

# FRAUDSNIFFR

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## *Medical Records Cover Page*

Client:	Comprehensive Risk Services
Requester:	Kellie Hanna
Claim #:	565764
Case #:	112060OT-02
Patient's Name:	Terresa Slocum
Date of Birth:	8/28/1963

Our office was contacted and requested to secure records for the above-referenced patient from the following facility:

Dr./Facility:	MyMichigan Orthopedics & Sports Medicine
Dr./Facility:	Riley Bell, Teresa Hall
Address:	
City/State/Zip:	
Telephone:	
Request Date:	October 24, 2024
Date Cleared:	November 26, 2024

### **Special Instructions:**

Obtain medical records based on canvass result.

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**Progress Notes by Bell, Riley A, PA at 3/11/2024 11:00 AM**

Author: Bell, Riley A, PA

Service: —

Author Type: Physician Assistant

Filed: 3/11/2024 2:25 PM

Encounter Date: 3/11/2024

Status: Signed

Editor: Bell, Riley A, PA (Physician Assistant)

**Subjective****Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 60 y.o. female<sup>[RB.2]</sup>.**Chief Complaint:**<sup>[RB.1]</sup>**Chief Complaint**

Patient presents with

- Right Upper Arm - Pain

*Closed nondisplaced fx surgical neck of right humerus DOI 3/8/2024<sup>[RB.2]</sup>*

**HPI:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 60 y.o. female<sup>[RB.2]</sup> who is presenting today with a chief complaint of acute right shoulder pain. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder. She felt immediate pain and went to the Clare ED where she had x-rays and was placed into a sling. X-ray imaging was reviewed by me. Today she is reporting<sup>[RB.1]</sup> continued pain with mild improvement<sup>[RB.3]</sup>.<sup>[RB.1]</sup> She states any movement of the shoulder elicits pain. She notes diffuse bruising anteriorly. She notes limited ROM and weakness secondary to pain.<sup>[RB.3]</sup> She notes swelling into her hand and wrist. She also reports intermittent numbness and tingling in her pinky finger.

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.<sup>[RB.4]</sup>

**Review of Systems**Constitutional: Negative for<sup>[RB.1]</sup> activity change<sup>[CB.1]</sup>,<sup>[RB.1]</sup> chills<sup>[CB.1]</sup> and<sup>[RB.1]</sup> fatigue<sup>[CB.1]</sup>.HEENT: Negative for<sup>[RB.1]</sup> hearing loss<sup>[CB.1]</sup>.Eyes: Negative for<sup>[RB.1]</sup> blurred vision<sup>[CB.1]</sup>.Respiratory: Negative for<sup>[RB.1]</sup> dyspnea at rest<sup>[CB.1]</sup>.Cardiovascular: Negative for<sup>[RB.1]</sup> chest pain<sup>[CB.1]</sup>,<sup>[RB.1]</sup>**Pacemaker neg**<sup>[CB.1]</sup>Gastrointestinal: Negative for<sup>[RB.1]</sup> abdominal pain<sup>[CB.1]</sup>,<sup>[RB.1]</sup> blood in stool<sup>[CB.1]</sup> and<sup>[RB.1]</sup> heartburn<sup>[CB.1]</sup>.Genitourinary: Negative for<sup>[RB.1]</sup> dysuria<sup>[CB.1]</sup>.Musculoskeletal: Positive for<sup>[RB.1]</sup> arthralgias<sup>[CB.1]</sup>,<sup>[RB.1]</sup> myalgias<sup>[CB.1]</sup> and<sup>[RB.1]</sup> extremity pain (right upper arm)<sup>[CB.1]</sup>. Negative for<sup>[RB.1]</sup> gait problem<sup>[CB.1]</sup>,<sup>[RB.1]</sup> joint swelling<sup>[CB.1]</sup> and<sup>[RB.1]</sup> joint stiffness<sup>[CB.1]</sup>,<sup>[RB.1]</sup>**Muscle weakness negative****Decrease in height negative****Limb swelling positive**<sup>[CB.1]</sup>Skin: Negative for<sup>[RB.1]</sup> color change<sup>[CB.1]</sup>,<sup>[RB.1]</sup> itching<sup>[CB.1]</sup>,<sup>[RB.1]</sup> rash<sup>[CB.1]</sup>,<sup>[RB.1]</sup> wound<sup>[CB.1]</sup> and<sup>[RB.1]</sup> dry skin<sup>[CB.1]</sup>.Neurological: Positive for<sup>[RB.1]</sup> headaches<sup>[CB.1]</sup>. Negative for<sup>[RB.1]</sup> weakness<sup>[CB.1]</sup>,<sup>[RB.1]</sup> numbness<sup>[CB.1]</sup> and<sup>[RB.1]</sup> gait difficulties<sup>[CB.1]</sup>,<sup>[RB.1]</sup>**Parathesia pos**<sup>[CB.1]</sup>Hematological:<sup>[RB.1]</sup> Does not bruise/bleed easily<sup>[CB.1]</sup>.Psychiatric/Behavioral: Negative for<sup>[RB.1]</sup> depression<sup>[CB.1]</sup>. The patient<sup>[RB.1]</sup> is not nervous/anxious<sup>[CB.1]</sup>.

I have reviewed the following and agree: Chief complaint, ROS and Past Medical, Surgical, Family, Social

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**Progress Notes by Bell, Riley A, PA at 3/11/2024 11:00 AM (continued)**

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History, Allergies, Medications, Problem List.<sup>[RB.1]</sup>**Vitals:**

	03/11/24 1041	03/11/24 1050
BP:	(I) 140/84	(I) 150/80
Blood Pressure	Left arm	Left arm
Location:		
Patient	Sitting	Sitting
Position:		
Weight:	128 lb (58.1 kg)	
Height:	4' 11" (1.499 m)	
PainSc:	8	
PainLoc:	Arm	

Comment: right

Body mass index is 25.85 kg/m<sup>2</sup>. No results found.<sup>[RB.2]</sup>**Physical Exam:****Objective**

HEENT: WNL, no evidence of acute trauma

Cardiac: Regular rate and rhythm by palpation

Pulmonary: No audible wheezing or crackles, no accessory muscle use<sup>[RB.1]</sup>**Right Shoulder Examination**

Significant ecchymosis noted at the anterior shoulder following the biceps distribution .

No popeye deformity

Swelling noted

Diffuse tenderness throughout the entire shoulder

Nontender at the clavicle

Active ROM:

Not assessed secondary to pain

Strength:

Not assessed secondary to pain

NSILT to axillary, radial, median, ulnar nerves

Motor intact to PIN, AIN, ulnar nerves

Brisk capillary refill to all digits; fingers warm and well perfused<sup>[RB.4]</sup>**Imaging:**I independently interpreted the following images:<sup>[RB.1]</sup>2+ view AP/y of the right shoulder demonstrates a proximal humerus fracture at the greater tuberosity and surgical neck. There is <1mm of displacement of the greater tuberosity. The surgical neck fracture is nondisplaced. There is mild degenerative changes of the AC joint space.<sup>[RB.4]</sup>No imaging results within the last three days.<sup>[RB.2]</sup>

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

Procedures<sup>[RB.1]</sup>



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

MyMichigan Orthopedics:  
Alma  
315 E Warwick Dr.  
ALMA MI 48801-1083  
Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 3/11/2024

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**Progress Notes by Bell, Riley A, PA at 3/11/2024 11:00 AM (continued)**

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**Assessment/Plan**

1. Right shoulder pain, unspecified chronicity
2. Other closed displaced fracture of proximal end of right humerus, initial encounter  
oxyCODONE (Roxicodone) 5 mg immediate release tablet (C-II)  
cyclobenzaprine (FLEXERIL) 10 mg tablet
3. Closed nondisplaced fracture of surgical neck of right humerus, unspecified fracture morphology, initial encounter  
Ambulatory referral to Orthopedic Surgery<sup>[RB,2]</sup>

Recent x-ray imaging was reviewed with the patient in detail. She is educated that there is a fracture of her proximal humerus at the greater tuberosity and surgical neck. There is minimal displacement and can be treated conservatively. She will be placed into a DonJoy sling. She may wear this as needed for comfort. She is instructed to avoid heavy lifting and moving the shoulder overhead. She was instructed on pendulum and biceps flexion exercises to do at home. She may take tylenol for pain. She was also given oxy 5mg and Flexeril to be taken as needed for breakthrough pain. She will remain out of work for the next 6 weeks. She will follow back up in 4 weeks for reevaluation and x-rays. We likely will get her started in PT around that time.<sup>[RB,4]</sup>

Riley Bell, PA  
3/11/2024 2:25 PM<sup>[RB,2]</sup>

Electronically Signed by Bell, Riley A, PA on 3/11/2024 2:25 PM

**Attribution Key**

CB.1 - Burt, Chad on 3/11/2024 10:41 AM  
RB.1 - Bell, Riley A, PA on 3/11/2024 9:32 AM  
RB.2 - Bell, Riley A, PA on 3/11/2024 2:25 PM  
RB.3 - Bell, Riley A, PA on 3/11/2024 1:53 PM  
RB.4 - Bell, Riley A, PA on 3/11/2024 2:06 PM

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**Progress Notes by Bell, Riley A, PA at 4/19/2024 10:30 AM**

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MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

MyMichigan Orthopedics:  
MyMichigan Medical Offices  
Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 4/19/2024

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**Progress Notes by Bell, Riley A, PA at 4/19/2024 10:30 AM (continued)**

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Author: Bell, Riley A, PA  
Filed: 4/24/2024 12:12 PM  
Editor: Bell, Riley A, PA (Physician Assistant)

Service: —  
Encounter Date: 4/19/2024

Author Type: Physician Assistant  
Status: Signed

**Subjective**

**Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 60 y.o. female<sup>[RB.2]</sup>.

**Chief Complaint:**<sup>[RB.1]</sup>**Chief Complaint**

Patient presents with

- Right Upper Arm - Post-op, Fracture

*4 wk fu Closed nondisplaced fracture of surgical neck of right humerus DOI 3/8/2024*<sup>[RB.2]</sup>

HPI: Teresa L Slocum is a 60 y.o. female who is presenting today with 6 week follow up for a right proximal humerus fracture. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder. She felt immediate pain and went to the Clare ED where she had x-rays and was placed into a sling. X-ray imaging was reviewed by me. She has been treated conservatively with a sling. Today she is reporting<sup>[RB.1]</sup> continued pain of the shoulder. She notes continued limited ROM and weakness. She has not began formal PT, but has been working on the pendulum exercises at home. She has been taking tylenol and motrin as needed for pain. She denies numbness or tingling radiating down her arm.

She is also complaining of continued pain of her right knee related to her recent fall. She has been seen by her PCP who ordered an MRI. She has not been evaluated for this by me.<sup>[RB.3]</sup>

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (**right upper arm**). Negative for gait problem, joint swelling and joint stiffness.

**Muscle weakness negative**

**Decrease in height negative**

**Limb swelling positive**

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>[RB.1]</sup>

**Vitals:**

Generated on 11/8/24 9:12 AM

Page 4

**Progress Notes by Bell, Riley A, PA at 4/19/2024 10:30 AM (continued)**

04/19/24 0939	04/19/24 0945
BP: (l) 154/80	(l) 148/80
Blood Pressure Left arm	Left arm
Location:	
Patient Sitting	Sitting
Position:	
Weight: 133 lb (60.3 kg)	
Height: 4' 11" (1.499 m)	
PainSc: 2	
PainLoc: Arm	
Comment: right	

Body mass index is 26.86 kg/m<sup>2</sup>. No results found.<sup>[RB.2]</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended<sup>[RB.1]</sup>

**Right Shoulder Examination**

No ecchymosis noted.

