VERMONT IMMUNIZATION REGISTRY
Protecting Our Children's Health
Securely, Accurately, Confidentially

UVMMC - Family Medicine - South Burlington
3 Timber Lane
South Burlington, VT 05403
Phone (802) 847-8500

Vermont Immunization Registry
Immunization Record

Immunizations as of 03/31/2022

Patient Name: LEILA JOSEPHINE FLANAGAN

Date of Birth: 06/04/2009

Vaccination	Dose	Dose	Dose	Dose	Dose
COVID-19, mRNA LNP-S, PF, Moderna					
COVID-19, mRNA LNP-S, PF, Pfizer	06/11/2021	07/02/2021	01/11/2022		
COVID-19, vector-nr, Janssen					
COVID-19, mRNA, Pfizer (2-4 yrs)					
COVID-19 mRNA Pfizer (5 thru 11 yrs)					
COVID-19, mRNA LNP-S, PF, tris-sucrose, Pfizer					
DTaP-Hep B-IPV	08/12/2009	10/07/2009	12/07/2009		
Hib (PRP-T)	08/12/2009	10/07/2009	12/07/2009	06/28/2010	
DTaP-Hib-IPV					
pneumococcal conjugate PCV 7	08/12/2009	10/07/2009	12/07/2009		
pneumococcal conjugate PCV 13	06/28/2010				
DTaP	11/02/2011				
DTaP-IPV	06/13/2014				
DTaP-IPV-Hib-HepB					
IPV					
Hep A, adult					
Hep A, ped/adol, 2-dose	06/28/2010	01/19/2011			
Hep A-Hep B					
Hep B, adult					
Hep B, adolescent or pediatric					
Hep B, adjuvanted					
rotavirus, pentavalent					
rotavirus, monovalent	08/17/2009	10/07/2009			

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DEPARTMENT OF HEALTH

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Patient Name: LEILA JOSEPHINE FLANAGAN

Date of Birth: 06/04/2009

Vaccination	Dose	Dose	Dose	Dose	Dose
MMR	10/13/2010	06/13/2014			
MMR-Varicella					
varicella	10/13/2010	01/19/2011			
meningococcal MCV4P	03/24/2021				
meningococcal MenACWY-TT (MenQuadfi)					
Meningococcal B 4C, OMV					
HPV9					
Influenza, high dose					
Influenza, injectable, preservative-free	11/22/2010				
Influenza, injectable					
Influenza, intradermal, preservative-free					
Influenza, injectable, quadrivalent, preservative free	12/19/2017	12/03/2018	09/27/2019	12/01/2020	11/02/2021
Influenza, live, intranasal, quadrivalent	11/14/2013	10/28/2014	11/11/2015		
Influenza-IIV4, IM (>3yrs)	10/25/2016				
Influenza, injectable, quadrivalent, preservative-free, pediatric					
Influenza, intradermal, quadrivalent, preservative-free, injectable					
Influenza, seasonal trivalent, adjuvanted, preservative free					
Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent					

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Immunization Record

Immunizations as of 03/31/2022

Patient Name: LEILA JOSEPHINE FLANAGAN

Date of Birth: 06/04/2009

Vaccination	Dose	Dose	Dose	Dose	Dose
Influenza, recombinant, quadrivalent,injectable, preservative free					
Influenza, injectable, MDCK, quadrivalent					
Influenza, high dose, quadrivalent					
Influenza, seasonal quadrivalent, adjuvanted					
pneumococcal polysaccharide					
Pneumococcal conjugate PCV15					
Pneumococcal conjugate PCV20					
Td, adult, absorbed					
Tdap	03/24/2021				
Td, adult, preservative free					
Zoster recombinant					
Zoster vaccine, live					
Influenza, live, intranasal	11/02/2011	12/04/2012			
Influenza, split	12/07/2009	10/13/2010			
H1N1-09 NOS	12/07/2009	01/26/2010			
Varicella History: Unknown					

This record reflects only those immunizations recorded in the Vermont Immunization Registry and may not be a complete immunization history for the patient.

