

McKenzie Davis
PRIOR
Medical Chronology

<u>Date</u>	<u>Provider</u>	<u>Treatment/Comments</u>
1/18/95 – 6/27/12	West Side Pediatrics	Vaccine Administration Records Growth Chart
2/1/05 – 3/26/10	West Side Pediatrics	Well Child Checks
4/19/95	Children's Hospital	Report of Dr. Kardon Re: soft heart murmur found on the first day of life. Cardiac exam suggests the presence of a benign systolic murmur, most likely secondary to peripheral pulmonary stenosis. Such murmurs are quite common during early pregnancy and are of no clinical significance.
4/26/95 – 3/7/04	West Side Pediatrics	SOAP Notes
7/28/95	Children's Hospital	Report of Dr. Kardon Follow-up exam for innocent heart murmur. Her cardiac exam is notable only for a vibratory Still's murmur and venous hums. No additional cardiology evaluation is necessary.
3/8/98	Mercy WH Radiology	ER Report MVA and hurt her neck. Final Impression: Contusion neck, secondary to restraint.

8/12/99	Children's Hospital	Department of Radiology Cystourethrography Recurrent urinary tract infections. Impression: Normal VCUG
8/16/99	Children's Hospital	Department of Radiology ULT Retroperitoneal Urinary tract infection Impression: Normal renal ultrasound
4/26/01	Mercy WH Radiology	X-ray Right Hand Impression: Soft tissue swelling without evidence of acute fracture.
9/6/01	Children's Hospital	EEG Report Evaluation of Seizures Interpretation: this was a normal awake tracing for age.
10/8/01	Children's Hospital	Department of Neurology Report of Dr. Holder Six month history of head drops. Mother states that approximately 6 months ago she began having a repetitive stereotypical event consisting of opening of her eyes, dropping her head and leaning over. If she is talking during the event, she stops talking then picks up immediately afterwards. This is occurring 5-10 times per day. Exam: Detailed review of cardiovascular, respiratory, renal, gastrointestinal, musculoskeletal systems revealed no other abnormalities. Pt. had frequent eye blinking during examination as well as some head dropping which was preceded with her eyes opening wide. Impression: Movement disorder, stereotypic, consistent of motor tics. At this time we do not feel these spells are seizures. Plan: Refer to Dr. Gilbert in the Movement Disorder Clinic.

6/15/02	TriHealth	Two Views Right Hand Impression: Normal right hand
6/5/03	TriHealth	Three Views Left Hand Impression: Normal left hand
3/5/04	West Side Pediatrics	Progress Note Jammed finger on basketball. 3 rd middle digit in splint; Holding finger straight – no swelling.
3/17/04	West Side Pediatrics	Letter from Dr. Gibbons to School Been complaining that she has the sensation that her heart is “racing” occasionally during the day. Requesting patient be excused from class during these episodes to go to nurse to have pulse checked.
7/6/04	Children’s Hospital	Report of Dr. Jackson (Urology) Urinary frequency. Suggests doing a renal ultrasound.
7/22/04	West Side Pediatrics	Progress Note Right arm hurts - elbow A/P tendonitis right elbow Started this morning and going on 2 ½ months. Looks swollen, hurts to straighten arm.
8/9/04	Children’s Hospital	Retroperitoneal 9 year old with history of urinary frequency.
9/19/05	West Side Pediatrics	Progress Note Jammed finger in soccer

9/19/05	Children's Hospital	<p>Department of Radiology Hand 3v (L) History: Pain in distal left third finger. No reported trauma Findings: no acute fracture, dislocation, subluxation; mild superficial soft tissue swelling.</p>
11/14/05	West Side Pediatrics	<p>Progress Note Left Wrist Pain Happened out of the blue, shooting pains began after falling on it. Lost balance and caught self on both palms.</p>
3/18/06	West Side Pediatrics	<p>Progress Note Pupils dilated, trouble seeing, things blurry, hazy for several days. Feels tired.</p>
9/16/06	Children's Hospital	<p>Lipid Panel</p>
12/14/06	West Side Pediatrics	<p>On Call Record Chest Pain</p>
2/5/07	Children's Hospital	<p>ER Notes Right sided chest discomfort</p>
2/5/07	Children's Hospital	<p>EKG Normal</p>
2/8/07	West Side Pediatrics	<p>Progress Note Chest pain started 3 days ago. Was grabbing chest and screaming in pain.</p>
2/13/07	West Side Pediatrics	<p>Progress Note Chest pain on and off – worsening.</p>