No popeye deformity

Swelling noted

Diffuse tenderness throughout the entire shoulder

Nontender at the clavicle

Active ROM:

Flexion: 70

Abduction: 40

IR: hip pocket

ER: 20

Strength:

Not assessed secondary to pain

NSILT to axillary, radial, median, ulnar nerves

Motor intact to PIN, AIN, ulnar nerves

Brisk capillary refill to all digits; fingers warm and well perfused<sup>[RB.3]</sup>

**Imaging:**

I independently interpreted the following images:<sup>[RB.1]</sup>

2+ views AP/y of the right shoulder demonstrates interval healing for a proximal humerus fracture involving the greater tuberosity and surgical neck. There is continued ~2mm displacement laterally of the greater tuberosity. The surgical neck fracture is impacted and nondisplaced. There is mild callus formation noted with bony bridging. No other acute fractures or dislocations.<sup>[RB.3]</sup>

No imaging results within the last three days.<sup>[RB.2]</sup>



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**Progress Notes by Bell, Riley A, PA at 4/19/2024 10:30 AM (continued)**

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Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

**Procedures<sup>[RB.1]</sup>**

**Assessment/Plan**

1. Right shoulder pain, unspecified chronicity X-ray shoulder 2+ view right  
Ambulatory referral to Physical Therapy
2. Closed fracture of proximal end of right humerus Ambulatory referral to Physical Therapy<sup>[RB.2]</sup>  
with routine healing, unspecified fracture  
morphology, subsequent encounter

X-ray imaging was reviewed with the patient in detail.<sup>[RB.1]</sup> She is encouraged to begin weaning the sling at this time.<sup>[RB.3]</sup> <sup>[RB.1]</sup> She will continue to work on ROM exercises at home. She will also begin going to physical therapy to work on ROM. She is to avoid lifting greater than 20lbs with the right shoulder at this time. She will continue to take tylenol and motrin as needed for pain. She may take flexeril as needed for nighttime pain and comfort. She is educated that with her fracture, she may develop permanent loss of full ROM of the shoulder. If she develops significant loss of ROM and/or chronic pain, a reverse shoulder arthroplasty would be a surgical option. She will return to work in 2 weeks with lifting, pushing, pulling restrictions. All of her questions and concerns were answered. She will follow back up in 4 weeks for repeat imaging and evaluation.

She also has noted acute right knee pain from the same fall at work resulting in her right shoulder injury. She has been seen by her PCP who ordered x-rays and an MRI. I instructed her to see me for this at her next visit once the MRI is completed.<sup>[RB.3]</sup>

Riley Bell, PA  
4/24/2024 12:12 PM<sup>[RB.2]</sup>

Electronically Signed by Bell, Riley A, PA on 4/24/2024 12:12 PM

**Attribution Key**

- 
- RB.1 - Bell, Riley A, PA on 4/18/2024 2:29 PM  
RB.2 - Bell, Riley A, PA on 4/24/2024 12:12 PM  
RB.3 - Bell, Riley A, PA on 4/24/2024 12:03 PM

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**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM**

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Author: Roland, Derick, PT	Service: —	Author Type: Physical Therapist
Filed: 4/30/2024 9:17 AM	Date of Service: 4/30/2024 7:30 AM	Status: Signed
Editor: Roland, Derick, PT (Physical Therapist)		Cosigner: Bell, Riley A, PA at 4/30/2024 10:09 AM

**Physical Therapy Upper Extremity Evaluation**



My Michigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149651

Adm: 4/30/2024, D/C: 4/30/2024

Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)

Patient Name:[DR.1] Teresa L Slocum[DR.2]

Date of Birth:[DR.1] 8/28/1963[DR.2]

Referring Provider:[DR.1] Bell, Riley A, PA[DR.2]

Initial Evaluation Date:[DR.1] 4/30/2024[DR.2]

Onset Date:[DR.1] 03/08/24 (date of fall)[DR.2]

Medical Diagnosis:[DR.1] Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D][DR.2]

Therapy Diagnosis:[DR.1]

1. Right shoulder pain, unspecified chronicity Ambulatory referral to Physical Therapy  
Ambulatory referral to Physical Therapy
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter Ambulatory referral to Physical Therapy  
Ambulatory referral to Physical Therapy
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity[DR.2]

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #10 or 5/30/24

Physician Follow Up Appointment: 5/17/24[DR.1]

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction[DR.2]

Visit Number: 1 out of 24[DR.1]

### Allergies

Allergen	Reactions
• Nsaids (Non-Steroidal Anti-Inflammatory Drug)	Hives and Angioedema
• Sulfa (Sulfonamide Antibiotics)	Hives
• Tetanus Toxoid, Adsorbed	Swelling, Myalgia and Fever
Category: Adverse Reaction	
• Aspirin	Hives
• Macrobid [Nitrofurantoin Monohydrate/M-Cryst]	Fever
Other reaction(s): , Hypotension, , Muscle Aches	

### Current Outpatient Medications

Medication	Sig	Dispense	Refill
• Aerochamber Plus Flow-Vu spacer	1 device as directed use the device with inhalers as directed. (Patient not taking: Reported on 4/16/2024)		

**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

• albuterol HFA 90 mcg/actuation inhaler	Inhale 2 puffs every 4-6 hours as needed (Patient not taking: Reported on 4/16/2024)	18 g	0
• alendronate (Fosamax) 70 mg tablet	Take 1 tablet (70 mg total) by mouth every 7 days. Take in the morning with a full glass of water, on an empty stomach, and do not take anything else by mouth or lie down for the next 30 min.	12 tablet	0
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth 3 (three) times a day as needed for muscle spasms.		
• dicyclomine (Bentyl) 10 mg capsule	Take 1-2 capsules (10-20 mg total) by mouth every 6 (six) hours as needed (abdominal pain and cramping) for up to 30 doses. (Patient not taking: Reported on 3/11/2024)	30 capsule	0
• dulaglutide (Trulicity) 4.5 mg/0.5 mL pen injector pen injector	Inject 0.5 mL (4.5 mg total) under the skin every 7 days.	6 mL	3
• empagliflozin (Jardiance) 10 mg tablet	Take 1 tablet (10 mg total) by mouth daily.	90 tablet	1
• EpiNEPHRINE (EPIPEN) 0.3 mg/0.3 mL injection syringe	Inject 0.3 mL (0.3 mg total) into the shoulder, thigh, or buttocks once as needed for anaphylaxis for up to 1 dose.	2 Syringe	0
• fluticasone (FLONASE) 50 mcg/actuation nasal spray	Administer 1 spray into each nostril 2 (two) times a day. (Patient not taking: Reported on 3/11/2024)		
• fluticasone propion-salmeterol (advAIR HFA) 115-21 mcg/actuation inhaler	Inhale 2 puffs 2 (two) times a day.	36 g	1





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149651

Adm: 4/30/2024, D/C: 4/30/2024

**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

- |  |   |           |   |
|--|---|-----------|---|
| • FreeStyle Libre 14 Day Sensor kit                                      | Inject 1 kit under the skin every 14 (fourteen) days.               | 6 kit     | 3 |
| • Inhalat.spacing dev,large mask (Aerochamber Plus Flow-Vu,L Msk) spacer | Use as directed with inhaler  | 1 each    | 0 |
| • losartan (coZAAR) 25 mg tablet   | Take 1 tablet (25 mg total) by mouth daily.                         | 90 tablet | 3 |
| • montelukast (Singulair) 10 mg tablet                                   | Take 1 tablet (10 mg total) by mouth in the evening.                | 90 tablet | 1 |
| • oxyCODONE (OXY-IR) 5 mg capsule (C-II)                                 | Take 5 mg by mouth every 6 (six) hours as needed for moderate pain. |           |   |
| • rosuvastatin (CRESTOR) 20 mg tablet                                    | Take 1 tablet (20 mg total) by mouth once daily.                    | 90 tablet | 1 |

No current facility-administered medications for this encounter.

**Past Medical History:**

- | Diagnosis   | Date       |
|---|------------|
| • Abdominal pain<br>DIVERTICULITIS  |            |
| • Allergic rhinitis   |            |
| • Arrhythmia<br>CARDIOVERSION, SVT  |            |
| • Asthma<br>HAS INHALER NO RECENT EPISODES  |            |
| • AV nodal re-entry tachycardia (CMS/HCC)<br>slow pathway modification ISLAM/ CARDIAC ABLATION RESOLVED | 05/2009    |
| • Awareness under anesthesia<br>WITH COLONOSCOPY  |            |
| • Delayed emergence from general anesthesia   |            |
| • Dry eye   |            |
| • GERD (gastroesophageal reflux disease)  |            |
| • Hyperlipidemia  |            |
| • Hypertension  |            |
| • Incidental lung nodule, less than or equal to 3mm<br>PER CT SCAN                                      |            |
| • Liver disease<br>FATTY LIVER  |            |
| • Lung mass   | 12/18/2014 |
| • Morbid obesity (CMS/HCC)  |            |
| • Palpitations<br>RESOLVED  |            |
| • PONV (postoperative nausea and vomiting)  |            |
| • Presbyopia  |            |

**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

**GLASSES**

- Tarsal tunnel syndrome
- Trochanteric bursitis
- Type 2 diabetes mellitus (CMS/HCC)

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CARDIAC ELECTROPHYSIOLOGY MAPPING AND ABLATION		2006
• CHOLECYSTECTOMY		
• COLECTOMY PARTIAL / TOTAL		2013
• COLONOSCOPY		
• ESOPHAGOGASTRODUODENOSCOPY		
• INCISIONAL HERNIA REPAIR		
• LAPAROSCOPIC PARTIAL GASTRECTOMY		06/12/2018
• OVARIAN CYST REMOVAL		

**Patient Active Problem List**

Diagnosis
• Asthma
• Gastroesophageal reflux disease
• Hypercholesterolemia
• Hypertension
• Irritable bowel syndrome
• Arthralgia of hip
• Type 2 diabetes mellitus (CMS/HCC)
• Bariatric surgery status
• Desensitization to allergy shot <sup>[DR.2]</sup>

**SUBJECTIVE:**

Present/Chief Complaint: This is a 60 years old female who presents to MyMichigan Clare outpatient Physical Rehabilitation with chief complaints of R shoulder pain, humerus fracture. Patient had a trip and fall incident at work, fracturing her R humerus. She was put in a sling for 6 weeks. She is working on pendulums, wall walks. Pain with wall walks on the way down. Patient is R handed. Pain worse in the mornings. Denies any N/T. PMH per above including DM and osteopenia.

Mechanism of Injury: Fall<sup>[DR.1]</sup>

Prior Function

Level of Independence: Independent with ADLs and functional transfers, Independent with homemaking with ambulation

ADL Assistance: Independent

Homemaking Assistance: Independent

Vocational: Full time employment<sup>[DR.2]</sup>

**Pain<sup>[DR.1]</sup>**

Pain Assessment

Pain Assessment: 0-10

Pain Score: 4



My Michigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganStocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149651

Adm: 4/30/2024, D/C: 4/30/2024

**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

Pain Type: Acute pain

Pain Location: Shoulder

Pain Orientation: Right

Pain Descriptors: Sharp

Pain Frequency: Constant/continuous

Clinical Progression: Not changed

Pain Interventions: Medication (See MAR)<sup>[DR.2]</sup>

Patient reports/denies pain is worse at night? No

Pain changes with a change in position? Yes

Have you had any unexplained weight loss? No

PMH of cancer? No

Recently developed numbness/tingling in hands/feet/saddle area? No

Changes in bowel/bladder function (going more frequently or unable to go)? No

Patient's primary goal for PT: To regain full use of her R shoulder/arm

Diagnostic Tests: Xray, 2+ views AP/y of the right shoulder demonstrates interval healing for a proximal humerus fracture involving the greater tuberosity and surgical neck. There is continued ~2mm displacement laterally of the greater tuberosity. The surgical neck fracture is impacted and nondisplaced. There is mild callus formation noted with bony bridging. No other acute fractures or dislocations

**OBJECTIVE:**

**Posture:** shoulder rounded forward and head forward

**UE ROM/Strength Testing:**

	Strength	AROM	PROM
UE	Right	Right	Right
Shoulder flexion	NT	71	90
Shoulder extension	NT	30	NT
Shoulder abduction	NT	42	80
Shoulder external rotation	NT	NT	0 at 45 deg abd
Shoulder internal rotation	NT	R glute	55 at 45 deg abd
Elbow flexion	NT	WNL	
Elbow extension	NT	WNL	

**Palpation:**

Tenderness:

Globally around R proximal shoulder

**Special tests:**

deferred

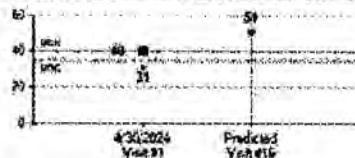
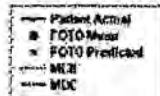
**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

**Functional Impairment Scale:**

Functional Status Measures:	Intake Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	31	Patient's intake functional measure is 31 on a scale approximating 0 - 100 (higher number = greater function).
Risk Adjusted Statistical FOTO*	40	Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 40 at intake.

