Age:  ♂ ♀ From:  Wt:  Ht:  BP:

Dominant Hand:  R  L  A  Occupation:

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

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

Medical Issues:  ☐ See Patient Information Form  ☐ See Attached List  Surgeries:  ☐ See Patient Information Form  ☐ See Attached List
☐ Ø CV  ☐ Ø DM  ☐ Ø Resp

Medications:  ☐ See Patient Information Form  ☐ See Attached List  Allergies:  ☐ See Patient Information Form
☐ Ø Narcotic Use  ☐ NKDA  ☐ PCN  ☐ Sulfa

ROS:  ☐ See Patient Information Form

SHx:  Smoker:  Nonsmoker  _____PPD  _____PPW  FHX:  ☐ See Patient Information Form
ETOH:  Nondrinker  Occasional  Rare
### General:
- Well developed, well nourished ☑️ ☐ in no apparent distress.
- Three Vital Signs in Chart (such as: Pulse, Respiration, BP, Temp, HI, WI)
- Patient is alert and oriented to person, place and time.

### PSYCH:
- Judgment, insight, memory, mood and affect within normal limits.

### Right Upper Extremity

#### Skin Inspection
- No rashes, lesions, cafe-au-lait spots, ulcers, edema, ecchymosis or cyanosis
- Incision Site C/D/I ☐ erythema or signs of infection

#### Musculoskeletal Inspection
- ☐ obvious deformity noted on visual inspection
- ☐ Crepitus
- ☐ Defect Palpated
- Bicep Saw Nml

#### ROM
- FE ERA S. Spinatus
- ER IRA ER
- IR CBA IR Lift off Nml
- Delt

### Left Upper Extremity

#### Skin Inspection
- No rashes, lesions, cafe-au-lait spots, ulcers, edema, ecchymosis or cyanosis
- Incision Site C/D/I ☐ erythema or signs of infection

#### Musculoskeletal Inspection
- ☐ obvious deformity noted on visual inspection
- ☐ Crepitus
- ☐ Defect Palpated
- Bicep Saw Nml

#### ROM
- FE ERA S. Spinatus
- ER IRA ER
- IR CBA IR Lift off Nml
- Delt

### Neck

#### Skin
- ☐ No rashes, lesions, cafe-au-lait spots, or ulcers noted

#### Musculoskeletal
- ☐ Crepitus
- ☐ Pain with axial compression
- ☐ in pain with Traction

#### ROM
- Full flexion, extension, lateral flexion, lateral rotation
- No pain c head turn side of pain (Spurling’s)
- 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

### Assessment:
- DJD RCT RC Anthrapy 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  Prog Sup Bench Old Records Reviewed Smoking talk

### F/U:
- 2 3 4 6 wks months If ☐ improvement ☐ needed After MRI
- Seen & Exam with Consulted with
- Frederick A. Matsen Winston J Warme Alexander Bertelsen

### Signature: __________________________

### Date: __________________________