3/3/07	Children's Hospital	ULT Abdomen Routine 2 episodes of sharp abdominal pain. Impression: Normal abdominal ultrasound.
3/7/07	West Side Pediatrics	Progress Note Jammed finger while playing volleyball. Repeat injury.
3/7/07	Children's Hospital	X-ray Finger Right Impression: Soft tissue swelling without underlying bone abnormality.
6/15/07	Children's Hospital	ER Report Complaint: fall Discharge Diagnosis: contusion back. Plan: Ibuprofen for comfort, ice as needed, return for severe pain.
6/15/07	Children's Hospital	X-ray Pelvis Sacral Pain Impression: Normal sacrum; normal single view pelvis.
10/21/07	Children's Hospital	ER Notes Chest pain
10/22/07	West Side Pediatrics	Progress Note Seen at CHMC on Saturday for chest pain.
11/5/07	Children's Hospital	Consultation/Referral Chronic abdominal pain.
11/7/07	Children's Hospital	Gastroenterology Complaint: Chest pain Will treat for GERD

11/7/07	Children's Hospital	<p>Report of Dr. Xanthakos Reason for referral: Chest and RUQ pain. History of episodes of right chest and right upper quadrant abdominal pain that sometimes radiate to her right ear and right jaw. Plan: encourage dietary discretion and avoid triggers of pain. MEDS: Prilosec. If pain is continued in 4-6 weeks we will consider an upper endoscopy.</p>
11/12/07	Children's Hospital	<p>Gastroenterology Hepatology and Nutrition Center Chest and RUQ pain. She had a normal ultrasound and a normal EKG. The pain is likely secondary to dyspepsia.</p>
8/4/08	West Side Pediatrics	<p>Progress Note Right lower leg pain; right ankle pain pain right thigh. X-ray right femur No known injury.</p>
8/4/08	Children's Hospital	<p>X-ray Femur Right Impression: no fracture</p>
8/4/08	Children's Hospital	<p>X-ray Right Ankle Impression: No effusion or fracture</p>
8/15/08	Children's Hospital	<p>ER Report Complaint: left hand pain Injured her left pinky finger when she stubbed it against the ground. X-ray shows no fracture or dislocations. Diagnosis: finger strain</p>
9/4/08	West Side Pediatrics	<p>Progress Note Left ankle swollen today. Has a bug bite in that area. Warm to touch. No ankle tenderness; Full ROM; thigh is tender to the touch.</p>

		Early cellulitis of left ankle.
10/6/08	West Side Pediatrics	Progress Note Knee started on/off pain. Right knee strain.
10/15/08	Group Health Associates	Orthopedics Right knee pain. Describes she really has no particular injury. She does play a lot of sports and some competitive double dutch. Imaging: x-ray shows a skeletally immature knee and no acute changes. Plan: I did discuss with her patellofemoral disease.
10/15/08	Group Health Associates	X-ray Right Knee No fractures are identified. Joint spaces are normal. No osteochondral lesions are seen. Soft tissues are unremarkable. Impression: Negative plain films of the right knee.
1/22/09	Children's Hospital	Letter from Dr. Xanthakos Reason for Visit: Follow-up of right upper quadrant pain. Pain has resolved completely. Has been taking a proton pump inhibitor since November, 2007.
2/18/09	Group Health Associates	Orthopedics Previously seen and felt that she had patellofemoral disease from double dutch. Says lately pain has been worse. Exam: has negative leg roll, negative straight leg raising. Some tenderness in the medial facet. Normal ligamentous exam. No for sure effusion. Plan: I did discuss with her feeling it is patellofemoral.
2/20/09	Group Health Associates	MRI Right Knee Impression: No abnormality