MCI = 3 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)



Rehabilitation Resource Predictor*	Predicted Value	Interpretation of Predicted Value
Points of Physical FS Change	20	
Discharge FS Score	51	Given the patient's risk-adjustment variables, and the actual intake FS score, FOTO predicts this patient will experience at least an increase in function of 20 points (to 51 or higher).
Visits per Episode	15	
Duration of Episodes in Days	60	
Average Satisfaction Score**	97.3 %	

**Treatment:**

Exercises reviewed and practiced with patient before adding to HEP per below:

Access Code: ZNW2YY63

URL: <https://MyMichigan.medbridgego.com/>

Date: 04/30/2024

Prepared by: Derick Roland

**Exercises**

- Supine Shoulder External Rotation in 45 Degrees Abduction AAROM with Dowel (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 5 hold
- Seated Shoulder Flexion Towel Slide at Table Top - 2 x daily - 7 x weekly - 2 sets - 10 reps - 5 hold
- Seated Shoulder Scaption Slide at Table Top with Forearm in Neutral (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 5 hold
- Seated Scapular Retraction - 2 x daily - 7 x weekly - 2 sets - 10 reps - 5 hold
- Seated Gentle Upper Trapezius Stretch - 2 x daily - 7 x weekly - 2 sets - 30 hold
- Seated Shoulder Scaption AAROM with Pulley at Side - 2 x daily - 7 x weekly - 2 sets - 10 reps

**ASSESSMENT:**

This patient presents with diagnosis as listed above and shows the following impairments:  
Pain, Decreased strength, Decreased ROM

This patient's current functional limitations include inability to adequately:  
perform routine daily activities, sleep, and work

*The patient presents with signs and symptoms consistent with referring diagnosis. It is in my professional opinion the patient will benefit from a course of physical therapy to address the following plan of care and achieve the following goals as agreed upon by patient.*

Rehab potential: Good

**PLAN:**





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Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149651

Adm: 4/30/2024, D/C: 4/30/2024

Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)

Patient will be seen for skilled physical therapy 1-3x/week for the next 6 to 8 weeks commencing on May 2, 2024 through June 30, 2024

**Procedure/Parameters**

- **Therapeutic Exercises** - To improve strength and mobility in extremities, spinal, abdominal muscles
- **Neuro Re-ed** - To improve stability, posture and balance, coordination, reaction time, transfers
- **Manual Therapy**- soft tissue mobilization/ joint mobs 1-5 Grade to improve joint mechanics and tissue extensibility in extremities and cervical spine
- **Patient Education**- To educate patient with HEP and progression, proper body mechanics and postural awareness.
- **Modalities**- Cold pack, Dry Needling

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty.
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology.
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty.

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis.
- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty.
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology.
- 4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty.

Based on the following information this patient presents as Moderate complexity:

This patient presented with 3 or more personal Factors or comorbidities that would impact the plan of care.

The examination of body systems revealed a total of 3 or more elements that will be addressed in the plan of care.

This patient's clinical presentation included an evolving presentation with changing characteristics.

The clinical decision making for this patient was of moderate complexity.

Session Time:[DR.1]

Start Time: 0734

Stop Time: 0818 (eval)

Time Calculation (min): 44 min

Total Timed Base Calculation: 10 Minutes

Derick Roland, PT[DR.2], DPT

Ph: 989-802-5105

Generated on 11/8/24 9:12 AM

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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149651

Adm: 4/30/2024, D/C: 4/30/2024

---

**Evaluation by Roland, Derick, PT at 4/30/2024 7:30 AM (continued)**

---

Fax: 989-802-5143

Derick.roland@mymichigan.org

By electronically signing this plan of care, I certify that this plan is indicated and medically necessary.<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 4/30/2024 9:17 AM

Electronically Signed by Bell, Riley A, PA on 4/30/2024 10:09 AM

**Attribution Key**

DR.1 - Roland, Derick, PT on 4/30/2024 7:32 AM

DR.2 - Roland, Derick, PT on 4/30/2024 9:09 AM

---

**Therapy Treatment Note by Roland, Derick, PT at 5/2/2024 7:30 AM**

---

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/2/2024 8:28 AM

Date of Service: 5/2/2024 7:30 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy**  
**Daily Treatment Note<sup>[DR.1]</sup>**  
5/2/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DR.1]</sup> 2<sup>[DR.2]</sup> of 24

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #10 or 5/30/24

**Physician Follow Up Appointment:** 5/17/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports minimal pain this morning. Exercises are going well at home



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/2/2024, D/C: 5/2/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/2/2024 7:30 AM (continued)**

**Pain:** 1/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log

**Treatment Log**

Treatment Activity:	5/2/24			
TherEx				
Shoulder pulleys	X5 min scap			
Table slides	With bolster, Flex 2x10			
Wand exercise	Shoulder ER x20 R			
PROM	R shoulder all planes			
Neuro Re-edu				
Scap retractions	2x10 5 sec hold			
Manual <sup>[DR.1]</sup>				
STM/TPR	R distal biceps <sup>[DR.3]</sup>			
End range stretching	R shoulder flex, abd, IR, ER <sup>[DR.1]</sup> R elbow ext			
Joint mobs	AC joint AP, superior/inferior grade III and IV R			

Progressed exercises per above and included manual to improve ROM<sup>[DR.3]</sup>

**Patient Education:**<sup>[DR.1]</sup> continue with current HEP, progressing sets and reps<sup>[DR.3]</sup>

**Assessment:**<sup>[DR.1]</sup>

Patient expected to make progress toward goals in the next 2 weeks. Pain, weakness, decreased ROM and impaired function still present. Patient requires VC today to keep elbow from extending during ER. Has mild discomfort during manual therapy, end range stretching, more so for ER and abd.<sup>[DR.3]</sup>

Patient demonstrated improvement with:<sup>[DR.1]</sup> improved ROM compared to evaluation. Able to tolerate progression per above.<sup>[DR.3]</sup>

Patient<sup>[DR.1]</sup> will<sup>[DR.3]</sup> benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit:<sup>[DR.1]</sup> continue to work on returning full PROM<sup>[DR.3]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 0730

Stop Time: 0820

Time Calculation (min): 50 min



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Physical Therapy: MyMichiganSlocum, Teresa L

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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/2/2024, D/C: 5/2/2024

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**Therapy Treatment Note by Roland, Derick, PT at 5/2/2024 7:30 AM (continued)**

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Total Timed Base Calculation: 50 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 5/2/2024 8:28 AM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/2/2024 7:32 AM

DR.2 - Roland, Derick, PT on 5/2/2024 8:28 AM

DR.3 - Roland, Derick, PT on 5/2/2024 8:24 AM

---

**Therapy Treatment Note by Roland, Derick, PT at 5/6/2024 10:30 AM**

---

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/6/2024 11:51 AM

Date of Service: 5/6/2024 10:30 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy**  
**Daily Treatment Note<sup>[DR.1]</sup>**  
5/6/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[DR.1]</sup> 3<sup>[DR.2]</sup> of 24

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #10 or 5/30/24

**Physician Follow Up Appointment:** 5/17/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports being more sore over the weekend from pushing ER ROM with stick and from shredding cheese. Feeling a little better now than it did earlier this morning.

**Pain:** 1-2/10

**Pain Description:** ache

**Location:** R shoulder



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/6/2024, D/C: 5/6/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/6/2024 10:30 AM (continued)**

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log

**Treatment Log**

Treatment Activity:	5/2/24	5/6/24		
<b>TherEx</b>				
Shoulder pulleys	X5 min scap	X5 min scap		
Table slides	With bolster, Flex 2x10	With bolster: Flex 2x15 Abduction 2x10 R		
Wand exercise	Shoulder ER x20 R	Shoulder ER x20 R Chest press x10 (+HEP) Shoulder flex x10 (+HEP)		
PROM	R shoulder all planes	R shoulder all planes		
<b>Neuro Re-edu</b>				
Scap retractions	2x10 5 sec hold	2x10 5 sec hold		
Scapular clock		Sitting x10		
<b>Manual</b>				
STM/TPR	R distal biceps	R distal biceps		
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext		
Joint mobs	AC joint AP, superior/inferior grade III and IV R	AC joint AP, superior/inferior grade III and IV R		

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps, add in wand exercises for chest press and shoulder flex

**Assessment:**

Patient expected to make progress toward goals in the next 2 weeks. Pain, weakness, decreased ROM and impaired function still present. Patient requires VC today to keep elbow extended during wand exercises for chest press and shoulder flexion.

Patient demonstrated improvement with: improved ROM compared to evaluation again today, able to progress to chest press and shoulder flexion with wand, which she couldn't do at evaluation.  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Update HEP as able

**Session Time:** [DR.1]

**Start Time:** 1028



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/6/2024. D/C: 5/6/2024

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**Therapy Treatment Note by Roland, Derick, PT at 5/6/2024 10:30 AM (continued)**

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Stop Time: 1115

Time Calculation (min): 47 min

Total Timed Base Calculation: 47 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 5/6/2024 11:51 AM

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**Attribution Key**

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DR.1 - Roland, Derick, PT on 5/6/2024 10:26 AM

DR.2 - Roland, Derick, PT on 5/6/2024 11:51 AM

---

**Therapy Treatment Note by Roland, Derick, PT at 5/8/2024 11:15 AM**

---

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/13/2024 12:49 PM

Date of Service: 5/8/2024 11:15 AM

Status: Addendum

Editor: Roland, Derick, PT (Physical Therapist)

Related Notes: Original Note by Roland, Derick, PT (Physical Therapist) filed at 5/8/2024 12:12 PM

Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
5/8/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DR.1]</sup> 4<sup>[DR.2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #10 or 5/30/24

Physician Follow Up Appointment: 5/17/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports being a little more sore after last session but not bad, feels like HEP is improving. She did get her MRI done on her knee (shows medial meniscus tear and ACL sprain)

Pain: 1/10

Pain Description: ache

Generated on 11/8/24 9:12 AM

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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/8/2024, D/C: 5/8/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/8/2024 11:15 AM (continued)**

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log

**Treatment Log**

Treatment Activity:	5/2/24	5/6/24	5/8/24	
<b>TherEx</b>				
Shoulder pulleys	X5 min scap	X5 min scap	X5 min scap	
Finger ladder			X5 R to #20	
Table slides	With bolster, Flex 2x10	With bolster: Flex 2x15 Abduction 2x10 R <sup>[DR.1]</sup>		
Wall slides			X10 R <sup>[DR.3]</sup>	
Wand exercise	Shoulder ER x20 R	Shoulder ER x20 R Chest press x10 (+HEP) Shoulder flex x10 (+HEP)	Shoulder ER x20 R Chest press x12 Shoulder flex x12 Shoulder ext x10	
PROM	R shoulder all planes	R shoulder all planes	R shoulder all planes	
<b>Neuro Re-edu</b>				
Scap retractions	2x10 5 sec hold	2x10 5 sec hold	x15 5 sec hold	
Scapular clock		Sitting x10	Sitting x15 ea, 11-5 and 1-7	
<b>Manual</b>				
STM/TPR	R distal biceps	R distal biceps	R distal biceps, R UT	
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	
Joint mobs	AC joint AP, superior/inferior grade III and IV R	AC joint AP, superior/inferior grade III and IV R		

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps, add in<sup>[DR.1]</sup> new exercises provided today<sup>[DR.4]</sup>

**Assessment:**

Patient expected to make progress toward goals in the next 2 weeks. Pain, weakness, decreased ROM and impaired function still present.<sup>[DR.1]</sup> Continues to require VC and tactile cues with scapular exercises to perform correctly. Also requires VC for elbow positioning during ER again today. She is able to progress to finger ladder, wall slides and new wand exercises today with minimal difficulty. Does need to have some support with eccentric motion on finger ladder.<sup>[DR.4]</sup> Patient demonstrated improvement with:<sup>[DR.1]</sup> continues to present with improved ROM, able to progress exercises.<sup>[DR.4]</sup> Patient will benefit from continued skilled physical therapy.



