

Age: ♂ ♀ From: Wt: Ht: BP:

Affix Pt Label Here

Dominant Hand: R L A Occupation:

Name:  
U Number:  
DOB:  
DOS:

Chief Complaint: R L B Arthritis RCT Instability Pain Weakness Stiffness  
Shoulder Post: TSA Hemi R&R Delta TEA RCR S&M Bankart  
Elbow 2 3 4 6 wks months

Hx:  
Onset:  
Hx Trauma:  
Pain:  
Strength:  
Stiffness:  
Instability:  
Smoothness:

Ø Fevers, Chills, Nausea, Vomiting or Malaise

Patient would like: ↑ Function ↑ ROM ↑ Strength ↑ Comfort ↑ Smoothness Return to \_\_\_\_\_

SST NOs R: 1 2 3 4 5 6 7 8 9 10 11 12 L: 1 2 3 4 5 6 7 8 9 10 11 12

SET NOs R: 1 2 3 4 5 6 7 8 9 10 11 12 L: 1 2 3 4 5 6 7 8 9 10 11 12

Circle all NOs

Medical Issues:  See Patient Information Form  See Attached List

- Ø CV
- Ø DM
- Ø Resp

Surgeries:  See Patient Information Form  See Attached List

Medications:  See Patient Information Form  See Attached List

- Ø Narcotic Use

Allergies:  See Patient Information Form

- NKDA  PCN  Sulfa

ROS:  See Patient Information Form

- Const Eyes ENT Allergic/Immuno
- Resp GI GU Hemato/Lymph
- CV Neuro Psych Skin/ Integ
- Endo MS Rest Neg

SHx: Smoker: Nonsmoker \_\_\_\_\_PPD \_\_\_\_\_PPW  
ETOH: Nondrinker Occasional Rare

FHx:  See Patient Information Form

**PE:**

<b>General:</b>	<input type="checkbox"/> Well developed, well nourished ♂ ♀ in no apparent distress. Circle if applicable: Well Groomed Poorly Groomed Tobacco Smell	<input type="checkbox"/> Three Vital Signs in Chart (such as: Pulse, Respirations, BP, Temp, Ht, Wt)
<b>PSYCH:</b>	<input type="checkbox"/> Judgment, insight, memory, mood and affect within normal limits.	<input type="checkbox"/> Patient is alert and oriented to person, place and time.

**Right Upper Extremity**

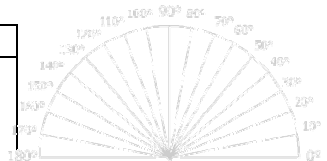
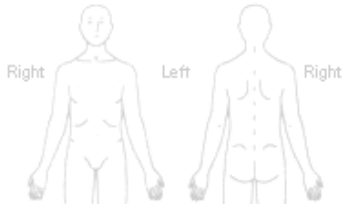
<b>Skin Inspection</b>		
<input type="checkbox"/> No rashes, lesions, cafe-au-lait spots, ulcers, edema, ecchymosis or cyanosis <input type="checkbox"/> Previous surgical scar <input type="checkbox"/> Incision Site C/D/I <input type="checkbox"/> erythema or signs of infection		
<b>Musculoskeletal Inspection</b>		
<input type="checkbox"/> <input type="checkbox"/> $\emptyset$ obvious deformity noted on visual inspection <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Crepitus <input type="checkbox"/> Crepitus <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Defect Palpated <input type="checkbox"/> Defect Palpated in Rotator Cuff Area <input type="checkbox"/> <input type="checkbox"/> Bicep Saw Nml <input type="checkbox"/> Bicep Saw Abnormal		
<b>ROM</b>		<b>Str (-/5)</b>
FE	ERA	S. Spinatus
ER	IRA	ER
IR	CBA	IR
		<input type="checkbox"/> IR Lift off Nml
		Delt
<b>Stability</b>		<b>Neuro</b>
<input type="checkbox"/> Unremarkable and Stable <input type="checkbox"/> Abnml Apprehension <input type="checkbox"/> Abnml Load and Shift		<input type="checkbox"/> SILT M/R/U <input type="checkbox"/> EPL/FPL/IO Intact <input type="checkbox"/> Biceps Intact