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RICHMOND PEDIATRIC & ADOLESCENT MEDICINE

BP: 104/78

HR: 98

PATIENT NAME: Leila Flanagan
PATIENT DOB: 6/4/09
DATE OF VISIT: 3/21/22
REASON FOR VISIT: anxiety

Feels like she can't breathe -

"Most of it is probably anxiety"

"Part of it isn't"

Seems to get out of breath with little things requiring little effort
Chest is sore ? Albuterol inh
eg sitting up from lying or couch
walking up stairs - out of breath longer
"Panic attacks" - eg going to dad's
from parent
because feeling super anxious. Lasted
10 min after arrived at dad's -
Thinking that she didn't want to go
there. "When can I refuse to go?" "How old do I have to be?"
Hard convo better

Told dad how she feels - that she doesn't
want to go there. "Dad gets mad"
Sees Rebecca Reed weekly - not c dad

(2) Neck - "skin thing" Partially sore - itchy
dry raised circle. Centrally cleared
Hydrocortisone several times + didn't help

(3) Bilateral knee pain c kneeling walking up
stairs Achilles tendons also hurting ? "growing pains"

Exam Appears well. Good communicator. Asserts herself
towards mother
upper neck midline with oval plaques, erythematous
of raised border and some central clearing c
scale

I hope this is helpful. Just doing my best to try to help you and Ed create home environments and working together to help Leila's state of mind.

Paul

From: "Nancy duMont" <nancyjdumont@gmail.com>
To: "Richmond Pediatrics" <richmondpediatric@madriver.com>
Sent: Sunday, February 27, 2022 6:40:41 AM
Subject: Leila

Hi Dr Parker,
I never heard anything after your follow up appointment with Leila.
Did Leila share anything with you that you find concerning? Did you speak with Ed again? Leila still reports major concerns to me including Tina making Leila repeat out loud to her, "You can put your hands on me"
Can we please schedule a time to talk? Leila returns to her Dad on Wednesday this week due to the vacation schedule and she's very stressed over this.
Thank you,
Nancy

Nancy duMont
Realtor | Pall Spera Company Realtors
1800 Mountain Road, PO Box 539 | Stowe, VT 05672 | T: 802.253.9771 x116 | C: 802.793.1430

Facebook: @Nancydumont,Realtor
Consumer Relationship Disclosure

Called discussed c̄ father

03/22/22 cont'd
Exam cont'd
Lungs clear throughout including c̄ forced exhalation
no wheeze
MSK - tender Achilles tendons c̄ calf bilaterally
Quadriceps tender bilaterally
MCL, LCL intact c̄ valgus/varus force
Neg Ant & post drawer tests
Neg patella grind / ballotment
Imp - (1) Anxiety leading to brief breathing problems
No evidence of active asthma
(2) Probable tires on patio
(3) Achilles, Quadriceps tendonitis
Plan (1) Advised having dad & Leila see therapist together + work and some compromises
(2) topical antifungal + 1
(3) tendon stretching exercises

Spent 45 min

[signature]

RICHMOND PEDIATRIC & ADOLESCENT MEDICINE

PATIENT NAME: Leila Flanagan
PATIENT DOB: 6/4/09
DATE OF VISIT: 2/17/22
REASON FOR VISIT: mental health

Cont'd

Leila sees Rebecca Reid weekly — discussing these issues and other to address.

I expressed to Leila that Lily-Jed is trying to keep clear boundaries she would like me to address with Ed. — love.

Agreed for Leila to [illegible] as needed

Spent 45 min

PG Flanagan MD

02/14/21

Flu

Leila Flanagan
DOB 06/04/09

Conversation didn't go well b/c
dad ; step-mom

Step-mother responded by saying
- "It's not like I can't touch you"

Leila feels that she is asked to express
~~yourself~~ herself but only if she says what they
want to hear. If she says what they

Feels isolated - can't talk to mom when
she wants (often @ dad's) - Not vice
versa @ mom's - open access to calling dad
only allowed certain days, certain amt of
time Sun T, Th 5-6 pm

Not allowed to have (often interrupted) limited contact-
At ~~dad's~~ mom's - dad doesn't try to
contact her, doesn't respond to texts
"I have to call him S, T, Th)
Calls dad spontaneously occasionally but
(not often)