3/25/09	Group Health Associates	<p>Orthopedics The patient returns. MRI appears to be normal. She says her pain has gotten better. I discussed with her anterior knee pain in women. Exam: Again, I cannot get it coming from her back or her hip, log roll and the knee bent and straight, does not bother her. She describes the pain and has tenderness maybe anterior medial and inferior pole of the patella or distal to that and with bent knee activities. Return over time as her symptoms would indicate.</p>
6/30/09	Children's Hospital	<p>ER Report Complaint: Chest pain; Struck over the sternum by another player when she was struck by a shoulder. Complains of pain in the sternal region with breathing and movement. Diagnosis: sternal contusion.</p>
10/1/09	Children's Hospital	<p>ER Report Complaint: right leg pain States she had a softball injury 2days ago. Pain is a sharp, onset pain. Exam: Pt has a large bruise down the lateral aspect of the right leg. Does have tenderness to palpation over the tibia distally. Diagnosis: contusion</p>
2/22/10	Children's Hospital	<p>MRI Right Lower Leg Impression: Moderate grade infiltrating edema of the deep and superficial tissue of the medial distal tibial region. Findings are consistent with pretibial stress edema or residual soft tissue injury. No evidence of stress fracture or bone reaction. Low grade strain of the medial Gastrocnemius muscle. This is above the pain site noted by the marker.</p>
3/4/10	West Side Pediatrics	<p>Progress Note Left hand and right leg tingling following injuries. Kicked in right lower leg in October. No fracture. Still had ongoing pain. Increased pain after skiing. Had a recent MRI with soft tissue damage in the area.</p>

Has seen ortho several times.

7/30/10	West Side Pediatrics	Progress Note Neck injury at soccer. Fell and hit head.
8/13/10	West Side Pediatrics	Progress Note Back pain started hurting at practice. Right side of back; pain in neck; Right arm feels weak. Rib pain.
8/13/10	Children's Hospital	Chest X-ray Impression: Pulmonary nodular right upper lobe, most consistent with a granuloma.
8/16/10	West Side Pediatrics	Progress Note Still having back pain and under ribs.
10/8/10	Children's Hospital	Rheumatology Progress Note History of 1.5 months ago began with back pain after soccer tryouts. Pain in more on right side and shoulder area into neck. X-ray done was negative. MRI done was negative. Reports that when stressed symptoms tend to get worse. Chief Complaint: Myalgias. Pain is usually located in the right side of chest and right side of back. Onset was sudden. Diagnosis: Heartburn symptoms Exam: There was no bony over-growth, difference in leg length or muscle bulk as signs of previously existing longstanding arthritis.
10/8/10	Children's Hospital	Division of Rheumatology Diagnosis: muscle spasm; chest pain; depressive disorder; at risk for overweight. MEDS: Tylenol; Flexeril; Protonix
10/11/10	Children's Hospital	Division of Rheumatology Diagnosis: thoracic back pain; muscle pain; chest wall pain. History of heartburn and upper thoracic back.

10/18/10	Children's Hospital	<p>PT Treatment Treating diagnosis: muscle spasm; chest wall pain Plan to have pt return to check progress and status based on guidance from MD after she further explores potential pathology.</p>
10/20/10	Children's Hospital	<p>ED Record Complaint: Shoulder pain Reports right shoulder pain for 6-8 weeks. Denies any known injury. X-ray without evidence of fracture. Follow-up with dr. due to previous history of difficulty with back pain from muscular discomfort. Diagnosis: Right shoulder strain. MEDS: Prozac; Protonix; Yaz; Sprintec; Valium; Ultram; Motrin</p>
10/20/10	West Side Pediatrics	<p>Progress Note Still having problems with breathing.</p>
10/20/10	Children's Hospital	<p>Chest X-ray Impression: Stable right upper lobe partially calcified pulmonary nodule, most consistent with granuloma.</p>
10/20/10	Children's Hospital	<p>Shoulder X-ray Impression: Normal radiographic examination of the shoulder.</p>
10/25/10	Beacon Orthopaedics	<p>History and Physical Right posterior shoulder pain Discomfort after soccer tryouts. She didn't have a frank injury, didn't have pain or pop, just a little bit of soreness. Radiographs taken from Children's Hospital on 10/20/10 have been reviewed. There is no evidence of acute fracture and/or dislocation. They noticed a calcium granuloma in the right upper lobe of the lung. Impression: Right posterior rotator cuff tendinitis with marked scapulothoracic dyskinesia.</p>

Plan: It appears that mostly everything is related just to scapulothoracic muscle weakness and pain inhibition, but we don't understand why it is this painful for her. We have explained that there could be a neurogenic etiology. Going to make arrangements for an EMG of her right upper extremity. Also going to undergo an MRI of the right shoulder.

10/27/10 Beacon
Orthopaedic

EMG

Summary: Normal right median and radial motor studies; normal right ulnar and median sensory studies; normal EMG in the right anterior and posterior C5-T1 myotome muscles.

