**Template: First Office Visit – Rotator Cuff**

Developed by William Mallon, MD

*This template is an example only. Practices should develop their own templates for different patient populations and problems. In this sample, text highlighted in **blue** is populated by a drop down menu of choices; text highlighted in **yellow** is free entry text; and text highlighted in **red** is an automatic fill (signature, date).*

**HISTORY:** ... is a ______-year-old (male/female) who presents for an evaluation of a chief complaint of pain in (his/her) (right/left) shoulder. It is related to the following injury: none (non-work-related). (He/She) has had this problem now for 1 month(s). The pain is located in or near the lateral sub-acromial bursa. It is made worse with ______. It occasionally wakes the patient at night. The problem is getting worse. Previous treatment: injections. Previous imaging studies have not been done. Referring physician: none.

**EXAMINATION:**

**Constitutional:** Patient is well-developed, well-nourished, and in no acute distress.

**Neurologic:** Patient is oriented to person, place, and time. Gait: non-antalgic reciprocating heel-to-toe gait. Generalized Joint Laxity: normal. Normal appearance of the (right/left) shoulder girdle. Tenderness to palpation as follows: antero-lateral sub-acromial bursa.

**Neer impingement sign** - positive.

**Hawkins impingement sign** - positive.

**Active range-of-motion:** Elevation - 170°; Internal rotation to the back - lumbo-sacral junction.

**Passive range-of-motion:** Elevation - 170°; External rotation at the side - 70°; External rotation at 90° or maximal abduction - 90°; Internal rotation at 90° or maximal abduction - 70°.

**Rhythm of elevation:** normal gleno-humeral rhythm.

**Strength testing:** Abduction/Elevation - 5/5 painfree; External Rotation - 5/5 painfree; Internal Rotation - 5/5 painfree.

**Subscapularis testing:** not performed.

Neurologic status of upper extremity is fully intact. Vascular status of upper extremity is fully intact with normal pulses, color of the hand, and capillary refill.

**IMPRESSION:** Rotator cuff rupture, (right/left) shoulder

**ICD Code:** 727.61

**DISPOSITION:** I reviewed the problem with the patient today, going over the diagnosis, prognosis, and treatment options. Options discussed were NSAIDs. After discussion of the problem, the patient elected to treat this with surgery. Return will be scheduled for pre-operative evaluation.

Electronically Signed by: [Signature]

Date: [Date Time]