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/8/2024, D/C: 5/8/2024

---

**Therapy Treatment Note by Roland, Derick, PT at 5/8/2024 11:15 AM (continued)**

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**Plan:**

Plan for next visit: continue to work on returning full PROM.<sup>[DR.1]</sup> Assess response to progression in HEP.<sup>[DR.4]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1107

Stop Time: 1157

Time Calculation (min): 50 min

Total Timed Base Calculation: 50 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 5/8/2024 12:12 PM

Electronically Signed by Roland, Derick, PT on 5/13/2024 12:49 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/8/2024 11:07 AM

DR.2 - Roland, Derick, PT on 5/8/2024 12:12 PM

DR.3 - Roland, Derick, PT on 5/13/2024 12:49 PM

DR.4 - Roland, Derick, PT on 5/8/2024 12:09 PM

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**Therapy Treatment Note by Roland, Derick, PT at 5/13/2024 1:00 PM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/13/2024 1:34 PM

Date of Service: 5/13/2024 1:00 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy  
Daily Treatment Note  
5/13/2024**

Patient Name: Teresa L Slocum

DOB: 8/28/1963

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:** 5 of 24

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #10 or 5/30/24

**Physician Follow Up Appointment:** 5/17/24



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/13/2024, D/C: 5/13/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/13/2024 1:00 PM (continued)**

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports being a little sore again but not bad, soreness seems to come and go

**Pain:** 1-2/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/2/24	5/6/24	5/8/24	5/13/24
<b>TherEx</b>				
Shoulder pulleys	X5 min scap	X5 min scap	X5 min scap	X5 min scap
Finger ladder			X5 R to #20	X5 R to #21
Table slides	With bolster, Flex 2x10	With bolster: Flex 2x15 Abduction 2x10 R		
Wall slides			X10 R	2x10 R
Wand exercise	Shoulder ER x20 R	Shoulder ER x20 R Chest press x10 (+HEP) Shoulder flex x10 (+HEP)	Shoulder ER x20 R Chest press x12 Shoulder flex x12 Shoulder ext x10	Shoulder ER x15 R Chest press x15 Shoulder flex x15 Shoulder ext x10
PROM	R shoulder all planes	R shoulder all planes	R shoulder all planes	R shoulder all planes
<b>Neuro Re-edu</b>				
Ball vs Wall				Up/down, side to side, CW/CCW x30 sec ea R
Scap retractions	2x10 5 sec hold	2x10 5 sec hold	x15 5 sec hold	2x10 yellow band
Scapular clock		Sitting x10	Sitting x15 ea, 11-5 and 1-7	
<b>Manual</b>				
STM/TPR	R distal biceps	R distal biceps	R distal biceps, R UT	
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext
Joint mobs	AC joint AP, superior/inferior grade III and IV R	AC joint AP, superior/inferior grade III and IV R		

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps



**MyMichigan Health**  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/13/2024, D/C: 5/13/2024

---

**Therapy Treatment Note by Roland, Derick, PT at 5/13/2024 1:00 PM (continued)**

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**Assessment:**

Patient making progress toward goals. Pain, weakness, decreased ROM and impaired function still present but improving. She is able to progress to ball vs wall and to resistance for scap retractions with minimal difficulty today. She does require VC and tactile cues to perform scap retractions correctly. Continues to be limited with PROM as well as active, especially ER and abduction

Patient demonstrated improvement with: continues to present with improved ROM, able to progress exercises per above  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Attempt AROM in standing if patient is able and wall slide "V"

**Session Time:**

Document has been electronically signed by Derick Roland, PT<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 5/13/2024 1:34 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/13/2024 12:45 PM

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**Therapy Treatment Note by Loomis, Jordyn E, PTA at 5/15/2024 11:15 AM**

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Author: Loomis, Jordyn E, PTA

Service: —

Author Type: Physical Therapy  
Assistant

Filed: 5/15/2024 12:47 PM

Date of Service: 5/15/2024 11:15 AM

Status: Signed

Editor: Loomis, Jordyn E, PTA (Physical Therapy Assistant)

Cosigner: Roland, Derick, PT at  
5/15/2024 1:29 PM

**Physical Therapy**  
**Daily Treatment Note**<sup>[JL.1]</sup>  
5/15/2024<sup>[JL.2]</sup>

Patient Name:<sup>[JL.1]</sup> Teresa L Slocum<sup>[JL.2]</sup>

DOB:<sup>[JL.1]</sup> 8/28/1963<sup>[JL.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[JL.1]</sup> 6<sup>[JL.2]</sup> of 24

**Changes since last visit:** No





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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/15/2024, D/C: 5/15/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 5/15/2024 11:15 AM (continued)**

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #10 or 5/30/24

**Physician Follow Up Appointment:** 5/17/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports being a little more sore upon arrival today. Pt will be 10 wks as of 5/17/24.

**Pain:** 3/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/6/24	5/8/24	5/13/24	5/15/24
TherEx <sup>[JL-1]</sup>				11:15 <sup>[JL-3]</sup> 11:56 <sup>[JL-4]</sup>
Shoulder pulleys	X5 min scap	X5 min scap	X5 min scap	X5 min scap
Finger ladder		X5 R to #20	X5 R to #21	X5 R to #21
Table slides	With bolster: Flex 2x15 Abduction 2x10 R			
Wall slides		X10 R	2x10 R	2x10 R
Wand exercise	Shoulder ER x20 R Chest press x10 (+HEP) Shoulder flex x10 (+HEP)	Shoulder ER x20 R Chest press x12 Shoulder flex x12 Shoulder ext x10	Shoulder ER x15 R Chest press x15 Shoulder flex x15 Shoulder ext x10 <sup>[JL-1]</sup>	Standing with Mirror <sup>[JL-3]</sup> Shoulder ER x15 R Shoulder flex x15 Shoulder ext x10
PROM	R shoulder all planes	R shoulder all planes	R shoulder all planes	
Neuro Re-edu				
Ball vs Wall			Up/down, side to side, CW/CCW x30 sec ea R	Up/down, V's, side to side, CW/CCW x30 sec ea R
Scap retractions	2x10 5 sec hold	x15 5 sec hold	2x10 yellow band	
Scapular clock	Sitting x10	Sitting x15 ea, 11-5 and 1-7		
Manual				
STM/TPR	R distal biceps	R distal biceps, R UT		
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext
Joint mobs	AC joint AP, superior/inferior grade III and IV R			





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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003149661  
Adm: 5/15/2024, D/C: 5/15/2024

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**Therapy Treatment Note by Loomis, Jordyn E, PTA at 5/15/2024 11:15 AM (continued)**

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Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals.<sup>[JL.1]</sup> She continues to demonstrate difficulty with AAROM flexion without compensation of R shoulder elevation<sup>[JL.5]</sup>, able to correct with VC<sup>[JL.6]</sup>.<sup>[JL.5]</sup> PROM continues to be limited in all motions, especially abduction and ER.<sup>[JL.6]</sup>

Patient demonstrated improvement with: continues to present with improved ROM, able to progress exercises per above  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM.

**Session Time:**<sup>[JL.1]</sup>

Start Time: 1115

Stop Time: 1156

Time Calculation (min): 41 min

Total Timed Base Calculation: 41 Minutes<sup>[JL.2]</sup>

Document has been electronically signed by<sup>[JL.1]</sup> Jordyn Loomis, PTA<sup>[JL.2]</sup>

Electronically Signed by Loomis, Jordyn E, PTA on 5/15/2024 12:47 PM

Electronically Signed by Roland, Derick, PT on 5/15/2024 1:29 PM

**Attribution Key**

JL 1 - Loomis, Jordyn E, PTA on 5/15/2024 11:12 AM  
JL 2 - Loomis, Jordyn E, PTA on 5/15/2024 12:47 PM  
JL 3 - Loomis, Jordyn E, PTA on 5/15/2024 11:28 AM  
JL 4 - Loomis, Jordyn E, PTA on 5/15/2024 12:01 PM  
JL 5 - Loomis, Jordyn E, PTA on 5/15/2024 12:02 PM  
JL 6 - Loomis, Jordyn E, PTA on 5/15/2024 12:31 PM

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**Progress Notes by Bell, Riley A, PA at 5/17/2024 10:15 AM**

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Author: Bell, Riley A, PA

Service: —

Author Type: Physician Assistant

Filed: 5/29/2024 3:08 PM

Encounter Date: 5/17/2024

Status: Signed

Editor: Bell, Riley A, PA (Physician Assistant)

**Subjective**

**Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 60 y.o. female<sup>[RB.2]</sup>.

**Chief Complaint:**<sup>[RB.1]</sup>

**Chief Complaint**

Patient presents with

- Right Upper Arm - Fracture, Post-op  
4 wk fu Closed nondisplaced fracture of surgical neck of right humerus DOI 3/8/2024
- Right Knee - Follow-up



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Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 5/17/2024

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**Progress Notes by Bell, Riley A, PA at 5/17/2024 10:15 AM (continued)**

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*MRI results*<sup>[RB.2]</sup>

HPI:<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 60 y.o. female<sup>[RB.2]</sup> who is presenting today<sup>[RB.1]</sup> with 10 week follow up for a right proximal humerus fracture. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder. She has weaned herself out of the sling. She notes improvement of her pain, but has continued discomfort with overhead and reaching activity. She has been taking tylenol and motrin for pain. She has began PT. She denies numbness or tingling radiating down her arm.

She also has experienced right knee pain since her fall on 3/8/2024. She states that she twisted her knee as she fell onto her right shoulder. She notes a medial and lateral sided pain that worsens with weight bearing activity. She has noticed improvement of her knee pain since the fall occurred. She rates her pain to be at a 2/10. She notes intermittent swelling with associated stiffness. She denies limited ROM, but does report weakness. She denies any locking or catching of the knee. She denies numbness or tingling radiating down her arm. She has seen her PCP for her knee pain and has had an MRI completed. She is here to discuss results.

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (**right upper arm**). Negative for gait problem, joint swelling and joint stiffness.

**Muscle weakness negative**

**Decrease in height negative**

**Limb swelling positive**

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>[RB.3]</sup>

**Vitals:**

05/17/24 1000

BP: 124/76

Blood Pressure Left arm

Location:

Patient Sitting



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**Progress Notes by Bell, Riley A, PA at 5/17/2024 10:15 AM (continued)**

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Position:

Weight: 133 lb (60.3 kg)

Height: 4' 11" (1.499 m)

PainSc: 4

PainLoc: Arm

Comment: right

Body mass index is 26.86 kg/m<sup>2</sup>. No results found.<sup>[RB.2]</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended<sup>[RB.1]</sup>

**Right Shoulder Examination**

No ecchymosis noted.

No popeye deformity

Swelling noted

Tenderness at the lateral deltoid, and anterior joint line

Nontender at the clavicle, biceps tendon, AC joint

Active ROM:

Flexion: 110

Abduction: 90

IR: hip pocket

ER: 30

Strength:

Not assessed secondary to pain

NSILT to axillary, radial, median, ulnar nerves

Motor intact to PIN, AIN, ulnar nerves

Brisk capillary refill to all digits; fingers warm and well perfused

**Right Knee Examination**

No ecchymosis, previous scars, or ulcerations present

no notable atrophy

No chronic skin changes or venostasis

minimal effusion

Neutral knee alignment

Tender to palpation at the medial joint line

Non tender to palpation at the lateral joint line, patella, patellar/quad tendon

Active ROM:

Flexion: 120

Extension: 0

No crepitations

Strength:

5/5 flexion (5/5 contralateral)

5/5 extension (5/5 contralateral)

5/5 dorsiflexion

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**Progress Notes by Bell, Riley A, PA at 5/17/2024 10:15 AM (continued)**

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5/5 plantarflexion  
Negative Lachman's  
Negative anterior drawer  
Negative posterior drawer  
Negative varus stress at 0 degrees, Negative varus stress at 30 degrees and nonpainful  
Negative valgus stress at 0 degrees, Negative valgus stress at 30 degrees and nonpainful  
Negative pseudolaxity  
No recurvatum  
Positive pain with full flexion  
Positive McMurray's medially with click  
Negative patellar apprehension  
Patellar mobility <2 quadrants medially and laterally  
No J sign  
SILT to saphenous, sural, deep and superficial fibular, and tibial nerves  
Brisk capillary refill to all digits; toes warm and well perfused<sup>[RB.3]</sup>

**Imaging:**

I independently interpreted the following images:<sup>[RB.1]</sup>

2+ views AP/y of the right shoulder demonstrates interval healing for a proximal humerus fracture involving the greater tuberosity and surgical neck. There is continued ~2mm displacement laterally of the greater tuberosity. The surgical neck fracture is impacted and nondisplaced. There is moderate and increased callus formation noted with bony bridging. No other acute fractures or dislocations.

MRI imaging of the right knee demonstrates a posterior horn medial meniscus tear.<sup>[RB.3]</sup>

No imaging results within the last three days.<sup>[RB.2]</sup>

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

**Procedures<sup>[RB.1]</sup>**

**Assessment/Plan**

1. Right shoulder pain, unspecified chronicity      X-ray shoulder 2+ view right
2. Right knee pain, unspecified chronicity
3. Closed fracture of proximal end of right humerus  
with routine healing, unspecified fracture  
morphology, subsequent encounter
4. Acute medial meniscus tear of right knee, initial  
encounter<sup>[RB.2]</sup>

#Right shoulder, proximal humerus fx

X-ray imaging was reviewed with the patient in detail. She will continue with her physical therapy to work on ROM of the shoulder. She will continue to take tylenol and motrin as needed for pain. She may take flexeril as





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Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 5/17/2024

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**Progress Notes by Bell, Riley A, PA at 5/17/2024 10:15 AM (continued)**

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needed for nighttime pain and comfort. If she has persistent loss of ROM, we may consider surgery at that time. We also briefly discussed the use of injections for pain. She has no restrictions with her ROM, and will continue working with a restriction of no lifting greater than 20lbs. All of her questions and concerns were answered. Follow up in 6 weeks.