11/1/10 Beacon
Orthopaedic

MR Arthrogram of Right Shoulder

Indication: Stabbing, burning pain. Evaluate labral pathology with known posterior rotator cuff tendonitis.
Impression: Minimal blunting of the posterior labrum which may be seen with old trauma/repetitive stress injury. No discrete labral tear. Intact rotator cuff.

11/3/10 Beacon
Orthopaedic

Follow-up Visit:

Her parents state she has had an increase in pain in the shoulder. She comes in tearful and is painful with passive motion. She has marked inhibition with any active motion. She has pain predominantly over the posterior shoulder. She has marked scapular muscle inhibition. Explained to her parents that it is most likely she has sympathetically mediated pain.

Plan: cortisone shot given. Initiate therapy 3x a week and get fitted for a scapular brace.

12/8/10 Beacon
Orthopaedic

Follow-up Visit:

She is dramatically better following her cortisone shot. She states that 2 days afterwards, she felt fairly normal. Has excellent shoulder motion.

4/4/11 Children's
Hospital

Office Note

Reason for Visit: Anxiety (including fears, phobias, panic)
Past Medical History: Heartburn symptom; anxiety; OCD; depression.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

MEDS: Prozac; Mobic; Valium; Ultram; Flexeril.

Plan: Follow-up in 1 week for medication assessment.

4/5/11

Children's
Hospital

Letter from Dr. Campbell

Complaint: Anxiety

Diagnosis: Anxiety disorder; depression; panic attack as reaction to stress; premenstrual syndrome.

Patient reports excessive worry and anxiety that is pervasive and occurs daily over school and family issues.

MEDS: Tylenol; Prozac; Motrin; Protonix; Vitamin D

Plan: Follow-up in 1 week for medication assessment.

4/11/11

Children's
Hospital

Office Note

Reason for Visit: Anxiety.

Missing school often due to panic attacks.

Past Medical History: Heartburn symptom; anxiety; OCD; depression.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin.

Plan: return in about 1 week.

4/25/11

Children's
Hospital

Office Note

Reason for Visit: Anxiety.

Past Medical History: Heartburn symptom; anxiety; OCD; depression.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin.

Plan: follow-up in 2 weeks.

5/9/11

Children's
Hospital

Office Note

Reason for Visit: Anxiety.

Missing school often due to panic attacks.

Past Medical History: Heartburn symptom; anxiety; OCD; depression.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin.

Diagnosis: Generalized anxiety disorder; depression; panic attack as reaction to stress.

Plan: follow-up in 2 weeks.

5/23/11

Children's
Hospital

Office Note

Reason for Visit: mood related concerns.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

Diagnosis: PMS; generalized anxiety disorder; panic attack as reaction to stress; depression; shoulder pain, right.

MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin.

Plan: Will start family therapy next week. Follow-up in 6 weeks for OCP f/u and continued evaluation of anxiety.

5/24/11

Beacon
Orthopaedic

Follow-up Examination:

Increased pain in her right shoulder. Said she was roughhousing over the weekend and had some increased soreness. Says it feels like it did previously. Wishing to proceed with additional cortisone injections.

6/22/11

Beacon
Orthopaedic

Follow-up Visit:

States she was involved in tug-of-war at school and strained her right shoulder in early May. She then slid down a fire pole and aggravated the shoulder. Since then she has had more pain.

Exam: Mild burning along the superior shoulder. She has full motion of the neck with no pain on axial loading. Some discomfort with active extension of the neck. Discomfort over the right posterior shoulder over the levator scapular muscles and to a lesser extent the trapezius.

Impression: Right shoulder posterior scapular muscle weakness with mild strain with associated rotator cuff tendinitis.

Plan: PT; Naprosyn; follow-up in 4 weeks.

7/11/11

Children's
Hospital

ED Record

Reason for Visit: Suicide Attempt

Diagnosis: Major depression
Broke up with her boyfriend.

Plan: follow-up with partial hospitalization program tomorrow.

7/12/11

Children's
Hospital

Division of Psychiatry

Self-harm and depression

Patient thinks she is bipolar.

I think she may be repressing/suppressing illness with a false front.

7/12/11 –
7/14/11

Children's
Hospital

Family Progress Notes

7/15/11

Children's
Hospital

Discharge Summary

Brought to ED by her mother because she called her mother at work yesterday and asked her to come home because she was feeling suicidal. Made superficial cuts to her upper thigh. She thinks she is bipolar.

Past Medical History: Injury that sidelined her from sports was inflammation of her scapular muscles. She said doctors weren't sure what caused it.