Dad ; step-mom involve Leila in conflicts
between them and Nancy (when Leila
doesn't have control over situation)
Of late to dad's - "big deal" & anxiety causing
Of late to mom's "no big deal"

↑ lack of flexibility at dad's

Cont'd 02/03/22

Leila Flanagan
DOB 06/04/09

Ongoing anxiety problems
Evolving into some panic attacks - hyperventilating "I can't breathe"
Some hopelessness (almost started)
Feels like she is going to die

Triggered by getting hurt - worries about ongoing repercussions, something bad happening
Worried about things splashing in her mouth
Feels compelled to spin in circle a certain number of times or blinking a certain amt of times - or something bad would happen
& say a certain phrase
More bothersome when at dad's (lesser degree at moms)

Fam hx - Cousin - OCD / anxiety on sertraline
Mat aunt - anxiety (on sertraline)
Mother - claustrophobia

Therapist - Rebecca Reid
- doing some journaling

Sleep okay

Stressed @ dad's - stay when agreed for chair (made to sit for ~2 hrs. (Leila wants not to discuss - long talks)

Imp Ongoing stress between households. Anxiety compounded by social situation

Plan will discuss w Dr Reid. I am not inclined to start w medication when parental conflict is major factor - needs remediation. (Parent aware)

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09
Date of visit: 2/3/22

CC: Rash
H.P.I.: On neck - molluscum
One got pus / brown / crusty

New exposures
Dietary changes
Known allergies
Infectious contacts
Itch Blistering Transient
Family history of skin disorders:

U.R.I. symptoms: Fever Sore throat Runny nose Cough
Diarrhea Intake Output

Meds: _____ Allergies: _____

Physical Exam: RR: ___ Pulse:____ BP: ____ Temp: ____
(√ = normal) **Wt:** ___ lb ___ oz
General Appearance

Abnormalities:

Integument	nails □ skin □ (R aspect of neck c 3-4 pearly papules one more prominent c slight surrounding erythema
Eyes	Conjunctivae clear □
Ears	Rt canal □ TM translucent □ landmarks □ Lt canal □ TM translucent □ landmarks □
Nose	patent nares □ mucosa □
Oropharynx	mucosa □ tonsils □
Neck	lymph nodes □ thyroid □
Lungs	clear throughout □
Cardiovascular	Rhythm regular □ S1 □ S2 splits □ Murmur?
Abdomen	bowel sounds □ soft □ nondistended □ nontender □ mass? palpable liver? spleen? kidneys?
Inguinal	nodes □

Labs/Tests: _____

Assessment: Molluscum contagiosum

Plan: Discussed natural history
likely to resolve
spontaneously
Mother already has dermatology
appt scheduled.

Signature: [signature]

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09
Date of visit: 12/7/21

CC: Sore throat
H.P.I.: started last evening

no diffy / No pain now

Fever ∅
Headache +
Stiff neck
Cough ∅
Infectious contacts strep @ school
Sexual activity (adolescents)
Intake
Sore throat pattern
Stomachache
Swollen Glands
Conjunctivitis
Output
Rash ∅
Vomiting ∅
Ear pain
History of strep throat +/∅
+ nausea
Diarrhea ∅
Runny nose

Meds: ∅ Allergies:

Physical Exam: RR: Pulse: BP: Temp:
(√ = normal) **Wt:** lb oz
General Appearance Appears well

Eyes	Conjunctivae clear √ Full EOM √
Ears	Rt canal √ TM translucent √ landmarks √ Lt canal √ TM translucent √ landmarks √
Nose	patent nares √ mucosa √
Oropharynx	mucosa √ soft palate √ tonsils √ unremarkable
Neck	lymph nodes √ thyroid √
Lungs	clear throughout √
Cardiovascular	Rhythm regular √ S1 √ S2 splits √ Murmur? ∅
Abdomen	bowel sounds √ soft √ nondistended √ nontender √ mass? ∅ palpable liver? ∅ spleen? ∅ kidneys? ∅
Inguinal	nodes √
Integument	skin √ molluscum on neck