#Right knee, medial meniscus tear

Recent MRI imaging was reviewed with the patient in detail. She is educated that she does have a tear of her medial meniscus related to her fall on 3/8/2024. Therefore we discussed treatment options including but not limited to activity modification, weight loss, supportive shoe wear, physical therapy, compression sleeves, unloader brace, ice, NSAIDs with reviewing medication indications and precautions, injection therapy, and potential surgery. I recommended anti-inflammatories for pain relief. We discussed the role of weight loss. We also discussed the importance of low impact strengthening exercises. She has had improvement so we will continue with conservative care. She does not wish to have an injection today. She will continue to modify activity as tolerated. She may wear a brace with activity for comfort and support. She is instructed to use elevation and compression for swelling control. All of her questions and concerns were answered.

She will follow back up in 6 weeks for repeat evaluation and imaging of the shoulder.<sup>[RB.3]</sup>

Riley Bell, PA  
5/29/2024 3:01 PM<sup>[RB.2]</sup>

Electronically Signed by Bell, Riley A, PA on 5/29/2024 3:08 PM

**Attribution Key**

RB.1 - Bell, Riley A, PA on 5/17/2024 11:58 AM

RB.2 - Bell, Riley A, PA on 5/29/2024 3:01 PM

RB.3 - Bell, Riley A, PA on 5/29/2024 2:49 PM

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**Therapy Treatment Note by Roland, Derick, PT at 5/20/2024 1:45 PM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/20/2024 4:32 PM

Date of Service: 5/20/2024 1:45 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
5/20/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>  
DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

Therapy Diagnosis:





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Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/20/2024, D/C: 5/20/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/20/2024 1:45 PM (continued)**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: [DR.1] 7[DR.2] of 24

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #10 or 5/30/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports no increase in pain after last session. She is doing better today, feels more confident after visit with ortho.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/8/24	5/13/24	5/15/24	5/20/24
<b>TherEx</b>			11:15 - 11:56	
Shoulder pulleys	X5 min scap	X5 min scap	X5 min scap	X5 min flex, x3 min scap
Finger ladder	X5 R to #20	X5 R to #21	X5 R to #21	X5 R to #21
Table slides				
Wall slides	X10 R	2x10 R	2x10 R	2x15 R
Wand exercise	Shoulder ER x20 R Chest press x12 Shoulder flex x12 Shoulder ext x10	Shoulder ER x15 R Chest press x15 Shoulder flex x15 Shoulder ext x10	Standing with Mirror Shoulder ER x15 R Shoulder flex x15 Shoulder ext x10	Standing with Mirror Shoulder flex x15 Shoulder abd x15
Ball roll on wall				Nonweighted ball x10 flex, x10 "V"
PROM	R shoulder all planes	R shoulder all planes		
<b>Neuro Re-edu</b>				
Ball vs Wall		Up/down, side to side, CW/CCW x30 sec ea R	Up/down, V's, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R
Scap retractions	x15 5 sec hold	2x10 yellow band		
Scapular clock	Sitting x15 ea, 11-5			



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/20/2024, D/C: 5/20/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/20/2024 1:45 PM (continued)**

	and 1-7			
Manual				
STM/TPR	R distal biceps, R UT			
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals. She continues to demonstrate difficulty with AAROM flexion without compensation of R shoulder elevation, able to self correct today. PROM continues to be limited in all motions, especially abduction and ER but patient is improving. Requires VC for changing planes with pulleys.

Patient demonstrated improvement with: continues to present with improved ROM, able to progress exercises per above  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Consider attempting prone exercises, working on scapular mobility with manual

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1345

Stop Time: 1435

Time Calculation (min): 50 min

Total Timed Base Calculation: 50 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 5/20/2024 4:32 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/20/2024 1:43 PM

DR.2 - Roland, Derick, PT on 5/20/2024 4:32 PM

**Therapy Treatment Note by Roland, Derick, PT at 5/22/2024 1:00 PM**

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 5/22/2024 3:09 PM

Date of Service: 5/22/2024 1:00 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
5/22/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/22/2024, D/C: 5/22/2024

**Therapy Treatment Note by Roland, Derick, PT at 5/22/2024 1:00 PM (continued)**

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: [DR.1] 8[DR.2] of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #10 or 5/30/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports no pain today, mild pain after last session, controlled with Tylenol.

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/13/24	5/15/24	5/20/24	5/22/24
TherEx		11:15 - 11:56		
UBE				L1 x2 min fwd, x2 min back
Shoulder pulleys	X5 min scap	X5 min scap	X5 min flex, x3 min scap	X3 min flex, x3 min scap
Finger ladder	X5 R to #21	X5 R to #21	X5 R to #21	
Wall slides	2x10 R	2x10 R	2x15 R	2x15 R
Wand exercise	Shoulder ER x15 R Chest press x15 Shoulder flex x15 Shoulder ext x10	Standing with Mirror Shoulder ER x15 R Shoulder flex x15 Shoulder ext x10	Standing with Mirror Shoulder flex x15 Shoulder abd x15	Supine: Chest press x15 Flexion x15 ER x15[DR.1]
ER stretch in doorway				2x30 sec R (+HEP)[DR.3]
Ball roll on wall			Nonweighted ball x10 flex, x10 "V"	
PROM	R shoulder all planes			

**Therapy Treatment Note by Roland, Derick, PT at 5/22/2024 1:00 PM (continued)**

<b>Neuro Re-edu</b>				
Ball vs Wall	Up/down, side to side, CW/CCW x30 sec ea R	Up/down, V's, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R
Prone Y, T, I				X10 I X6 T X6 Y
Scap retractions	2x10 yellow band			
<b>Manual</b> <sup>[DR.1]</sup>				
Joint mobs				GHJ A/P grade II <sup>[DR.3]</sup>
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals.<sup>[DR.1]</sup> Continues to have deficits with strength and ROM but improving. Requires constant tactile cueing and support for prone Y and T. Able to progress to UBE without difficulty today.<sup>[DR.3]</sup>

Patient demonstrated improvement with:<sup>[DR.1]</sup> ability to progress to prone exercises.<sup>[DR.3]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. C<sup>[DR.1]</sup> continue with pushing more AROM.<sup>[DR.3]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1300

Stop Time: 1345

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 5/22/2024 3:09 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/22/2024 1:00 PM

DR.2 - Roland, Derick, PT on 5/22/2024 3:09 PM

DR.3 - Roland, Derick, PT on 5/22/2024 1:36 PM

**Therapy Plan of Care by Roland, Derick, PT at 5/29/2024 11:30 AM**





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Physical Therapy: MyMichiganSlocum, Teresa L  
Medical Offices Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003149661  
Adm: 5/29/2024, D/C: 5/29/2024

**Therapy Plan of Care by Roland, Derick, PT at 5/29/2024 11:30 AM (continued)**

Author: Roland, Derick, PT  
Filed: 5/29/2024 1:59 PM  
Editor: Roland, Derick, PT (Physical Therapist)

Service: —  
Date of Service: 5/29/2024 11:30 AM

Author Type: Physical Therapist  
Status: Signed  
Cosigner: Bell, Riley A, PA at  
5/29/2024 2:49 PM

**Physical Therapy Progress Note**

Patient name:[DR.1] Teresa L Slocum[DR.2]  
DOB:[DR.1] 8/28/1963[DR.2]  
Service date:[DR.1] 5/29/2024[DR.2]

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Session time:**[DR.1] Start Time: 1117

**Stop Time:** 1202

**Time Calculation (min):** 45 min

**Total Timed Base Calculation:** 45 Minutes[DR.2]

**Subjective:**

The patient is being seen for Physical therapy services at MyMichigan Medical Center -Clare on a present therapy schedule of twice weekly.

During this progress period, the patient was seen from 4/30/24 through 5/29/24. Patient has been seen for a total of 9 visits.

The patient typically expresses R shoulder pain of 0 on a 0-10 pain scale during sessions. The patient remains alert and cooperative during therapy sessions.

Since beginning therapy patient has had improvement in her ability to reach out and over head with less difficulty. She is having less pain on average, although today she is sore from using her arm more over the weekend, chopping fruit. She also reports improvement in her strength of her arm, less difficulty getting dressed and doing her hair. Still has difficulty reaching behind back. Still unable to reach fully overhead and take something out of cupboard. Hopes to continue with therapy to keep making progress toward goals.

**Objective:**

**UE ROM/Strength Testing:**

	Strength	AROM	AROM	PROM	PROM
UE	Right	Right Eval	Right PN	Right Eval	Right PN



**Therapy Plan of Care by Roland, Derick, PT at 5/29/2024 11:30 AM (continued)**

Shoulder flexion	NT	71	110	90	120
Shoulder extension	NT	30	39	NT	NT
Shoulder abduction	NT	42	85	80	110
Shoulder external rotation	NT	NT	R Ear	0 at 45 deg abd	22 at 45 deg abd
Shoulder internal rotation	NT	R glute	R glute	55 at 45 deg abd	65 at 45 deg abd
Elbow flexion	NT	WNL			
Elbow extension	NT	WNL			

**Functional Impairment Scale:[DR.1]**

Function Status Measure	Intake Score	5/29/2024 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	31	59	Patient's intake FS Score was 31
Risk Adjusted Standard FOTO*	40		Given the patient's risk-adjustment variables, the patient's nationally-ped FS score of 40 is intake

MDC = 9 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)



Additional Items	FOTO Mean at Discharge	5/29/2024 Value	Interpretation of Predicted Value
Points of Physical Change	20	28	Given the patient's risk-adjustment variables, and the actual intake FS score, FOTO predicts this patient will experience at least an increase in function of 20 points (to 51 or higher)
Visits	15	9	
Duration in Days	60	29	
Average Satisfaction Score	97.3%	100.0%	

[DR.3]

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log

**Treatment Log**

Treatment Activity:	5/15/24	5/20/24	5/22/24	5/29/24
TherEx	11:15 - 11:56[DR.1]			Reassessed for PN[DR.3]
UBE			L1 x2 min fwd, x2 min back	L1 x3 min fwd, x3 min back
Shoulder pulleys	X5 min scap	X5 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Finger ladder	X5 R to #21	X5 R to #21		
Wall slides	2x10 R	2x15 R	2x15 R	
Wand exercise	Standing with Mirror Shoulder ER x15 R Shoulder flex x15 Shoulder ext x10	Standing with Mirror Shoulder flex x15 Shoulder abd x15	Supine: Chest press x15 Flexion x15 ER x15	

**Therapy Plan of Care by Roland, Derick, PT at 5/29/2024 11:30 AM (continued)**

ER stretch in doorway			2x30 sec R (+HEP)	
Ball roll on wall		Nonweighted ball x10 flex, x10 "V"		
<b>Neuro Re-edu</b>				
Ball vs Wall	Up/down, V's, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R	
Prone Y, T, I			X10 I X6 T X6 Y	
<b>Manual</b>				
Joint mobs			GHJ A/P grade II	GHJ A/P grade III <sup>[DR.1]</sup> and III <sup>[DR.3]</sup>
End range stretching	R shoulder flex, abd, IR, ER R elbow ext	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER

Skilled Physical Therapy services are being provided to address and improve pain, strength, and ROM utilizing both direct intervention and compensatory strategies as appropriate.

**Assessment:**

The patient continues to present with<sup>[DR.1]</sup> Moderate weakness, decreased ROM and impaired function<sup>[DR.3]</sup>, but is showing reasonable progress. Prognosis for continued improvement is judged to be<sup>[DR.1]</sup> Good<sup>[DR.3]</sup> based upon<sup>[DR.1]</sup> Age, Motivation, Ability to participate in skilled therapy, Previous level of function, Participation, and Progress made thus far<sup>[DR.3]</sup>.

