**Identifying Data:**

Full Name: C.R.

Sex: Male

DOB: XX/XX/1965

Race/Nationality: Hispanic

Primary Language: Spanish

Address: Manhattan, NY

Date & Time: 06:30AM 03/16/22

Location: Metropolitan Hospital

Source of Information: Self & Medical Records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** Left shoulder pain after mechanical fall x1 hour

**HPI:**

CR, 56 y/o male, PMHx hypothyroidism presents to ED with acute left shoulder pain after a mechanical fall at home resulting in a FOOSH x1r. Pain rated 7/10, worse with movement and better with holding flexed arm against chest with support from the opposite hand. No treatments were tried at home such as heat/ice or analgesics. Denies hitting head, CP, SOB, lightheadedness/syncope, vertigo, visual disturbances, Hx prior falls, Hx seizures or ataxia.

***Right or left hand dominance?***

**Past Medical History:**

* Hypothyroidism

*Immunizations*

* Up-to-date on immunization schedule
	+ Influenza (annually)
	+ TDap
	+ SARS-CoV-2 3 doses – Moderna, Moderna, Pfizer

**Past Surgical History:**

* No reported PSHx

**Current Medications:**

* Levothyroxine 25 mcg PO 1x/daily
* No reported OTC medications

**Allergies:**

* NKDA or environmental/food allergies

**Family History:**

* Mother – living & healthy per pt
* Father – living & healthy per pt
* Grandmother - unknown
* Grandfather – unknown
* Siblings – living & healthy

**Social History:**

* Habits – Social alcohol use. Non-smoker. No reported illicit drug use
* Travel – Denies recent travel
* Occupation – unemployed
* Marital History – Married
* Diet – No dietary restrictions. Following American diet.
* Sleep – Sleeps well throughout the night
* Exercise – No exercise routine. Ambulates without assistance.
* Sexual History – Monogamous with wife

**Review of Systems:**

* General
	+ Denies generalized weakness/fatigue, weight loss, loss of appetite**,** fever/chills/night sweats
* Skin, hair, nails
	+ Denies rash, pruritis, excessive sweating, pigmentations, moles, change in hair distribution.
* Head
	+ Denies headache, vertigo, or new head trauma
* Eyes
	+ Denies visual disturbances or photophobia.
* Ears
	+ Denies, pain, discharge, tinnitus, hearing loss, or feeling of fullness
* Nose/Sinuses
	+ Denies epistaxis, congestion, or discharge
* Mouth and Throat
	+ Denies bleeding gums, sore tongue/throat, mouth ulcers, voice changes. Last dental exam unknown
* Neck
	+ Denies swelling/lumps, stiffness, or decreased ROM
* Pulmonary System
	+ Denies cough, SOB, DOE, wheezing, hemoptysis, cyanosis, orthopnea, or PND
* Cardiovascular System
	+ Denies chest pain, known murmur, palpitations, irregular heartbeat, or syncope
* Gastrointestinal System
	+ Denies decreased appetite, intolerance to specific foods, N/V/Constipation, mild abdominal pain,diarrhea, dysphagia, pyrosis, flatulence, jaundice, changes in bowel habits, hemorrhoids, rectal bleeding/blood in stool.
* Genitourinary System
	+ Denies incontinence, changes in frequency, nocturia, oliguria, polyuria, abnormal color of urine, flank plain, or dysuria
	+ Sexual History – refer to Social Hx
* Nervous System
	+ Denies generalized weakness, loss of strength, change in cognition/mental status, changes in memory, seizures, headache, loss of consciousness, & ataxia
* Musculoskeletal System
	+ **Admits to pain in the left shoulder with deformity and swelling**
* Peripheral Vascular System
	+ Denies intermittent claudication, coldness/trophic changes, varicose, or color change
* Hematologic System
	+ No Hx of DVT/PE, anemia, or lymph node enlargement
* Endocrine System
	+ Denies polyuria/polydipsia/polyphagia, heat/cold intolerance, excessive sweating, inability to sweat, or hirsutism
* Psychiatric
	+ Denies Hx of anxiety, depression, obsessive/compulsive disorder, or other psychiatric illnesses

**PHYSICAL EXAM**

Vital Signs:

BP: 139/78mmHg – lying supine, R arm RR: 16 breaths/min Pulse: 95 bpm

T: 98.2F (oral) SpO2: 100% on room air

Height: 5’10 inches Weight: 187 lbs BMI: 26.8 kg/m2

General Appearance: Alert & Oriented x3. No acute distress sitting up, supporting left arm with opposite hand. Appears reported age and well groomed. Appropriate body habitus.