MEDS: Protonix; Yaz; Prozac

7/18/11

Children's
Hospital

Office Note

Reason for Visit: Anxiety (including fears, phobias, panic)

Past Medical History: Heartburn symptom; anxiety; OCD; depression.

Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS.

MEDS: Prozac; Mobic; Valium; Ultram; Flexeril.

7/21/11

Beacon
Orthopaedic

Follow-up Visit

She states she is about 50% better in terms of pain relief.

Recommended she continue therapy and see her back in 6-8 weeks.

8/22/11	Children's Hospital	<p>Office Note Reason for Visit: medication refill. Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS. Diagnosis: generalized anxiety disorder; panic attack as reaction to stress; depression. MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin.</p>
8/29/11	Children's Hospital	<p>Office Note Reason for Visit: eating disorder follow- up. Diagnosis: generalized anxiety disorder; panic attack as reaction to stress; depression. MEDS: Protonix; Tylenol; Vitamin D; Prozac; Motrin. Plan: return in about 2 months.</p>
1/9/12	Children's Hospital	<p>Office Note Reason for Visit: PMS Mood changes; anxiety. Past Medical History: Heartburn symptom; anxiety; OCD; depression. Problem List: muscle spasm; anxiety disorder; depression; panic attack as reaction to stress; PMS. MEDS: Prozac; Mobic; Valium; Ultram; Flexeril.</p>
1/18/12	Beacon Orthopaedic	<p>History and Physical Right shoulder pain Kicked in the shoulder by a friend. Has a history of 2 prior flare ups of acute pain in her right shoulder. Had a history of probable sympathetically mediated pain, scapulothoracic dyskinesia and she had undergone a cortisone injection as well as therapy. Medical history is pertinent with depression. X-rays taken in the office today of the right shoulder show no acute bony abnormalities. Impression: Right shoulder inflamed rotator cuff tendonitis –with history of scapular dyskinesia and probable component of RSD in the past.</p>
***RSD Mentioned		
3/29/12	West Side Pediatrics	<p>Progress Note Difficulty breathing</p>

5/1/12	Children's Hospital	<p>Office Note Reason for Visit: Medication refill Encounter Diagnosis: generalized anxiety disorder; depression.</p>
5/7/12	TriHealth	<p>ER Report Complaint: right-sided neck and shoulder pain. No direct trauma to the shoulder. She has had a history of shoulder problems in the past. Do not think any x-rays are necessary. Impression: Musculoskeletal shoulder and muscle spasm.</p>
5/10/12	Beacon Orthopaedic	<p>Follow-up Visit We diagnosed her with rotator cuff tendinitis with scapular Dyskinesia as well as probably component of RSD in the past. We believe her current symptoms are due to inflammation of the trapezius and levator scapular with associated rotator cuff tendonitis. Plan: anti-inflammatory and PT as well as ice and heat.</p>
6/27/12	West Side Pediatrics	<p>Progress Note Complains of right hip pain. Felt pop</p>
7/2/12	Beacon Orthopaedic	<p>History and Physical Right Hip Pain Originally began with right hip pain three weeks ago after doing a workout video. Then two weeks ago she was dancing for fun and felt a pop over the anterior aspect of her right hip. She denies any prior injury or problems with the right hip. Takes Prozac for anxiety and depression. Exam: No acute distress. Walks with slight antalgia. Very tender to palpation over right groin region and over the trochanteric bursa region, as well as the lateral aspect of the right hip. X-rays of right hip done today reveal no fractures, arthritis or other acute bony abnormalities. Impression: Right hip flexor strain. Plan: OTC Ibuprofen 3x a day. Ice as well as PT.</p>

8/7/12

West Side
Pediatrics

Progress Note

Wisdom teeth pulled

Anxiety

Med: Percocet

8/9/12

Family Medical
Group

Progress Note

New Patient Visit Note

Complaint: mass behind left ear

History of anxiety/depression and panic attacks. Wisdom teeth pulled on Monday.

Exam: 2 small freely mobile nontender cystic lesions posterior to left ear.

Chronic Disease Management

Assessment: Generalized anxiety disorder.

9/4/12

Family Medical
Group

Progress Note

Complaint: Back pain

Seen end of August in ER for back contusion. Fell off fence.

In Canada past weekend for dance Competition and had flare up of back pain. Now is hurting in the neck and all over back. Occasional numbness and tingling in fingers of right hand.

Assessment: lumbar strain; cervical strain; thoracic strain.