

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12722



3 - OUTPATIENT

000001

Department of Intercollegiate Athletics
Physical Examination

Name _____ UMD# _____
 Local Address _____ Local Phone _____
 Date of Birth _____ Sport _____ Year in School JR.
 Parent/Guardian(Emergency Contact) _____
 Address _____ Phone _____
 (Number, Street) (City, State) (Zip)

A. HEALTH HISTORY

1. Please check any of the following illnesses or conditions that you have had:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> hernia |
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> mononucleosis |
| <input type="checkbox"/> blood in urine | <input type="checkbox"/> heart disease | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> heart murmur | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> concussion | <input type="checkbox"/> hepatitis | |

2. Are you currently taking any medication on a regular basis (prescription or over-the-counter)?

Yes No

If yes, please list them: _____

3. Do you have any allergies to medication(s)?

Yes No

If yes, please list the medication(s) and the nature of the reaction. Penicillin (Face Swelling)

4. Date of last Tetanus booster: _____

5. Have you every had any of the following problems during or after exercise:
(please check all that apply)

- unexpected shortness of breath
- unexplained chest pain
- episode(s) of passing out or nearly passing out

6. Please provide details of any previous injuries you have had (including dates and any surgeries that were required):

HEAD, including ears, teeth, nose _____
 SHOULDER (include dislocation) Bruised Rt.
 LEG, FOOT, ANKLE, TOES _____
 NECK, BACK _____
 ARM, ELBOW _____
 WRIST, HAND, FINGER _____
 THIGH and KNEE _____

B. DIETARY HABITS/WEIGHT HISTORY

- 1. Do you consciously diet or intentionally skip meals? Yes No
- 2. Do you find it difficult to maintain what you consider to be your optimal weight? Yes No
- 3. Do you now, or have you ever used any means other than moderation of food intake to control your weight? Yes No
- If yes, please specify _____
- 4. Do you have trouble with binge eating? Yes No
- 5. What has been your lowest adult weight (since 10th grade)? 135 lbs.
- 6. What has been your highest adult weight? 175 lbs.
- 7. What do you consider to be your ideal weight? 175 lbs.

Next Section for Female Athletes Only

C. MENSTRUAL HISTORY

- 1. Start date of last menstrual period _____
- 2. Interval ((number of days) between periods) _____
- 3. Have you every gone for more than two months without a period? Yes No
If yes, when? _____ how many months missed? _____
- 4. Do you have menstrual cramps that interfere with your activities? Yes No
- 5. Have you taken or are you taking oral contraceptives? Yes No

Please Do Not Write Below This Line

Pertinent family history: _____

Other pertinent history: _____

D. PHYSICAL EXAM

BP 138/72 _____ Normal Exam

Ht 57" _____ Abnormal Exam (see below)

Wt 180 _____

Recommendation:

1) Cleared for partic. wrestling

*2) Ac - operation -
No significant abnormalities*

Date 9-4-97

Physician Signature _____

[Redacted]

[Redacted]
Name
10/9/97 Date

Clinician [Redacted] Clinician Copy Age Sex M
Examination RIGHT ELBOW

Page: 1

The right elbow is normal.

[Redacted]

[Redacted]
10/10/97

[Redacted] M.D.

Name

Date

10/13/97

Sport: Men

Women

Physician

Pharmacy - Authorization to charge Medication

Date of Injury

History and Nature of Disability: h/o 2 previous shoulder injuries Aug
Summer. c/o episodic weakness and shaking
into R arm with paresthesias. Large 2 activity and
use of arm. Resolves quickly.

Physical Exam:

elbow may be

Shoulder RT strong & alignment
& stability

Water a season 7 intact throughout

Elbow FAOY, RT

Diagnosis:

Possible Receding Acromial Process

Treatment:

will discuss with Dr.

Possible EKG

Date

Physician

10/13/97

For additional information call:

OUT-PATIENT NOTES

10/16/97

BIRTHDATE

NAME

CPI No.