Head: normocephalic, atraumatic.

Eyes: PERRLA. No strabismus/exophthalmos. Sclera white, cornea clear, conjunctiva pink. No erythema of lacrimal sack. EOM intact with no nystagmus.

Ear: Appropriate in size. No lesions/masses/trauma visualized on external ear.

Nose: Symmetrical, no external masses/lesions/deformities/trauma/discharge.

Mouth & Throat:

Lips: Pink and moist. No cyanosis, lesions, or ulcerations

Oral Mucosa: Pink &Moist. No masses/lesions noted. No leukoplakia.

Palate: Pink. No visible lesions/masses/scars.

Teeth: Intact without visible dental carries. All teeth have appropriate shape.

Gingivae: No hypertrophy or recession. Unremarkable

Tongue: Pink, well papillated. Frenulum intact. Appropriate shape/size. No masses/lesions/deviation.

Oropharynx: Hydrated, no exudate/masses/lesions/erythema/postnasal drip/foreign bodies noted. Grade 2 tonsils. Uvula pink, midline with no lesions or edema.

Neck: Trachea midline. No lesions/pulsations noted. No stridor noted. No cervical adenopathy. No carotid pulses/thrills/bruits heard on auscultation.

Cardiovascular: PMI located at the 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. RRR. No murmurs. Normal S1 & S2. No splitting of S2 or friction rubs appreciated.

Pulmonary: Chest symmetrical with no deformities or trauma. Lat/AP diameter 2:1. Normal chest expansion and diaphragmatic excursion. No adventitious breath sounds.

Skin: Warm and moist**.** Non-icteric. No tattoos noted. No visible moles.

Hair: Average quality, quantity, & distribution. No seborrhea/lice/dandruff noted

Nails: Appropriate color, shape, and thickness.

Musculoskeletal: **Left Shoulder flattened with prominent acromion and humeral head. Left arm slightly abducted with elbow flexed and forearm supported by the right hand. Tenderness upon palpation of the left shoulder extending to the elbow. ROM < 5 degrees in LUE. Full ROM of RUE & lower extremity b/l. Able to ambulate & bear weight on lower extremities.** No erythema / ecchymosis/ atrophy or deformities in b/l upper and lower extremities.

***Great exam!***

Neurovascular: Sensations equal in b/l upper and lower extremities. Capillary refill < 2 seconds in b/l upper and lower extremities. Radial pulses 3+ b/l.

**Labs:**

Sars-2-Covid swab – pending

**Imaging Findings:**

*Left Shoulder X-ray Impression:* Anterior dislocation of the glenohumeral head without evidence of acute fracture.

**Assessment:**

56 y/o male with acute left shoulder pain after mechanical fall with limited ROM and tenderness to palpation. X-ray findings consistent with anterior dislocation without evidence of fracture.

**Differential Diagnosis:**

1. Shoulder Dislocation
	1. Anterior dislocation confirmed by shoulder x-ray
2. Fracture
	1. r/o by shoulder x-ray
3. Acromion-clavicular joint sprain
	1. Less likely to be primary injury given physical exam & radiographic findings
4. Cervical nerve root impingement
	1. Less likely given physical exam findings. Pain does not radiate from the neck and primary area of pain is anterior rather than on the posterior shoulder.
5. Referred pain from nearby site
	1. Less likely given physical exam findings consistent with anterior dislocation and confirmation by x-ray.

**Plan:**

* Left shoulder pain
	+ #Anterior shoulder dislocation
		- Shoulder reduction with traction-counter traction method
			* Obtain informed consent for procedural sedation
			* Placement on telemonitor
			* Administer 1mg/kg IV loading dose followed by 0.5mg/kg IV q1-3 minutes until appropriate level of sedation is achieved.
			* Confirm reduction with repeat L shoulder x-ray ***(good job to include in plan!)***
			* Monitor for clinical signs of improvement
		- Immobilization
			* Immobilize in a position of adduction and internal rotation with a sling and swathe.
* Disposition: Pt may be d/c home after reduction & immobilization if clinically stable. F/U outpatient with orthopedics in 1 week.
* Other
	+ Diet: NPO
	+ Code: Full

***As discussed I attempt to perform shoulder reductions without using conscious sedation, but given this particular case as you described it necessary, great case to see, next time consider another method of reduction to see which you prefer.***