Abnormalities:

Labs/Tests: Rapid Strep negative

Assessment: transient pharyngitis - no evidence of strep

Plan: okay to go back to school tomorrow

Signature:

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09
Date of visit: 9/1/2021

CC: Headache
H.P.I.:
When started? How often? Lasts how long?
hit in head c long thrown basketball @ 11:30 today @ recess. ØLOC but a little shaked. Went to nurse's office. HA persistant

Quality:
Location: sides, top & frontal head; also neck
History of trauma

Fever	Runny nose	Cough	Ear pain
Sore or stiff neck (+)	Sore throat		
Nausea transient	Vomiting (-)	Phonophobia	
Photophobia → brighter	Aura	Visual symptoms things looked darker, tearing	
Weakness (-)	Paresthesia (-)		

Exacerbating factors: Nocturnal? Other:
Per mom → more talkative
Ameliorating factors: Sleep? Dark?

Medications tried:
Family history

Intake Output
Meds: Ibuprofen (3 tabs) Allergies: _____
Physical Exam: BP: ____ RR: ___ Pulse: ____ Temp: ____ **Wt:** lb oz
(✓ = normal)
General Appearance

Abnormalities:

Eyes	Conjunctivae clear ☐ Full EOM PERRL ✓ Fundoscopic: disc margins ☐ vessels ☐ cupping? Ø Peripheral vision (confrontational testing) ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐ mucosa ☐ facial (sinus) tenderness? Ø
Oropharynx	mucosa ☐ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐ tenderness along left trapezius & left paraspinal supple ☐ Kernig's? Brudzinski's? no bony tenderness able to rotate fully to right & left
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? Ø Pulses ☐
Abdomen	~~bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐~~ mass? palpable liver? spleen? kidneys?
Neurologic	Cranial nerves II – VII, XI – XII ☐ ✓ UE 4/4: LE 4/4: symmetric? finger -> nose ☐ ✓ Rhomberg ✓ Gait ☐ ✓ heel -> toe ✓
Integument	skin ☐

Labs Tests:
Assessment: Head acute following hit c basketball; musculoskeletal findings suggestive of whiplash. No clear evidence but may also have mild concussion (dx based on sx of nausea, photo/phonophobia, fatigue, etc - lasting >24 hrs). Monitor. Contact c ibuprofen or acetaminophen
Plan: Spoke c father via phone
call if vomiting, altered mental status, etc.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 4/4/09
Date of visit: 8/12/2021
Reason for Visit: headaches/ dizziness

Several weeks "dizzy" "light-headed"
Esp upon standing. Ē
Headaches
Outside at camp — wearing mask. Happening more
S:// picked up by mom — flushed, "on fire"
Better in air conditioner
Hydrating
Heart ? flutter or ?skipping. Faster beating

Headaches — pressure on side of head or crown
Several weeks ago hit ? head
playing football
Was hit head repeatedly
Spatial awareness off
D vomiting
No nocturnal headache
(2) Bump on neck
(3) Persistent shoulder pain (not doing his hypermobility exercises)
(4) foot pain

vaccinated for COVID
Meds:
Allergies:

O:// VS: Temp: ___ P: ō 88 ↑ 95 RR: ___ O2Sat: ___ wt: ___ Pain: ___
BP 109/60

PE: Normal / Abnormal / Explain Abnormal Findings:

	Normal	Abnormal	Explain Abnormal Findings
General appearance:	☐	☐	Appears well
Skin: Neck, (R) side	ō umbilicated pearly papule		120 lb
HEENT:	✓		61 1/4 in
TMs:	☐	☐	~~Full EOM~~ pupils ?
OP:	☐	☐	equal, reactive
Neck:	☐	☐	fundoscopic —
Chest/Lungs:	✓	☐	sharp discs margins
Cardiovascular:	✓	☐	
Abdomen:	✓	☐	
GU:	☐	☐	
Extremities:	☐	☐	Pes planus
Neurologic:	✓	☐	

Nl Romberg, finger-nose, heel-to-toe walk

Labs/Tests:

Assessment: ① Orthostatic changes, benign; worsened by heat, possible inadequate hydration
② Molluscum contagiosum
③ Shoulder pain — muscular +/- hypermobility
④ pes planus

Plan:
① Awareness: get up slowly; stay cool, hydrate more aggressively
② expect spontaneous resolution
③ PT — encouraged doing exercises @ home
④ buy otc inserts for shoes to support arch

Signature: [signature]

Spent 50 min

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09
Date of visit: 5/28/2021
Reason for Visit: irritation & vaginal discharge

Here c father & mother

S:// Leila has had ongoing intermittent issues c genital irritation for ~~3~~ 4+ years. Has historically put creams on. Over past week feeling more pain/stinging. Not necessarily c urination, can happen @ any time. Some vaginal discharge. "Yellow" per mom. Bathing daily c mom's house, QOD showers @ father's house. Tries to wipe well. Biking a lot. Mom also brought up chronic HAs + shoulder pain (already has PT appt).

Meds: 0 Allergies:

O:// VS: Temp: P: RR: O2Sat: wt: Pain?:

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☑	☐	Engages well c provider when seen alone (Leila opted for exam to be done c parents present).
Skin:	☐	☐	
HEENT:	☐	☐	
TMs:	☐	☐	
OP:	☐	☐	
Neck:	☐	☐	
Chest/Lungs:	☐	☐	
Cardiovascular:	☐	☐	
Abdomen:	☐	☐	Abd Sgft, NT/ND
GU:	☐	☐	
Extremities:	☐	☐	
Neurologic:	☐	☐	

Left medial side of labia c erythemea & some peeling edges @ base.
Hymen/vaginal opening/vulva WNL
No discharge

Labs/Tests:

Assessment: Perineal irritation c evidence of vaginitis. Communicated clearly that vaginal pelvic exams are not done in this office, esp on prepubertal girl. No evidence of bacterial vaginosis.

Plan: ~~BID~~ Daily showers or bath rec.
Leila should apply topical barrier cream (petroleum jelly/A+D) several times a day. If not improving w/in 5 days can call in nystatin Rx. (Topical ~~BID~~ TID until resolved)
Should allow some time to air
Rec. some resources ~~of~~ on puberty

Signature:

Spent > 40 min c family/pt in direct care & counseling

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 06/04/09

Date: ~~11/18/2020~~ 3/24/2021 (CL) Pre-adolescent check-up:

Sports: chest pain with exertion?
shortness of breath with exertion?
fainting / blackouts?
family history sudden cardiac death?

Objective:

Vision: Rt 20 / 20 Lt 20 / 20

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
R	20 db	~~db~~	~~db~~	~~db~~	~~db~~
Lt	20 db	~~db~~	~~db~~	~~db~~	~~db~~

Physical Exam: RR: ___ Pulse: ___ BP: ~~110/58~~ Temp: ___
(√ = normal) **Wt:** ~~kg~~ 44 lb ½ oz **Ht / L:** ~~cm~~ 60 in **BMI:** ~~95 75~~ % ile
~~95 75~~ 75-90 % ile ~~75 50~~ 50-75 % ile 85-90th

General Appearance **Abnormalities:**

Eyes	Conjunctivae clear ☑ PERRL ☐ EOMI ☐ ✓ Fundoscopic disc margins sharp ☐ vessels ☐ ✓
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ ✓ Lt canal ☐ TM translucent ☐ landmarks ☐ ✓
Nose	patent nares ☐ mucosa ☐ ✓
Oropharynx	mucosa ☐ teeth ☐ tonsils ☐ ✓
Neck	lymph nodes ☐ thyroid ☐ ✓
Breast	nipples ☐ ✓ Tanner stage: II masses? breast buds
Lungs	clear throughout ☐ ✓
Cardiovascular	Rhythm regular ☐ ✓ S1 ☐ ✓ S2 splits ☐ ✓ Murmur? Ø pulses without radial / brachial – femoral delay ☐ ✓
Abdomen	bowel sounds ☐ ✓ absence of bruit ☐ ✓ soft ☐ ✓ nondistended ☐ ✓ nontender ☐ ✓ mass? Ø palpable liver? Ø spleen? Ø kidneys? Ø
Inguinal	nodes ☐
Genitourinary / Perineal	testes ☐ ☐ penis ☐ labia ☐ ✓ hymen ☐ ✓ Tanner stage: I anus ☐
Musculoskeletal Spine	Gait ☐ ✓ scoliosis? Ø equal leg lengths ☐ ✓
Neurologic DTR's Cerebellar	UE 2+ /4; LE 2+ /4; symmetric? yes finger -> nose ☐ heel->toe gait ☐ Rhomberg ☐ ✓
Integument	hair ☐ ✓ nails ☐ ✓ skin ☐ ✓ left axillae c erythematous plaque Left heel c callous vs. resolving wart

