

Demographics

Name	Heidi West
Date Of Birth	10-15-1978
Gender	Female
Provider Name	David Eisenhauer

Chief Complaint

Chief Complaint wrist pain/Left

History of Present illness

What are your symptoms?

- P-1 Sharp Pain, Weakness

Did you have an injury or did symptoms come about slowly?

- P-1 Slowly

How long has it been bothering you?

- P-1 Approximately 3 months

Have you had a recent increase in activity (workouts, repetitive motion, etc.)? (Explain)

- P-1 Yes, I've started a new workout regimen with free weights

When does it bother you?

- P-1 All The Time

Do the symptoms awaken you from sleep?

- P-1 No

What makes the symptoms better or worse?

- P-1 Nothing seems to make better. Activity makes worse

What treatments have you had so far?

- P-1 Motrin, ice

Please explain your current injury or symptoms in detail.

- P-1 My wrist started hurting a few months ago, at about the same time as I started a new workout routine. I did not have an injury, but the pain came on quickly over a couple of days. It hurts at the wrist joint near the thumb and travels up my forearm. There is swelling in the area and my left wrist is weaker than my right.

Past Medical History

List your current or past medical problems that is, anything you take prescription or over the counter medication for, or anything you see a physician or specialist for

- P-1 None

Are you currently in a pain management program for this problem or another chronic pain issue?

- P-1 No

Past Surgical History

List ALL surgeries you've had in the past

- P-1 C-sections x 2

Medication

List ALL current medications, both prescription and over the counter, including vitamins and supplements.

- P-1 Motrin

Do you take NSAIDS (aspirin, Aleve, naproxen, Motrin, ibuprofen or other anti-inflammatories not including Tylenol)

- P-1 Yes

Can you take NSAIDS?

- P-1 Yes

Do you have a history of ulcers or kidney disease?

- P-1 No

Do you currently take a blood thinner?

- P-1 No

Allergies

(specifically are you allergic to any medication, medical products, or IV contrast/dye)

- P-1 Penicilin

Social History

Do you use tobacco, alcohol or recreational drugs? If so, what types and how much? (how many packs per day do you smoke, how many drinks per day, etc)?

- P-1 No

Do you live alone?

- P-1 No

Are you employed?

- P-1 Yes

Are you pregnant?

- P-1 No

Family History

Do you have a first degree relative with any major medical problems?

- P-1 Mother with heart disease

Review of Systems

Is there deformity at the area of chief complaint (Explain)?

- P-1 No

Is there redness, swelling or bruising at the area of chief complaint (Explain)?

- P-1 Some swelling

Do you have nausea, vomiting, fever, chills, diarrhea, or other symptoms of a generalized illness or infection (Explain)?

- P-1 No

Do you have full mobility of the body part/joint at the area of chief complaint (Explain)?

- P-1 Yes, but with pain in certain positions

Is the skin in tact, is there scabbing, drainage or any other skin changes at the area of chief complaint (Explain)?

- P-1 No skin issues

Do you have any feelings of instability at the area of chief complaint (Explain)?

- P-1 No

Can you put your full weight on the area of chief complaint (Explain)?

- P-1 Yes, but with some pain with lifting

If you have numbness/tingling, describe EXACTLY where it is (specifically which fingers or what part of the hand/arm, or which toes or what part of the foot/leg. Try not to say "entire hand" or "entire foot", unless that is truly the case).

- P-1 No numbness

Physical Characteristics

Height(inches)

68

Weight(lbs)

122

Right Handed Or Left Handed

Right Handed

Video Exam

Video Exam (will be filled out by physician after review of the patients video)

- D-2 Your video reveals pain at the radial aspect of the wrist, perhaps along the first dorsal compartment tendons or at the joint itself.

Assessment

Assessment (Will be filled out by physician after review of the patients history and intake form and review of the video)

- D-2 Upon reviewing your patient Intake Form and self video, it appears that you have DeQuarvains tenosynovitis, or 1st dorsal compartment tenosynovitis. This is a relatively common condition in patients who have had a recent increase in activity, or those who preform heavy or repetitive motions.

Recommendations

Recommendations (Will be filled out by physician after review of the patients history and intake form and review of the video)

- D-2 DeQuarvains tenosynovitis can be treated a couple of different ways, in my experience a steroid injection, along with rest and activity modification, tends to resolve this condition relatively quickly. Another option is a thumb spica brace and a short course of NSAIDs, along with rest and activity modification. Physical therapy can be considered as a secondary treatment as well. Surgery is rarely needed and is only considered when conservative treatment has failed. Please let me know how you would like to proceed; I'd be happy to see you in my office for an injection-only appointment, or I can write you a prescription for a brace and an NSAID.

Patient Response

I would like to try an injection. I will call your office to schedule an appointment. Thank you.