SEX M F

VIST No. _____

For my complete or summary history, physical exam and/or medical decision making please see:

Dictated Note Dictated Letter Outpatient Note Other: _____

Summary of Key Elements

History:

② ~~AR~~ AR, NUMBNESS / PAIN E

ACTIVITIES

Full recovery BY NEXT DAY

3-5 RECURRENTS.

Physical Exam:

M STRENGTH

Some TENDRNESS AT SUPRA CLAVICULAR REGION

M NERV.

Medical Decision Making:

Imp: BRAIN FLEXVS

Rec: NECK/TRAP. STRENGTH

ACTIVITY AS TOL

On this day I saw, examined and was physically present for the key portions of the service provided. I agree with the resident's plan and notes.

Physician's Signature

Doctor Number

MEDICAL RECORD ORIGINAL

OUT-PATIENT NOTES

OUT-PATIENT NOTES

10/16/97

is a who presents to me for the first time with the symptoms of right arm numbness and pain with certain activities during . He has had several injuries to the shoulder although none major that he can recall. Over the past month to six weeks, he has developed some episodes of pain, weakness, and numbness in the right arm, centering around the right elbow, with certain maneuvers. He has this occur and then, over the course of the next 24 hours, has a full recovery. This has occurred five or six times over the last month or so. In the in between times, he has no symptoms.

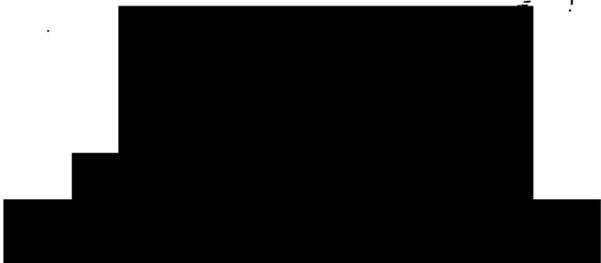
On examination, he has a normal-appearing posture. He has no asymmetry. He has no muscle atrophy that I can tell. On strength testing, he seems to have full strength, with no neurologic deficits. He does have some tenderness along the supraclavicular region, but otherwise his shoulder is not tender. He has full range of motion, and I could not elicit any subluxation or instability signs on examination today.

The etiology for his symptoms is somewhat unclear. It appears to be more of a brachioplexus-type symptomatology than anything else. It is possible that he is having mild, low-grade, burner-type symptoms with these certain maneuvers. I do not think at this point that an EMG is likely to reveal any significant findings unless he has some persistent neurologic deficit. We did suggest that he increase neck and trapezius strengthening to reduce the distraction and strain in this area with his activities, in the hopes of taking any tension off the brachioplexus region. If this persists over the next month or Orthopedic Service, I think that it would be worthwhile to obtain x-rays of his neck to rule out any cervical disk disease, although I think that is an unlikely cause. If he does have some persistent neurologic findings, we would recommend getting an EMG. Otherwise, he can progress and return to activities as tolerated.

10/23/97 8:10am

MEDICAL RECORDS
ORIGINAL

OCT 23 1997



Name

Sport: Men

Women

Pharmacy - Authorization to charge Medication

History and Nature of Disability:

Felt pop in neck lifting wts

Physical Exam:

Tender @ Paravertebral Cervical muscle
LUE: 4/5
RUE: 5/5

Xrays: (-)

Diagnosis:

@ Paravertebral H. strain - cannot do
radiculopathy/cuff pathology

Treatment:

- ① Flexeril 10 mg po TID
- ② Tylenol / Ibuprofen
- ③ Ice / Heat / W/S
- ④ If LUE still weak when neck pain gone consider EMG

Date

11/10/97

Physician

For additional information call:

OUT-PATIENT NOTES

11/13/97

BIRTHDATE

NAME

CPI No.

SEX: M F

VIST No. _____

For my complete or summary history, physical exam and/or medical decision making please see:

- Dictated Note
- Dictated Letter
- Outpatient Note
- Other: _____

Summary of Key Elements

History:

① SHOULDER WEAK, PAIN

Physical Exam:

Biceps, ER 4/5, WRIST EXT.
WRIST FLEX 4/5

Medical Decision Making:

BRACHIAL PLEXUS
KMC.

