperlipidemia
Past Surgical History
No significant PSHx
Family History
None on file.

Social History
Smoking - Denies smoking cigarettes.
Illicit drugs - Denis any use of drugs.
Alcohol - Reports social alcohol use
Diet – standard diet.
Exercise - Denies regular exercise.
Sleep - Admits to getting 6-7 hours of sleep a night.

Allergies/Intolerance:
N.K.D.A

Medication:
Not on any Medication
Immunization
Up to date with all immunizations

Review of Systems (ROS):
General: **Admits fatigue**, denies weakness, weight changes, fevers, , night sweats, chills, body aches, sleep
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: denies headache, trauma, headache, nausea, vomiting, dizziness
• Eyes: denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
• Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
• Mouth/Throat: Denies hoarseness, voice change and sore throat, bleeding gums, dentures, cavities, dry mouth, difficult/painful
• Nose/Sinuses: Denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Respiratory: **Admits cough, right upper chest pain.** Denies shortness of breath, wheezing, hemoptysis, pleurisy, snoring
Cardiac: Denies palpitations, , DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
• Gl: Denies dysphagia, appetite, nausea, vomiting, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits, diarrhea, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice
• Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream
• Female: hernias, menarche age, period regularity/frequency/ duration/amount, dysmenorrhea, itching, discharge, sores, lumps, menopause, hot flashes
• Vascular: claudication, edema, varicose veins, past clots
• Musculoskeletal: **Admits right shoulder pain**. denies others muscles or joints pains, stiffness, arthritis, gout, weakness, swelling, redness, instability
• Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: denies nervousness, mood, anxiety, depression or suicidal ideation.

Physical Exam
Vital Signs
BP 149/90
Pulse 94
Temp 99.3 °F (37.4 °C)
Resp 18
SpO2 98%

Constitutional:
General: He is not in acute distress. AOx3
Appearance: Normal appearance. He is not ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Nose: No congestion.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear.
Eyes:
Extraocular Movements: Extraocular movements intact.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: +2 pulses.
Heart sounds: S1 and S2 heart sounds appreciated
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No wheezing.
Chest:
Chest wall: Mild tenderness to palpation of 2nd to 4th right ICS.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft. Not distended
Tenderness: There is no abdominal tenderness. There is no right CVA tenderness, left CVA tenderness or guarding.
Musculoskeletal:
General: No swelling. Normal range of motion.
Cervical back: Normal range of motion.
Comments: Full range of motion of right upper extremity, with tenderness to palpation of the anterior aspect of the shoulder and the superior aspect, no warmth erythema over the joint space, patient has pain with elevation of his arm above his head. There is point tenderness at the right side of his upper chest.
Skin:
General: Skin is warm.
Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
General: No focal deficit present.
Mental Status: He is alert.
Psychiatric:
Mood and Affect: Mood normal.

Test, Lab/Imaging
DX Shoulder 3 Views Right
Final Result

IMPRESSION: Ossific densities arising from the inferior aspect of the acromion and the lateral portion of the clavicle, could represent osteochondromas.
DX Chest 2 Views
Final Result
Impression: No evidence of acute pulmonary disease.
Final report dictated by and signed.

Assessment:
JC is a 32-year-old male with a PMHx of HLD, HTN, who presents to the ED with right-sided shoulder pain radiating to the right side of his chest for the past 2 days. The pain began after lifting heavy objects at work and is exacerbated by movement. Vital sign within normal limit. His physical exam reveals tenderness to palpation of the anterior shoulder and superior aspect of the shoulder, as well as pain with arm elevation. Imaging shows ossific densities arising from the inferior aspect of the acromion and lateral portion of the clavicle, which could represent osteochondromas. There is no evidence of acute pulmonary disease on chest X-ray. His vitals are notable for mild hypertension but are otherwise within normal limits.

Differential Diagnoses:

Rotator Cuff Injury/Strain: history of heavy lifting and pain with arm elevation, a rotator cuff injury or strain is a strong possibility. The rotator cuff muscles are essential in shoulder movement, and injury can cause pain, especially with lifting or overhead activities.

Costochondritis: This condition involves inflammation of the cartilage connecting the ribs to the sternum, causing localized chest wall pain. Chest tenderness and recent physical strain make this a possible diagnosis, though imaging did not show any abnormalities.

Subacromial Bursitis: Inflammation of the bursa beneath the acromion can occur due to repetitive motion or strain, leading to shoulder pain, especially when lifting the arm above the head. The patient's previous shoulder injury and recent heavy lifting could contribute to bursitis.

Osteochondroma: The imaging report mentions ossific densities that could represent osteochondromas. Although usually benign, these bony growths can cause mechanical irritation or impingement, leading to pain, particularly if they are located near joint spaces or tendons.

Plan:

Pain Management: Continue with (NSAIDs) like naproxen for pain relief. A short course of stronger analgesics if pain persists.

Advised patient to avoid heavy lifting and strenuous shoulder movements to prevent further strain. Recommend a gradual return to activity once symptoms improve.

Referral to physical therapy for shoulder rehabilitation exercises to strengthen the muscles and prevent further injury.

Recommended follow-up with orthopedics to evaluate the ossific densities noted on imaging, particularly if symptoms persist or worsen. Further imaging such as MRI may be considered for a more detailed assessment of soft tissue injury.

Educated the patient on signs of worsening symptoms, such as increasing pain, numbness, or weakness in the arm, and advise immediate return to the ED if these occur.