

## SOAP # 2

### S:

RC is 31 y/o F with no significant pmhx p/w LT shoulder pain with ROM since yesterday. Patient states that pain worsened when she woke up this morning. States that pain radiates from neck to fingertips of her LT hand. Endorses minimal relief w/ 800 mg of ibuprofen.

Denies any recent trauma, past injury to shoulder or neck, headache, dizziness, weakness, LOC, CP, SOB, unintended weight loss, ptosis, cough, fever, chills, body aches, recent illnesses or sick contacts

PMH: Denies any

PSH: Cholecystectomy

Allergies: NKDA

Medications: Denies any intake of prescription medications

FHx: Non-contributory

SHx: Non- Smoker, Denies past or present EtOH or illicit drug use

### O:

T 36.8C | BP 124/71mmHg | P 68 BPM, regular | RR 16 breaths/min, unlabored | SpO2 97% RA  
H 65in | W 123 lb. | BMI 20.5

**Gen:** Slender, neatly groomed, looks her stated age of 31 years. AxO x3. Appears in no acute distress.

**CV:** RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

**Pulm:** Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

**Neck:** supple, no LAD, no midline c-spine tenderness, **flexion and extension limited by pain, +spurlings**

**Musculoskeletal:** **LT sided paravertebral T-spine spasm, active abduction of LT shoulder limited by pain, passive range of motion limited by pain**, normal tone, strength 5/5 in UE and LE, sensation intact, cap refill <2, 2+ radial pulses bilaterally

**Neuro:** Cranial nerves II-XII intact, reflexes symmetric, sensation normal, cerebellar testing WNL, EOMI, PERRL

### A:

31 yo female with LT shoulder pain radiating to LT hand appearing with positive spurlings and ROM of neck and shoulder limited by pain on exam. Likely cervical radiculopathy.

Differential Diagnosis:

- Torticollis
- Cervical disc herniation
- Rotator cuff tear
- Adhesive capsulitis
- Biceps tendinitis
- Subacromial bursitis
- Cervical radiculopathy

### P:

Labs: None

Imaging/Tests: Shoulder XR

Cervical radiculopathy:

- NSAIDS, robaxin, ortho follow up

Initial DDx Based on CC:

- Torticollis
- Dystonic reaction

Adjusted DDx After H&P:

- Torticollis
- Cervical disc herniation

- Cervical spondylosis
- Cervical stenosis
- Cancer
- Cervical spine fracture and/or dislocation
- Epidural abscess
- Vertebral osteomyelitis
- Transverse myelitis
- Temporal arteritis
- Epidural hematoma
- Cervical disk herniation
- Blunt neck trauma
- Anterior horn disease
- C1 and C2 fractures
- Cervical radiculopathy
- Shoulder Dislocation
- Anterior shoulder dislocation
- Posterior shoulder dislocation
- Inferior shoulder dislocation
- Clavicle fracture
- Humerus fracture
- Scapula fracture
- Acromioclavicular joint injury
- Glenohumeral instability
- Rotator cuff tear
- Biceps tendon rupture
- Triceps tendon rupture
- Septic joint
- Rotator cuff tear
- Impingement syndrome
- Calcific tendinitis
- Adhesive capsulitis
- Biceps tendinitis
- Subacromial bursitis
- Cervical radiculopathy
- Brachial plexus injury
- Rucksack paralysis
- Axillary artery thrombosis
- Thoracic outlet syndrome
- Subclavian steal syndrome
- Pancoast tumor
- Myocardial infarction
- Pneumonia
- Pulmonary embolism

- Epidural abscess
- Rotator cuff tear
- Adhesive capsulitis
- Biceps tendinitis
- Subacromial bursitis
- Cervical radiculopathy