Progress on previously established goals is as follows:

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty.<sup>[DR.1]</sup> **Progressing, see above, not reaching full ROM yet<sup>[DR.3]</sup>**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology.<sup>[DR.1]</sup> **MET<sup>[DR.3]</sup>**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty.<sup>[DR.1]</sup> **MET, more pain lately but overall was doing great<sup>[DR.3]</sup>**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis.<sup>[DR.1]</sup> **Progressing<sup>[DR.3]</sup>**
- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty.<sup>[DR.1]</sup> **Progressing, see above, not reaching full ROM yet<sup>[DR.3]</sup>**
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology.<sup>[DR.1]</sup> **MET<sup>[DR.3]</sup>**
- 4.) Patient will present with Increased R shoulder ROM to WFL throughout, Improving their ability to perform



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003149661

Adm: 5/29/2024, D/C: 5/29/2024

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**Therapy Plan of Care by Roland, Derick, PT at 5/29/2024 11:30 AM (continued)**

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ADLs with less pain and difficulty.<sup>[DR.1]</sup> **Progressing, see above<sup>[DR.3]</sup>**

**Plan:**

**Pt will continue to be seen for skilled physical therapy 2x/week for the next 4-6 weeks commencing on 6/3/24 through 7/30/24**

It is recommended that the patient continue with skilled physical therapy intervention on the present therapy schedule to address the following goals over the next 30 days with addition and revision of goals as appropriate:

The patient expressed verbal agreement with the overall plan of care.

I appreciate the opportunity to work with this patient. Please feel free to contact me should you have any questions.<sup>[DR.1]</sup>

Derick Roland, PT<sup>[DR.2]</sup>, DPT

Ph: 989-802-5105

Fax: 989-802-5143

Derick.roland@mymichigan.org

By electronically signing this plan of care, I certify that this plan is indicated and medically necessary.<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 5/29/2024 1:59 PM

Electronically Signed by Bell, Riley A, PA on 5/29/2024 2:49 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 5/29/2024 10:55 AM

DR.2 - Roland, Derick, PT on 5/29/2024 1:59 PM

DR.3 - Roland, Derick, PT on 5/29/2024 1:46 PM

---

**Therapy Treatment Note by Roland, Derick, PT at 6/3/2024 10:00 AM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/3/2024 11:05 AM

Date of Service: 6/3/2024 10:00 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
6/3/2024<sup>[DR.2]</sup>**

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

Generated on 11/8/24 9:12 AM

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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/3/2024, D/C: 6/3/2024

**Therapy Treatment Note by Roland, Derick, PT at 6/3/2024 10:00 AM (continued)**

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: (DR.1) 10 (DR.2) of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** pain felt better after last session, still getting sharp pain in the biceps with movement, other than that, just a dull ache

Pain: 2/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/20/24	5/22/24	5/29/24	6/3/24
TherEx			Reassessed for PN	
UBE		L1 x2 min fwd, x2 min back	L1 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back
Shoulder pulleys	X5 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Finger ladder	X5 R to #21			
Wall slides	2x15 R	2x15 R		2x15 R
Wand exercise	Standing with Mirror Shoulder flex x15 Shoulder abd x15	Supine: Chest press x15 Flexion x15 ER x15		Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x12
Towel stretch				Behind back x10, 10 sec hold on last rep
ER stretch in doorway		2x30 sec R (+HEP)		
Ball roll on wall	Nonweighted ball x10 flex, x10 "V"			





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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/3/2024, D/C: 6/3/2024

**Therapy Treatment Note by Roland, Derick, PT at 6/3/2024 10:00 AM (continued)**

<b>Neuro Re-edu</b>				
Ball vs Wall	Up/down, side to side, CW/CCW x30 sec ea R	Up/down, side to side, CW/CCW x30 sec ea R		CW/CCW 2x30 sec ea R
Prone Y, T, I		X10 I X6 T X6 Y		X12 I X12 T X6 Y
<b>Manual</b>				
Joint mobs		GHJ A/P grade II	GHJ A/P grade II and III	
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER, ext

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals. Continues to have deficits with strength and ROM but improving. Requires constant tactile cueing and support for prone Y and T. Unable to successfully complete Y in prone without pain even with attempting eccentric only. Exercises was D/C at that time. Unable to progress to attempted 2# ball roll on wall.

Patient demonstrated improvement with: ability to progress exercises per above.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM. Attempt wall slide with 1#

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1000

Stop Time: 1047

Time Calculation (min): 47 min

Total Timed Base Calculation: 47 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 6/3/2024 11:05 AM

**Attribution Key**

DR.1 - Roland, Derick, PT on 6/3/2024 9:49 AM

DR.2 - Roland, Derick, PT on 6/3/2024 11:05 AM

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/5/2024 1:45 PM**

Author: Loomis, Jordyn E, PTA

Service: —

Author Type: Physical Therapy  
Assistant

Filed: 6/5/2024 2:40 PM

Date of Service: 6/5/2024 1:45 PM

Status: Signed

Editor: Loomis, Jordyn E, PTA (Physical Therapy Assistant)

Cosigner: Roland, Derick, PT at  
6/5/2024 3:52 PM





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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/5/2024, D/C: 6/5/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/5/2024 1:45 PM (continued)**

**Physical Therapy  
Daily Treatment Note<sup>[JL-1]</sup>  
6/5/2024<sup>[JL-2]</sup>**

Patient Name:<sup>[JL-1]</sup> Teresa L Slocum<sup>[JL-2]</sup>  
DOB:<sup>[JL-1]</sup> 8/28/1963<sup>[JL-2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[JL-1]</sup> 11<sup>[JL-2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:**<sup>[JL-1]</sup> Minimal shoulder pain upon arrival. No complaints from the previous therapy session.<sup>[JL-3]</sup> Pt questions if she can attempt kayaking at this time.<sup>[JL-4]</sup>

Pain:<sup>[JL-1]</sup> 1-<sup>[JL-3]</sup>2/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	5/22/24	5/29/24	6/3/24	6/5/24
TherEx		Reassessed for PN		
UBE	L1 x2 min fwd, x2 min back	L1 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Finger ladder				
Wall slides	2x15 R		2x15 R <sup>[JL-1]</sup>	#1, 2x10 <sup>[JL-3]</sup>

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/5/2024 1:45 PM (continued)**

Wand exercise	Supine: Chest press x15 Flexion x15 ER x15		Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x12	Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x1 <sup>[JL.1]</sup> 5 <sup>[JL.5]</sup>
Towel stretch			Behind back x10, 10 sec hold on last rep	
ER stretch in doorway	2x30 sec R (+HEP)			
Ball roll on wall				
<b>Neuro Re-edu</b>				
Ball vs Wall	Up/down, side to side, CW/CCW x30 sec ea R		CW/CCW 2x30 sec ea R	
Prone Y, T, I	X10 I X6 T X6 Y		X12 I X12 T X6 Y	X1 <sup>[JL.1]</sup> 5 <sup>[JL.5]</sup> I X12 T X6 Y
<b>Manual</b>				
Joint mobs	GHJ A/P grade II	GHJ A/P grade II and III		
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER, ext

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals. C<sup>[JL.1]</sup> continues to require intermittent VC to correct execution of exercises. Tactile cuing and demonstration utilized with active shoulder flexion and abduction to perform scapular depression.<sup>[JL.5]</sup> Pt continues to present with restrictions in flexion, abduction and ER.<sup>[JL.6]</sup>

Patient demonstrated improvement with: ability to progress<sup>[JL.1]</sup> resistance with<sup>[JL.2]</sup> exercises per above.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM.<sup>[JL.1]</sup> Assess response to<sup>[JL.5]</sup> progression of wall slides.<sup>[JL.6]</sup>

**Session Time:**<sup>[JL.1]</sup>

Start Time: 0146

Stop Time: 0230

Time Calculation (min): 44 min

Total Timed Base Calculation: 44 Minutes<sup>[JL.2]</sup>

Document has been electronically signed by<sup>[JL.1]</sup> Jordyn Loomis, PTA<sup>[JL.2]</sup>

Electronically Signed by Loomis, Jordyn E, PTA on 6/5/2024 2:40 PM



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/5/2024, D/C: 6/5/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/5/2024 1:45 PM (continued)**

Electronically Signed by Roland, Derick, PT on 6/5/2024 3:52 PM

**Attribution Key**

- JL.1 - Loomis, Jordyn E, PTA on 6/5/2024 1:47 PM
- JL.2 - Loomis, Jordyn E, PTA on 6/5/2024 2:39 PM
- JL.3 - Loomis, Jordyn E, PTA on 6/5/2024 1:50 PM
- JL.4 - Loomis, Jordyn E, PTA on 6/5/2024 1:55 PM
- JL.5 - Loomis, Jordyn E, PTA on 6/5/2024 2:15 PM
- JL.6 - Loomis, Jordyn E, PTA on 6/5/2024 2:22 PM

**Therapy Treatment Note by Roland, Derick, PT at 6/10/2024 11:15 AM**

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/10/2024 3:05 PM

Date of Service: 6/10/2024 11:15 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
6/10/2024<sup>[DR.2]</sup>**

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>  
DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[DR.1]</sup> 12<sup>[DR.2]</sup> of 24

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Minimal shoulder pain upon arrival<sup>[DR.1]</sup> again, has not attempted kayaking yet.<sup>[DR.3]</sup>

**Pain:** 1-2/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/10/2024, D/C: 6/10/2024

**Therapy Treatment Note by Roland, Derick, PT at 6/10/2024 11:15 AM (continued)**

	exercises - see log, Neuro re-education techniques
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**Treatment Log**

Treatment Activity:	5/29/24	6/3/24	6/5/24	6/10/24
TherEx	Reassessed for PN			
UBE	L1 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back	L2 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides		2x15 R	#1, 2x10	#1, 2x10
Wand exercise		Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x12	Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x15	Standing with Mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20
Towel stretch		Behind back x10, 10 sec hold on last rep		
Neuro Re-edu				
Ball vs Wall		CW/CCW 2x30 sec ea R		
Prone Y, T, I		X12 I X12 T X6 Y	X15 I X12 T X6 Y	X15 I X15 T X8 Y
Manual				
Joint mobs	GHJ A/P grade II and III			GHJ A/P grade II and III
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals. Continues to require intermittent VC to correct execution of exercises.<sup>[DR.1]</sup> VC required with prone and standing exercises to avoid compensation.<sup>[DR.3]</sup> Pt continues to present with restrictions in flexion, abduction and ER<sup>[DR.1]</sup>, but appears to be showing some progress.<sup>[DR.3]</sup>

Patient demonstrated improvement with<sup>[DR.1]</sup> ability to progress to above exercises with moderate difficulty.<sup>[DR.3]</sup>  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM.<sup>[DR.1]</sup> Consider addition of isometrics.<sup>[DR.3]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1117

Stop Time: 1159





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/10/2024, D/C: 6/10/2024

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**Therapy Treatment Note by Roland, Derick, PT at 6/10/2024 11:15 AM (continued)**

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Time Calculation (min): 42 min

Total Timed Base Calculation: 42 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 6/10/2024 3:05 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 6/10/2024 11:17 AM

DR.2 - Roland, Derick, PT on 6/10/2024 3:05 PM

DR.3 - Roland, Derick, PT on 6/10/2024 3:00 PM

---

**Therapy Treatment Note by Roland, Derick, PT at 6/12/2024 3:30 PM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/12/2024 4:57 PM

Date of Service: 6/12/2024 3:30 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy**  
**Daily Treatment Note<sup>[DR.1]</sup>**  
6/12/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DR.1]</sup> 13<sup>[DR.2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports mild increase in pain after last session. She is also having a kink in the R side of her neck the past 2 days, increases when turning the head.

Pain: 4-5/10

Pain Description: ache

Location: kink in neck, R shoulder

Generated on 11/8/24 9:12 AM

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MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/12/2024, D/C: 6/12/2024

**Therapy Treatment Note by Roland, Derick, PT at 6/12/2024 3:30 PM (continued)**

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/3/24	6/5/24	6/10/24	6/12/24
TherEx				
UBE	L1.5 x3 min fwd, x3 min back	L1.5 x3 min fwd, x3 min back	L2 x3 min fwd, x3 min back	L2 x4 min fwd, x4 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	2x15 R	#1, 2x10	#1, 2x10	
Wand exercise	Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x12	Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x15	Standing with Mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20	
Towel stretch	Behind back x10, 10 sec hold on last rep			
Neuro Re-edu				
Ball vs Wall	CW/CCW 2x30 sec ea R			
Prone Y, T, I	X12 I X12 T X6 Y	X15 I X12 T X6 Y	X15 I X15 T X8 Y	
Manual				
Joint mobs			GHJ A/P grade II and III	GHJ A/P grade II and III
End range stretching	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER <sup>[DR.1]</sup>
STM/TPR				Cervical paraspinals, B UT, OA release, facet glides. <sup>[DR.3]</sup>

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, progressing sets and reps

**Assessment:**

Patient making progress toward goals.<sup>[DR.1]</sup> Regressed to more manual therapy because of increased neck pain and difficulty of turning head. Some decrease in symptoms following treatment. Reviewed UT and levator stretching and added cervical flex stretch to decrease pain.<sup>[DR.3]</sup>

Patient demonstrated improvement with:<sup>[DR.1]</sup> slight decrease in pain following treatment.<sup>[DR.3]</sup>

Patient will benefit from continued skilled physical therapy.



