

Name: Chris Michael Nowlin | DOB: 5/10/1981 | MRN: 20018442849 | PCP: Paul J. Murata, MD

Progress Notes

Paul J Murata at 06/14/21 0800

CHIEF COMPLAINT:

1. **Right elbow pain**
2. Idiopathic chronic gout of multiple sites with tophus
3. Mild intermittent asthma, uncomplicated
4. Depression screening negative
5. Need for hepatitis C screening test
6. Need for vaccination

HPI:

Encounter Diagnoses

Name

- Right elbow pain
- Idiopathic chronic gout of multiple sites with tophus
- Mild intermittent asthma, uncomplicated
- Depression screening negative
Need for hepatitis C screening test
Need for vaccination

Primary?

Pt c/o right elbow pain x 1 month. Started after pitching at baseball game in 6th inning. After about 55 pitches. Plays Minor League baseball, this was his first game in the past year. Has elbow brace, applies ice. Trainer recommended against non-steroidal anti-inflammatory drugs. Thinks he has gout in ankles and elbow. Had a couple flare ups in the past year. Notes hard bump on right hand. No previous gout medications. Had flare up of asthma in Texas two years ago. No recent flare ups. Requests refill of inhaler. Negative. Needs screening. Needs Tdap.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis

Date

- Asthma
- Gout

History reviewed. No pertinent surgical history.

Family History

Problem

Relation

Age of Onset

- High blood pressure Mother
- Diabetes Maternal Grandmother

Social History

Socioeconomic History

- Marital status: Married
Spouse name: Not on file
- Number of children: Not on file

- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: Professional Baseball Player

Comment: Pitcher

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Drug use: Yes
 - Types: Marijuana
- Sexual activity: Yes
 - Partners: Female

MEDICATIONS:

No current outpatient medications on file prior to visit.

No current facility-administered medications on file prior to visit.

ALLERGIES:

No Known Allergies

REVIEW OF SYMPTOMS:

See Review of Systems in HPI.

RECENT LABS:

No results found for this or any previous visit (from the past 2016 hour(s)).

OBJECTIVE

BP 130/85 | Pulse 60 | Temp 36.4 °C (97.6 °F) (Oral) | Resp 16 | Ht 1.93 m (6' 4") | Wt 98.4 kg (217 lb) | SpO2 99% | BMI 26.41 kg/m²

GENERAL: Well developed, well nourished male in no acute distress.

EYES: The eyes with normal external structures. No conjunctival injection or icterus.

NECK: Supple. No lymphadenopathy or thyromegaly.

LUNGS: The lungs are clear to auscultation. No wheezes, rales or rhonchi present. Normal respiratory effort.

CARDIOVASCULAR: The heart has a regular rate and rhythm. No murmurs.

EXTREMITIES: No cyanosis, clubbing or edema. ELBOW: left elbow with FROM. Redness, swelling, or effusions: Absent

Localized tenderness over the Medial epicondyle(s): Mild

Increased pain on wrist extension Absent and supination Absent

Increased pain on wrist flexion Mild and pronation Mild

NEUROLOGIC: The patient is alert and conversant. Normal gait & station.

All portions documented in the exam were performed today and the results are accurately documented.

ASSESSMENT and PLAN:**Right elbow pain (Primary)**

Symptomatic. Medial epicondylitis

Referral to physical therapy done.

Recommend elbow brace, ice.

OTC non-steroidal anti-inflammatory drugs PRN.

Monitor symptoms.

- Ambulatory referral to Physical Therapy: HCP

Idiopathic chronic gout of multiple sites with tophus**Assessment & Plan:**

Stable.

Monitor symptoms.

Check labs.

Orders:

- Uric Acid
- Comprehensive Metabolic Panel
- Lipid Panel, Direct LDL, Reflex
- Urinalysis With Microscopic
- CBC with Differential

Mild intermittent asthma, uncomplicatedAssessment & Plan:

Stable.
Continue prn inhaler. Refill given.
Monitor symptoms.

Orders:

- albuterol (PROAIR RESPICLICK) 90 mcg/puff inhaler; Inhale 2 puffs into the lungs every 6 hours as needed for Wheezing. Dispense: 1 each; Refill: 1

Depression screening negative**Need for hepatitis C screening test**

- Hepatitis C Ab

Need for vaccination

Discussed benefits and risks of vaccine - given

- Tdap vaccine >= 7yo IM Office Admin

I, Kaitlyn Akiyama, medical scribe, attest that this documentation has been prepared under the direction and in the presence of Dr. Paul Murata, MD, and per provider's instructions, I brought the following information into this note from elsewhere in the medical record- history, meds, allergies, and labs.