Impression:

Growth normal ☐ ✓ (BMI - discussed)
Fit for competitive sports ☐ ✓ activity & protective sizes)
Limitations? Ø

Plan: Immunizations: ~~UTD~~ ☐ Tdap #1 ☑ MCV4 #1 ☑
Medications: Ø
Follow-up: 1 yr

Chronic HAs
Foot spasms - discussed exercises/stretches & keeping track of H_2O intake (water intake could also help c HAs) Keep journal & review. Likely related to anxiety

Anxiety c history of some compulsive behaviors - not thoroughly understood. In Counseling c Dr. Reid. Obtained HIPPA Consent to discuss Dr. Reid -
Axillary rash - Suspect atopic vs. fungal - seemed to respond to antifungal treatment and has responded to hydrocortisone in past. May use clotrimazole c Hydrocortisone for 7-14 days. If no medical improvement Pa

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 06/04/09

3/24/2021

Date: ~~11/18/20~~ (XL

Pre-adolescent check-up:

CONFIDENTIAL
(NOT TO BE COPIED)

Accompanied by: Both parents present; pt seen alone

Concerns: Headache = random

Medications: multivit/clotrimazole

Allergies (new):

Foot cramps - brief - always left foot, worse since starting spinning
left heel -- ? wart
Armpit rash

Diet: fruits ☐ vegetables ☐ dairy ☐ meats ☑ How much milk per day ? % fat __

Reflux - worse spicy, lots of meat. Discussed portion size, reviewed growth

Teeth: brushing __ x/ day; flossing ☐ dentist ☑ Pain anywhere?

Elimination: Sleep: __ hours/night

Development: School: grade 6th happy with grades?
C Stem Middle School 4 days/wk.
Behavior problems?
Extracurricular / hobbies make slime
Exercise biking (spinning), skiing
Television/computer: ____hrs/day

Safety: seat belt ☐ helmet ☐ gun contact ☐ sunscreen ☐

Social: Family Mom, mother's partner Derek Friends yes
Changes? moved last mo. Temporary.
C Father's house - new baby boy
treated disrespectfully by anyone?
disrespectful towards anyone?

Moods: ~~thoughts~~ about hurting self?
Sees Rebecca Reid
Concerns regarding Compulsions - needing to repeat hand washing, having talked to Dr Reid about it. Has cousin treated for OCD, helps tremendously

Puberty: changes? Breast Δs Menarche: No
sources of information:

Substance abuse: cigarettes? other substances?

RICHMOND PEDIATRIC & ADOLESCENT MEDICINE

PATIENT NAME: Leila Flanagan
PATIENT DOB: 06/04/05
DATE OF VISIT: 11/14/2024
REASON FOR VISIT:

(L shoulder pain, recurrent
Reoccurred 2 wks ago
No injury.
Improved after physical therapy last time
Heavy backpack (laptop). No more carrying drum
+ Weakness + paresthesia
Some dizzy episodes last week
Bloody noses (more recently) thrombocytopenia
(last 5 episodes)
Provide PT - helped last time

Exam Appears well
Tenderness (L supraspinatus area of insertion
Pain + resistance + elevation @ shoulder in thumb down position and 45°
Full adduction / abduction / circumduction, flexion / extension

Imp (L supraspinatus tendonitis

Plan Ibuprofen 600 mg TID x 5-7-5 days
Ice
Back to PT

[signature]