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/12/2024, D/C: 6/12/2024

---

**Therapy Treatment Note by Roland, Derick, PT at 6/12/2024 3:30 PM (continued)**

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**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM. Consider addition of isometrics<sup>[DR.1]</sup> if pain is better<sup>[DR.3]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1530

Stop Time: 1614

Time Calculation (min): 44 min

Total Timed Base Calculation: 44 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 6/12/2024 4:57 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 6/12/2024 3:36 PM

DR.2 - Roland, Derick, PT on 6/12/2024 4:57 PM

DR.3 - Roland, Derick, PT on 6/12/2024 4:44 PM

---

**Therapy Treatment Note by Roland, Derick, PT at 6/17/2024 11:15 AM**

---

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/17/2024 12:12 PM

Date of Service: 6/17/2024 11:15 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy**  
**Daily Treatment Note**<sup>[DR.1]</sup>  
6/17/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DR.1]</sup> 14<sup>[DR.2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

Generated on 11/8/24 9:12 AM

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**Therapy Treatment Note by Roland, Derick, PT at 6/17/2024 11:15 AM (continued)**

**Patient Subjective:** patient reports shoulder feels like it is doing a little better since last time. Doing better with the exercises, still sore though. Neck pain is better, still there though.

**Pain:** 2/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/5/24	6/10/24	6/12/24	6/17/24
<b>TherEx</b>				
UBE	L1.5 x3 min fwd, x3 min back	L2 x3 min fwd, x3 min back	L2 x4 min fwd, x4 min back	L2 x4 min fwd, x4 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x10	#1, 2x10		#1, 2x10
Wand exercise	Standing with Mirror Shoulder flex x15 Shoulder abd x15 Shoulder Ext x15	Standing with Mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20		Standing without mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20
<b>Neuro Re-edu</b>				
Prone Y, T, I	X15 I X12 T X6 Y	X15 I X15 T X8 Y		
Isometrics				Shoulder flex, abd, IR, ER, ext 3 sec hold x10 ea R
<b>Manual</b>				
Joint mobs		GHJ A/P grade II and III	GHJ A/P grade II and III	
End range stretching	R shoulder flex, abd, IR, ER, ext	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	
STM/TPR			Cervical paraspinals, B UT, OA release, facet glides.	

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgeo.com/>

Date: 06/17/2024



My Michigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/17/2024, D/C: 6/17/2024

---

**Therapy Treatment Note by Roland, Derick, PT at 6/17/2024 11:15 AM (continued)**

---

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Patient making progress toward goals. Returned to more exercises again today as pain had returned closer to baseline.

Patient requires VC for addition of isometrics today.

Patient demonstrated improvement with: improved pain since last session, able to progress to isometrics

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM. Assess response to isometrics.

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1115

Stop Time: 1204

Time Calculation (min): 49 min

Total Timed Base Calculation: 49 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 6/17/2024 12:12 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 6/17/2024 11:14 AM

DR.2 - Roland, Derick, PT on 6/17/2024 12:12 PM

---

**Therapy Treatment Note by Roland, Derick, PT at 6/24/2024 11:15 AM**

---

Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/24/2024 12:06 PM

Date of Service: 6/24/2024 11:15 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>  
6/24/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

Generated on 11/8/24 9:12 AM

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**Therapy Treatment Note by Roland, Derick, PT at 6/24/2024 11:15 AM (continued)**

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: [DR.1] 15 [DR.2] of 24

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports shoulder has been better over the weekend as she was able to rest the shoulder some

**Pain:** minor

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/10/24	6/12/24	6/17/24	6/24/24
<b>TherEx</b>				
UBE	L2 x3 min fwd, x3 min back	L2 x4 min fwd, x4 min back	L2 x4 min fwd, x4 min back	L2.2 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x10		#1, 2x10	#1, 2x12
Wand exercise	Standing with Mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20		Standing without mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20	Standing without mirror: 3# bar Shoulder flex x10 Shoulder abd x10 Shoulder Ext x10
<b>Neuro Re-edu</b>				
Prone Y, T, I	X15 I X15 T X8 Y			
Isometrics			Shoulder flex, abd, IR, ER, ext 3 sec hold x10 ea R	Shoulder flex, abd, IR, ER, ext 3 sec hold x15 ea R
<b>Manual</b>				





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UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/24/2024, D/C: 6/24/2024

**Therapy Treatment Note by Roland, Derick, PT at 6/24/2024 11:15 AM (continued)**

Joint mobs	GHJ A/P grade II and III	GHJ A/P grade II and III		GHJ A/P grade II and III
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER		R shoulder flex, abd, IR, ER
STM/TPR		Cervical paraspinals, B UT, OA release, facet glides.		

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Patient making progress toward goals. Able to progress to weighted bar for standing exercises. Increased reps for isometrics. VC required to avoid shoulder elevation again.

Patient demonstrated improvement with: symptoms improved, able to progress exercises per above.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM. Continue to work on PREs. Consider moving to reactive isometrics

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1115

Stop Time: 1200

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 6/24/2024 12:06 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 6/24/2024 11:23 AM

DR.2 - Roland, Derick, PT on 6/24/2024 12:06 PM

**Progress Notes by Bell, Riley A, PA at 6/24/2024 3:30 PM**Author: Bell, Riley A, PA  
Filed: 6/26/2024 7:28 AM  
Editor: Bell, Riley A, PA (Physician Assistant)Service: —  
Encounter Date: 6/24/2024Author Type: Physician Assistant  
Status: Signed**Subjective****Patient:**<sup>[RB,1]</sup> Teresa L Slocum<sup>[RB,2]</sup> is a<sup>[RB,1]</sup> 60 y.o. female<sup>[RB,2]</sup>.**Chief Complaint:**<sup>[RB,1]</sup>**Chief Complaint**

Patient presents with

- Right Upper Arm - Fracture, Post-op

*Closed nondisplaced fracture of surgical neck of right humerus DOI 3/8/2024 W/C*<sup>[RB,2]</sup>

**HPI:** Teresa L Slocum is a 60 y.o. female who is presenting today with 14 week follow up for a right proximal humerus fracture. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder. She has been out of the sling and is attending PT regularly. Today she is reporting<sup>[RB,1]</sup> continued pain of the shoulder with some improvement<sup>[RB,3]</sup>,<sup>[RB,1]</sup> She rates her pain to be at a 3/10, but does worsen with overhead and reaching activity. She has continued limited ROM and weakness secondary to pain. She has been taking tylenol and motrin as needed for pain. She denies numbness or tingling radiating down the arm.

She also has continued right knee pain since her fall on 3/8/2024. She states that she twisted her knee as she fell onto her right shoulder. She notes a medial and lateral sided pain that worsens with weight bearing activity. She has noticed improvement of her knee pain since the fall occurred. She rates her pain to be at a 2/10. She notes intermittent swelling with associated stiffness. She denies limited ROM, but does report weakness. She denies any locking or catching of the knee. She denies numbness or tingling radiating down her arm. She has seen her PCP for her knee pain and has had an MRI completed showing a medial meniscus tear.<sup>[RB,3]</sup>

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (**right upper arm**). Negative for gait problem, joint swelling and joint stiffness.**Muscle weakness negative****Decrease in height negative****Limb swelling positive**

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

---

**Progress Notes by Bell, Riley A, PA at 6/24/2024 3:30 PM (continued)**

---

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>[RB.1]</sup>

**Vitals:**

06/24/24 1453

BP: 118/76

Blood Pressure Left arm

Location:

Patient Sitting

Position:

Weight: 130 lb 9.6 oz (59.2 kg)

Height: 4' 11" (1.499 m)

PainSc: 0-No pain

PainLoc: Arm

Comment: Right

Body mass index is 26.38 kg/m<sup>2</sup>. No results found.<sup>[RB.2]</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended<sup>[RB.1]</sup>

**Right Shoulder Examination**

No ecchymosis noted.

No popeye deformity

Swelling noted

Tenderness at the lateral deltoid, and anterior joint line

Nontender at the clavicle, biceps tendon, AC joint

Active ROM:

Flexion: 130

Abduction: 90

IR: hip pocket

ER: 30

Strength:

Not assessed secondary to pain

NSILT to axillary, radial, median, ulnar nerves

Motor intact to PIN, AIN, ulnar nerves

Brisk capillary refill to all digits; fingers warm and well perfused

**Right Knee Examination**

No ecchymosis, previous scars, or ulcerations present

no notable atrophy

No chronic skin changes or venostasis

minimal effusion

Neutral knee alignment

Tender to palpation at the medial joint line

Non tender to palpation at the lateral joint line, patella, patellar/quad tendon

---

**Progress Notes by Bell, Riley A, PA at 6/24/2024 3:30 PM (continued)**

---

Active ROM:

Flexion: 120

Extension: 0

No crepitations

Strength:

5/5 flexion (5/5 contralateral)

5/5 extension (5/5 contralateral)

5/5 dorsiflexion

5/5 plantarflexion

Negative Lachman's

Negative anterior drawer

Negative posterior drawer

Negative varus stress at 0 degrees, Negative varus stress at 30 degrees and nonpainful

Negative valgus stress at 0 degrees, Negative valgus stress at 30 degrees and nonpainful

Negative pseudolaxity

No recurvatum

Positive pain with full flexion

Positive McMurray's medially with click

Negative patellar apprehension

Patellar mobility <2 quadrants medially and laterally

No J sign

SILT to saphenous, sural, deep and superficial fibular, and tibial nerves

Brisk capillary refill to all digits; toes warm and well perfused<sup>[RB.3]</sup>

**Imaging:**

I independently interpreted the following images:<sup>[RB.1]</sup>

Imaging Result: X-ray shoulder 2+ view right

Result Date: 6/26/2024

2+ views AP/y of the right shoulder demonstrates a healed proximal humerus fracture of the greater tuberosity and surgical neck. There is increased callus at the greater tuberosity. Similar alignment to prior imaging. No other acute fractures or dislocations.<sup>[RB.2]</sup>

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

Procedures<sup>[RB.1]</sup>

**Assessment/Plan**

1. Right shoulder pain, unspecified chronicity X-ray shoulder 2+ view right
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Right knee pain, unspecified chronicity
4. Acute medial meniscus tear of right knee, subsequent encounter<sup>[RB.2]</sup>





MyMichigan Health  
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MyMichigan Orthopedics:  
Alma  
315 E Warwick Dr.  
ALMA MI 48801-1083  
Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 6/24/2024

---

**Progress Notes by Bell, Riley A, PA at 6/24/2024 3:30 PM (continued)**

---

**#Right shoulder, proximal humerus fx**

X-ray imaging was reviewed with the patient in detail. She will continue with her physical therapy to work on ROM of the shoulder. She will continue to take tylenol and motrin as needed for pain. She may take flexeril as needed for nighttime pain and comfort. If she has persistent loss of ROM, we may consider surgery at that time. We also briefly discussed the use of injections for pain. She has no restrictions with her ROM, and will continue working with a restriction of no lifting greater than 20lbs. All of her questions and concerns were answered. Follow up in 6 weeks.