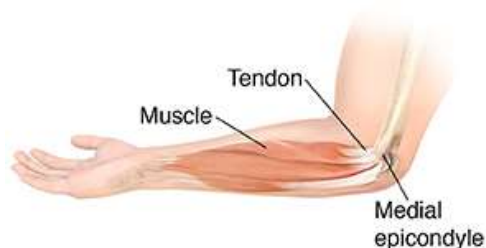
I, Dr. Paul Murata, MD personally performed the services described in this documentation. All medical record entries made by the medical scribe, Kaitlyn Akiyama, were at my direction and in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Patient Instructions

[Paul J Murata at 06/14/21 0800](#)

An authorization has been submitted for right elbow tendonitis. You should receive notice of approval within 7-10 days. Please call our office and check with the referral desk if you have not received notice by then.

Understanding Medial Epicondylitis



Several muscles attach to the arm at the elbow joint. The tough bands of tissue that attach muscle to bones are called tendons. The bone in the upper arm has knobs on the farthest end called epicondyles. Tendons attach some arm muscles to these knobs. The tissues in this area can become irritated.

Epicondylitis is the medical term for a painful elbow over the epicondyle. Medial refers to the inner side of the elbow. Medial epicondylitis is sometimes called “golfer’s elbow.”

How to say it

MEE-dee-uhl eh-pih-KOHN-dye-lie-tis

Causes of medial epicondylitis

A painful inner elbow may be caused by:

- Using an elbow or hand the same way over and over

- Using poor form or too much force in a sport such as golf, tennis, or baseball
- Lifting too heavy a weight
- Other injuries to the arm or elbow

Symptoms of medial epicondylitis

- Pain or tenderness on the inside of the elbow that may travel down the forearm
- Pain when moving the wrist
- Pain or weakness when gripping something
- A crackling sound or grating feeling when moving the elbow

Treatment for medial epicondylitis

Treatments may include:

- **Avoiding or changing the action that caused the problem.** This helps prevent irritating the tissues more.
- **Prescription or over-the-counter medicines.** These help reduce inflammation, swelling, and pain.
- **Braces.** A counter-force brace can help reduce tendon strain. This allows the joint to heal.
- **Cold or heat packs.** These help reduce pain and swelling.
- **Stretching and other exercises.** These improve flexibility and strength.
- **Physical therapy.** This may include exercises or other treatments.
- **Injections of medicine.** This may relieve symptoms.

If other treatments don't relieve symptoms, you may need surgery.

Possible complications

If you don't give your elbow time to heal, symptoms may return or get worse. Follow your healthcare provider's instructions on resting and treating your elbow.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Chills
- Redness, swelling, or warmth that gets worse
- Symptoms that don't get better with prescribed medicines, or get worse
- New symptoms

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Gout Diet

Gout is a painful condition caused by an excess of uric acid, a waste product made by the body. Uric acid forms crystals that collect in the joints. This brings on symptoms of joint pain and swelling. This is called a gout attack. Often, medications and diet changes are combined to manage gout. Below are some guidelines for changing your diet to help you manage gout and prevent attacks. Your healthcare provider will help you determine the best eating plan for you.

Limiting or avoiding certain foods can help prevent gout attacks.

Eating To Manage Gout

Eat Less Of These Foods

Eating too many foods containing purines may increase the levels of uric acid in your body. This increases your risk of a gout attack. Try to limit these foods and drinks that are high in purine:

- Alcohol, such as beer and red wine (you may be told to avoid alcohol completely)
- Certain fish, including anchovies, sardines, fish eggs, and herring
- Certain meats, such as red meat, hot dogs, luncheon meats, and turkey
- Organ meats, such as liver, kidneys, and sweetbreads
- Legumes, such as dried beans and peas
- Mushrooms, spinach, asparagus, and cauliflower

Eat More Of These Foods

Other foods may be helpful for people with gout. Add some of these foods to your diet:

- Dark berries, such as blueberries, blackberries, and cherries. These contain chemicals that may lower uric acid.
- Tofu, a source of protein made from soy. Studies have shown that it may be a better choice than meat for people with gout.
- Omega fatty acids. These are found in some fatty fish (such as salmon), certain oils (flax, olive, or nut), and nuts themselves. Omega fatty acids may help prevent inflammation due to gout.

The Following Diet Guidelines Are Recommended By The American Medical Association For People With Gout

Choose foods that are:

- High in fiber: whole grains, fruits, and vegetables
- Low in protein (15% of calories from lean protein such as soy, lean meats, and poultry)
- Low in fat (no more than 30% of calories from fat, with only 10% from animal fat)

Follow Up

as advised by the doctor or our staff.

Get Prompt Medical Attention

if any of the following occurs:

- Return of gout symptoms, usually at night:
- Severe pain, swelling, and heat in a joint, especially the base of the big toe
- Affected joint is hard to move
- Skin of the affected joint is purple or red
- Fever of 100.4°F (38°C) or higher
- Pain that is not controlled by prescribed medication

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