**Left Upper Extremity**

<b>Skin Inspection</b>		
<input type="checkbox"/> No rashes, lesions, cafe-au-lait spots, ulcers, edema, ecchymosis or cyanosis <input type="checkbox"/> Previous surgical scar <input type="checkbox"/> Incision Site C/D/I <input type="checkbox"/> erythema or signs of infection		
<b>Musculoskeletal Inspection</b>		
<input type="checkbox"/> <input type="checkbox"/> $\emptyset$ obvious deformity noted on visual inspection <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Crepitus <input type="checkbox"/> Crepitus <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Defect Palpated <input type="checkbox"/> Defect Palpated in Rotator Cuff Area <input type="checkbox"/> <input type="checkbox"/> Bicep Saw Nml <input type="checkbox"/> Bicep Saw Abnormal		
<b>ROM</b>		<b>Str (-/5)</b>
FE	ERA	S. Spinatus
ER	IRA	ER
IR	CBA	IR
		<input type="checkbox"/> IR Lift off Nml
		Delt
<b>Stability</b>		<b>Neuro</b>
<input type="checkbox"/> Unremarkable and Stable <input type="checkbox"/> Abnml Apprehension <input type="checkbox"/> Abnml Load and Shift		<input type="checkbox"/> SILT M/R/U <input type="checkbox"/> EPL/FPL/IO Intact <input type="checkbox"/> Biceps Intact

**Neck**

<b>Skin:</b> <input type="checkbox"/> No rashes, lesions, cafe-au-lait spots, or ulcers noted
<b>Musculoskeletal:</b> <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ obvious deformity noted on visual inspection
<input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Crepitus <input type="checkbox"/> Crepitus <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ Pain with axial compression <input type="checkbox"/> Pain with axial compression <input type="checkbox"/> <input type="checkbox"/> $\emptyset$ $\Delta$ in pain with Traction <input type="checkbox"/> $\downarrow$ in pain with Traction
<b>ROM:</b> <input type="checkbox"/> Full flexion, extension, lateral flexion, lateral rotation
<input type="checkbox"/> No pain c head turn side of pain (Spurling's) <input type="checkbox"/> pain c head turn side of pain (Spurling's)



**Imaging:**

XRay: R L  Fx  dislocation Prosthesis in good anatomical alignment  
 Glenohumeral joint space is: preserved decreased destroyed  
 Arthritis Ant Pos Wear pattern High riding Humeral Head

R L MRI  
 Full Part  RCT

**Assessment:** DJD RCT RC Arthropathy Shoulder Instability Adhesive Capsulitis Normal Post Surgical Course

**Plan:**  Discussed surgical and non-surgical management options to include risks and possible benefits of each.  Intro to surg scheduler  Order MRI  
 PT: Cont FE\_\_\_\_\_ ER\_\_\_\_\_ 4Quad Stretch RC STR Scap Stab Lat Pull $\downarrow$  Prog Sup Bench  Old Records Reviewed  Smoking talk

F/U: 2 3 4 6 wks months If  improvement AS needed After MRI

Seen & Exam with Consulted with

Frederick A. Matsen Winston J Warme Alexander Bertelsen

Signature: \_\_\_\_\_

PE: New **204** - comp PE and surg  
 Comp - 8 systems **203** - det PE and (PT or read new x-ray)  
 Det - gen, inspect, ROM, Str, stability Est **214** - det PE or surgery + mult/new prob  
 Exp - gen, any MS **213** - exp PE or x-ray + PT/surgery  
 Visit Greater than 50% Counseling  
 New 10 - 201 20 - 202 30 - 203 45 - 204 60 - 205  
 Est 5 - 211 10 - 212 15 - 213 25 - 214 40 - 215  
 Frederick A. Matsen  
 Winston J Warme Alexander Bertelsen Date: \_\_\_\_\_