On this day I saw, examined and was physically present for the key portions of the service provided.
I agree with the resident's plan and notes.

Signature

Doctor Number

MEDICAL RECORD ORIGINAL

OUT-PATIENT NOTES

Referring Physician Co,

Referring Physician Copy

	Location	Test Date	Service
		11/19/97	ENMG
	Reg. No.:		
	Name:		
Referred from:			
Referred for:	R/O L brachial plexop.		
EMG Consultant:		M.D., Ph.D.	
Patient's Age:	21	Sex:	M
Height:	68	Weight:	175
Diag Codes:	001	Case Number:	
		Page No.:	1 of 2

NERVE CONDUCTION												
nr = no response												
NERVE	AMPLITUDE (mV or uV)			LATENCY (ms)			CONDUCTION VELOCITY (m/sec)					
	Stimulate	R	L	Norm	R	L	Norm	From	To	R	L	Norm
Median Sensory												
Wrist Index	24.0	25.6	(>20)		3.5	3.6	(<3.7)	Wrist	Index	50.0	50.0	
Ulnar Sensory												
Wrist 5th		25.0	(>10)			3.7	(<3.5)	Wrist	5th		48.3	
Radial Sensory												
Forearm Wrist		20.0	(>20)			2.4	(<2.7)	Forearm	Wrist		55.6	(>48)
Median Motor												
Wrist Thenar		15.4	(>4)			4.0	(<4.4)	Elbow	Wrist		55.1	(>49)
Elbow "		15.4	(>4)									
Median Y-Resp												
Wrist Thenar						28.1	(<31)					
Ulnar Motor												
Wrist Hypothen		11.8	(>6)			3.4	(<3.5)	B Elbow	Wrist		62.2	(>49)
B Elbow "		11.0	(>6)									
Ulnar Y-Resp												
Wrist Hypothen						27.6	(<31)					

Temperatures: L-Mid Palm=32.8 R-Mid Palm=33.6

ELECTROMYOGRAPHY											
N = normal											
MUSCLE	INSERTIONAL/SPONTANEOUS					VOLUNT MOTOR UNIT POTENTIAL					
	ins	p wave	fib	fasc	other	eff	rect	amp	dur	poly	
L-Deltoid	N	0	0	0	0	N	N	N	N	N	N
R-Biceps Brachii	N	0	0	0	0	N	N	N	N	N	N
R-Triceps	N	0	0	0	0	N	N	N	N	N	N
R-FDI (Hand)	N	0	0	0	0	N	N	N	N	N	N
R-Trapezius	N	0	0	0	0	N	N	N	N	N	N
R-Parasp - Mid Cervical	N	0	0	0	0						

<continued next page>

NARRATIVE

Pertinent History and Examination:

21 year old [redacted] who noted a "pop" in his neck while lifting weights 4 weeks ago worsened with [redacted] over the last 2 weeks. He has pain and weakness in his left deltoids and biceps without sensory loss. Examination shows weakness of the left deltoids and biceps. Sensation is intact.

Summary:

Nerve conduction studies of the left upper extremity were essentially normal. Concentric needle examination of the left upper extremity was normal. As the teaching physician identified below, I was physically present for the key portions of the electrodiagnostic examination and I prepared the interpretation at the time of the examination.

Interpretation:

Normal examination. There is no electrodiagnostic evidence of a left upper extremity radiculopathy, plexopathy, or mononeuropathy.

[redacted]
M.D.
Resident/Fellow Physician

[redacted]
M.D., Ph.D.
Attending Physician

FORM 2003

THIS SECTION FOR PHARMACY USE ONLY:

Refill 4 Times
DO NOT REFILL AFTER _____

PATIENT NAME _____
DATE _____ ID No. _____

Date of Birth _____ M F
circle one

TOTAL DUE _____

vicodin
Disp: # 20 (TWENTY)
7 - 11 PO Q 4h
DISPENSE: NUM. QTY. 20 (TWENTY)

PHYSICIAN'S SIGNATURE: _____
For NON-CONTROLLED SUBSTANCE RX ONLY

Pt: _____