

Episodic SOAP: Numbness and Pain

Name

Course

Instructor

Date of Submission

Episodic Soap: Numbness and Pain

Episodic/Focused SOAP Note: Wrist Pain

Patient Initials: S.J

Age: 47

Gender: Female

CC: Pain in the right wrist, with tingling and numbness in the thumb, index, and middle fingers.

HPI: S.J, a 47-year-old female, presents with pain in her right wrist, tingling and numbness in the thumb, index, and middle fingers. The pain causes her to drop her hair-styling tools. The patient should be asked the following questions for a comprehensive history of present illness.

- i. The onset of the pain: In this case, the pain started two weeks ago.
- ii. The duration of the pain: It is crucial to ascertain the duration of the pain or numbness, whether it is continuous or intermittent.
- iii. The character of the pain
- iv. Associated symptoms:
- v. Relieving factors.
- vi. Treatment previously tried and the response to the treatment.
- vii. The severity of the pain on a scale of 10.

PMx: A history of diabetes and other nerve-damaging disorders should be assessed. Diabetes increases the risk of carpal tunnel syndrome (Kim et al., 2017). An inflammatory condition such as rheumatoid arthritis can also affect the tendons in the wrist and impact the median nerve (Kaeley et al., 2019). Additionally, a history of underactive thyroid gland should be assessed. Hypothyroidism can cause fluid-build up, leading to the exertion of pressure on the nerves in the legs and arms. This can lead to numbness and tingling, where the nerve is damaged (Karne & Bhalerao, 2016). The patient's obesity is also a risk factor for neurological infections such as carpal tunnel syndrome (Shakir & Nazar, 2017). Lastly, a history of breast cancer and the use of

Anastrozole (Arimidex). This medication increases the risk of nerve infection, such as carpal tunnel syndrome (Spagnolo et al., 2016).

Socx: Involvement in activities that may damage or exert harmful pressure on the arm's nerves, such as the median nerve, should be assessed. Also, the prolonged and repetitive use of vibrating handheld equipment should be assessed.

Fam Hx: A history of diabetes and breast cancer should be assessed.

Sexual/Reproductive History: The patient should be checked for menopause. Also, the last deliver should be considered. Menopause and pregnancy may cause hormonal changes that may affect the nerves by causing fluid retention (Al-Rousan et al., 2018).

Review of Systems

HEENT: Headache and dizziness should be assessed. Rheumatoid arthritis (R.A.) is associated with dizziness due to the presence of anemia. Also, neck pain should be assessed (Aletaha & Smolen, 2018).

Skin: The skin should be examined for rashes. R.A. rashes can appear on the skin as itchy and painful patches (Aletaha & Smolen, 2018).

Cardiovascular: cardiovascular infections should be examined since the presence of rheumatoid arthritis increases the risk of heart diseases (DeMizio et al., 2020).

Musculoskeletal: Pain in the upper extremities should be assessed. The effect of the pain on the mobility of other skeletal muscles should be assessed.

Objective

Physical Exams

Abrasions or ecchymosis on the hand and wrist should be examined. Their presence suggests an acute injury to tissues. Bony abnormalities such as swan neck deformity,

boutonniere, and ulnar deviation of the risk should be assessed to determine the presence of RA. Similarly, distal phalanx should be assessed to check the presence of osteoarthritis (Wiperman & Goerl, 2016; Padua et al., 2016).

The presence of hypalgesia should also be assessed along the palmar aspect of the index finger compared with the ipsilateral little finger of the right hand (affected hand). Similarly, a two-point discrimination test should be performed to determine the inability to discriminate points less than 6 mm apart. The Tinel sign and Phalen maneuver tests can be used to observe the reproduction of the symptoms when the wrist is percussed on the volar surface or placed in flexion, respectively. Tinel's sign is conducted by tapping over the meridian nerve at the wrists to determine the presence of paresthesias in the hand (Zhang et al., 2020). On the other hand, Phalen's test is performed by resting the elbows on a flat surface and allowing the wrist to fall into volar flexion for a minute to check for wrist paresthesias (Wiperman & Goerl, 2016; Padua et al., 2016). Lastly, a wrist flexion-provocative test can be used to examine the hand and check for symptoms. This test involves the compression of the median nerve and wrist flexion.

Diagnostic Tests

These tests are vital when the diagnostic is unclear. Electrodiagnostic testing should be conducted to ascertain the diagnosis. Electromyography and nerve conduction can be used to stratify and quantify disease severity. A slowed nerve conduction velocity supports the diagnosis of carpal tunnel syndrome. Electromyography helps differentiate primary muscle conditions from muscle weakness due to neurologic conditions (Sonoo et al., 2018). Blood tests should also be taken to determine the presence of illnesses such as R.A. The required tests are thyroid hormone levels, blood counts, blood protein, and sugar analysis. Additionally, magnetic resonance imaging (MRI) can be performed to demonstrate the median nerve's enlargement at

the pisiform's level, bowing of the flexor retinaculum, and flattening of the median nerve at the hook of hamate's level. Lastly, an X-ray can be done to determine the presence of RA.

Differential Diagnosis

- i. Carpal tunnel syndrome: This infection causes tingling and numbness in fingers, especially the thumb, index, and middle finger but not the middle finger. The patient drops items due to weakness of the hand (Wipperman & Goerl, 2016).
- ii. Carpometacarpal arthritis of the thumb: This infection is characterized by pain in the thumb, motion, joint-line motion, and decreased strength in grasping items (Deutch et al., 2018).
- iii. Vibrating white finger: This condition is caused by the use of vibrating hand tools such as hair equipment. It causes numbness and stinging pain in the fingers (Xu et al., 2018).
- iv. Cervical radiculopathy: This infection is characterized by pain numbness of the thumb and index finger and pain in the neck (Rainville et al., 2019).
- v. Flexor carpi radialis tenosynovitis: The symptoms include difficulty moving the thumb and grasping and tenderness near the base of the thumb (Bolles et al., 2018).

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