**#Right knee, medial meniscus tear**

She will continue conservative care for her knee. We did briefly discuss arthroscopic menisectomy, but will not pursue this at this time.<sup>[RB.3]</sup>

Riley Bell, PA  
6/26/2024 7:28 AM<sup>[RB.2]</sup>

Electronically Signed by Bell, Riley A, PA on 6/26/2024 7:28 AM

**Attribution Key**

RB.1 - Bell, Riley A, PA on 6/24/2024 10:11 AM  
RB.2 - Bell, Riley A, PA on 6/26/2024 7:28 AM  
RB.3 - Bell, Riley A, PA on 6/26/2024 7:21 AM

---

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/26/2024 10:30 AM**

---

Author: Loomis, Jordyn E, PTA

Service: —

Author Type: Physical Therapy  
Assistant

Filed: 6/26/2024 2:05 PM

Date of Service: 6/26/2024 10:30 AM

Status: Signed

Editor: Loomis, Jordyn E, PTA (Physical Therapy Assistant)

Cosigner: Roland, Derick, PT at  
6/26/2024 4:52 PM

Physical Therapy  
Daily Treatment Note<sup>[JL.1]</sup>  
6/26/2024<sup>[JL.2]</sup>

Patient Name:<sup>[JL.1]</sup> Teresa L Slocum<sup>[JL.2]</sup>  
DOB:<sup>[JL.1]</sup> 8/28/1963<sup>[JL.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/26/2024, D/C: 6/26/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/26/2024 10:30 AM (continued)**

- routine healing, unspecified fracture morphology,  
subsequent encounter
- Decreased range of motion of right shoulder
  - Weakness of right upper extremity

Visit #: [JL1] 16 [JL2] of 24

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports she has been working 12 hour shifts, having increased irritation with use. Pt notes she can now reach behind her back with improved tolerance. [JL1] Pt followed up with Dr on Monday, they seemed pleased with the progress made thus far per pt, follow's up again in 6 weeks. [JL3]

**Pain:** 3/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/12/24	6/17/24	6/24/24	6/26/24
<b>TherEx</b>				
UBE	L2 x4 min fwd, x4 min back	L2 x4 min fwd, x4 min back	L2.2 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides		#1, 2x10	#1, 2x12	#1, 2x1 [JL1] 5 [JL4]
Wand exercise		Standing without mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20	Standing without mirror: 3# bar Shoulder flex x10 Shoulder abd x10 Shoulder Ext x10	
<b>Neuro Re-edu</b>				
Prone Y, T, I				
Isometrics		Shoulder flex, abd, IR, ER, ext 3 sec hold x10 ea R	Shoulder flex, abd, IR, ER, ext 3 sec hold x15 ea R	
<b>Manual</b>				
Joint mobs	GHJ A/P grade II and III		GHJ A/P grade II and III	
End range stretching	R shoulder flex, abd, IR, ER		R shoulder flex, abd, IR, ER	



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/26/2024, D/C: 6/26/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/26/2024 10:30 AM (continued)**

STM/TPR	Cervical paraspinals, B UT, OA release, facet glides.			
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Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Objective:**

**UE ROM/Strength Testing:**

	Strength	AROM	AROM	AROM	PROM	PROM	PROM
UE	Right	Right Eval	Right PN	R 6/26/24	Right Eval	Right PN	R 6/26/24
Shoulder flexion	NT	71	110 <sup>[JL1]</sup>	124 <sup>[JL5]</sup>	90	120 <sup>[JL1]</sup>	136 <sup>[JL5]</sup>
Shoulder extension	NT	30	39 <sup>[JL1]</sup>	39 <sup>[JL5]</sup>	NT	NT	
Shoulder abduction	NT	42	85 <sup>[JL1]</sup>	92 <sup>[JL5]</sup>	80	110 <sup>[JL1]</sup>	108 <sup>[JL5]</sup>
Shoulder external rotation	NT	NT	R Ear <sup>[JL1]</sup>	C6 <sup>[JL5]</sup>	0 at 45 deg abd	22 at 45 deg abd <sup>[JL1]</sup>	25 @ 45 deg abd <sup>[JL5]</sup>
Shoulder internal rotation	NT	R glute	R glute <sup>[JL1]</sup>	R glute <sup>[JL5]</sup>	55 at 45 deg abd	65 at 45 deg abd	65 <sup>[JL1]</sup> @ <sup>[JL5]</sup> 45 deg abd
Elbow flexion	NT	WNL					
Elbow extension	NT	WNL <sup>[JL1]</sup>					

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET, more pain lately but overall was doing great**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis. **Progressing**
- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**
- 4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above<sup>[JL5]</sup>,<sup>[JL6]</sup>**



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/26/2024, D/C: 6/26/2024

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**Therapy Treatment Note by Loomis, Jordyn E, PTA at 6/26/2024 10:30 AM (continued)**

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**Assessment:**<sup>[JL.1]</sup>

As shown above pt continues to improve functional strength and ROM with skilled therapy. She continues to be most limited in abduction and rotation motions. With AROM pt continues to demonstrate excessive UT contraction, improves with tactile cuing but quickly reverts. Encouraged pt to continue ROM focused exercises as part of her HEP to continue progressing outside of skilled therapy.<sup>[JL.6]</sup>

Patient demonstrated improvement with: symptoms improved,<sup>[JL.1]</sup> improved strength and function.<sup>[JL.6]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: continue to work on returning full PROM. Continue with pushing more AROM. Consider moving to reactive isometrics

**Session Time:**<sup>[JL.1]</sup>

Start Time: 1030

Stop Time: 1110

Time Calculation (min): 40 min

Total Timed Base Calculation: 40 Minutes<sup>[JL.2]</sup>

Document has been electronically signed by<sup>[JL.1]</sup> Jordyn Loomis, PTA<sup>[JL.2]</sup>

Electronically Signed by Loomis, Jordyn E, PTA on 6/26/2024 2:05 PM

Electronically Signed by Roland, Derick, PT on 6/26/2024 4:52 PM

**Attribution Key**

JL.1 - Loomis, Jordyn E, PTA on 6/26/2024 10:28 AM

JL.2 - Loomis, Jordyn E, PTA on 6/26/2024 2:05 PM

JL.3 - Loomis, Jordyn E, PTA on 6/26/2024 10:49 AM

JL.4 - Loomis, Jordyn E, PTA on 6/26/2024 10:41 AM

JL.5 - Loomis, Jordyn E, PTA on 6/26/2024 10:56 AM

JL.6 - Loomis, Jordyn E, PTA on 6/26/2024 1:59 PM

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**Therapy Plan of Care by Roland, Derick, PT at 6/26/2024 10:30 AM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 6/26/2024 4:52 PM

Date of Service: 6/26/2024 10:30 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Cosigner: Bell, Riley A, PA at  
6/28/2024 8:10 AM

**Physical Therapy Progress Note**

Patient name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Service date:<sup>[DR.1]</sup> 6/26/2024<sup>[DR.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

Generated on 11/8/24 9:12 AM

Page 56



**Therapy Plan of Care by Roland, Derick, PT at 6/26/2024 10:30 AM (continued)**

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Session time: See PTA note

**Subjective:**

The patient is being seen for Physical therapy services at MyMichigan Medical Center -Clare on a present therapy schedule of twice weekly.

During this progress period, the patient was seen from 5/29/24 through 6/26/24. Patient has been seen for a total of 16 visits.

The patient typically expresses R shoulder pain of 3 on a 0-10 pain scale during sessions. The patient remains alert and cooperative during therapy sessions.

Patient reports she has been working 12 hour shifts, having increased irritation with use. Pt notes she can now reach behind her back with improved tolerance. Pt followed up with Dr on Monday, they seemed pleased with the progress made thus far per pt, follow's up again in 6 weeks.

**Objective:**

**UE ROM/Strength Testing:**

UE	Strength	AROM	AROM	AROM	PROM	PROM	PROM
	Right	Right Eval	Right PN	R 6/26/24	Right Eval	Right PN	R 6/26/24
Shoulder flexion	NT	71	110	124	90	120	136
Shoulder extension	NT	30	39	39	NT	NT	
Shoulder abduction	NT	42	85	92	80	110	108
Shoulder external rotation	NT	NT	R Ear	C6	0 at 45 deg abd	22 at 45 deg abd	25 @ 45 deg abd
Shoulder internal rotation	NT	R glute	R glute	R glute	55 at 45 deg abd	65 at 45 deg abd	65 @ 45 deg abd
Elbow flexion	NT	WNL					
Elbow extension	NT	WNL					

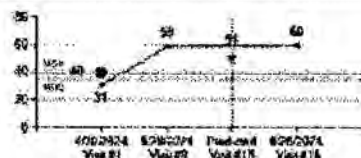
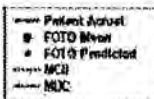
FOTO:

**Therapy Plan of Care by Roland, Derick, PT at 6/26/2024 10:30 AM (continued)**

Function Status Measures:	Intake Score	05/29/2024 Score	06/26/2024 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	31	59	60	Patient's Intake FS Score was 31
Risk Adjusted Statistical FOTO*	40			Given the patient's risk-adjustment variables, the patient's reasonably had a FS score of 40 at intake.

MCI = 8 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)



Additional Items	FOTO Mean at Discharge	05/29/2024 Value	06/26/2024 Value	Interpretation of Predicted Value
Points of Physical Change	20	28	29	Given this patient's risk-adjustment variables, and the actual intake FS score, FOTO predicts this patient will experience at least an increase in function of 20 points (to 51 or higher).
Visits	15	9	16	
Duration in Days	60	29	57	
Average Satisfaction Score	97.3%	100.0%	100.0%	

Skilled Physical Therapy services are being provided to address and improve pain, strength, and ROM utilizing both direct intervention and compensatory strategies as appropriate.

**Assessment:**

The patient continues to present with Moderate weakness, decreased ROM and impaired function, but is showing reasonable progress. Prognosis for continued improvement is judged to be Good based upon Age, Motivation, Ability to participate in skilled therapy, Previous level of function, Participation, and Progress made thus far.

Progress on previously established goals is as follows:

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET, more pain lately but overall was doing great**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis. **Progressing**
- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**
- 4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above**

**Plan:**

Pt will continue to be seen for skilled physical therapy 1-2x/week for the next 4-6 weeks commencing



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003200640

Adm: 6/26/2024, D/C: 6/26/2024

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**Therapy Plan of Care by Roland, Derick, PT at 6/26/2024 10:30 AM (continued)**

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on 7/2/24 through 8/30/24

It is recommended that the patient continue with skilled physical therapy intervention on the present therapy schedule to address the following goals over the next 30 days with addition and revision of goals as appropriate:

The patient expressed verbal agreement with the overall plan of care.

I appreciate the opportunity to work with this patient. Please feel free to contact me should you have any questions.<sup>[DR.1]</sup>

Derick Roland, PT<sup>[DR.2]</sup>, DPT

Ph: 989-802-5105

Fax: 989-802-5143

Derick.roland@mymichigan.org

By electronically signing this plan of care, I certify that this plan is indicated and medically necessary.<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 6/26/2024 4:52 PM

Electronically Signed by Bell, Riley A, PA on 6/28/2024 8:10 AM

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**Attribution Key**

DR.1 - Roland, Derick, PT on 6/26/2024 4:48 PM

DR.2 - Roland, Derick, PT on 6/26/2024 4:49 PM

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/1/2024 11:15 AM**

---

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 7/1/2024 12:11 PM

Date of Service: 7/1/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
7/1/2024 1:18 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
7/1/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology,



My Michigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/1/2024, D/C: 7/1/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/1/2024 11:15 AM (continued)**

- subsequent encounter
- 3. Decreased range of motion of right shoulder
- 4. Weakness of right upper extremity

Visit #: [AH.1] 17 [AH.2] of 24

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports she has been working 12 hour shifts, having increased irritation with use. Pt notes she can now reach behind her back with improved tolerance. Pt followed up with Dr on Monday, they seemed pleased with the progress made thus far per pt, follow's up again in 6 weeks.

**Pain:** 3/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/17/24	6/24/24	6/26/24	
<b>TherEx</b>				
UBE	L2 x4 min fwd, x4 min back	L2.2 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x10	#1, 2x12	#1, 2x15	#1, 2x15 [AH.1] Flexion Scaption 2x15 no resistance [AH.3]
Wand exercise	Standing without mirror Shoulder flex x20 Shoulder abd x20 Shoulder Ext x20	Standing without mirror: 3# bar Shoulder flex x10 Shoulder abd x10 Shoulder Ext x10 [AH.1]		
Thoracic thread the needle				2x10 ea UE [AH.3]
<b>Neuro Re-edu</b>				
Prone Y, T, I				
Isometrics	Shoulder flex, abd, IR, ER, ext 3 sec hold x10 ea R	Shoulder flex, abd, IR, ER, ext 3 sec hold x15 ea R		
<b>Manual</b>				
Joint mobs		GHJ A/P grade II and III		GHJ A/P grade II and III





Physical Therapy: MyMichiganSlocum, Teresa L  
Medical Offices Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003299089  
Adm: 7/1/2024, D/C: 7/1/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/1/2024 11:15 AM (continued)**

End range stretching		R shoulder flex, abd, IR, ER		R shoulder flex, abd, IR, ER
STM/TPR				

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**<sup>[AH.1]</sup>

Pt tolerated treatment well with no lasting increase in symptoms throughout session. Pt exhibits improved AROM after performing wall slides and thread the needle exercise. Pt required verbal cuing to reduce thoracic compensation when performing wall slides. Pt required verbal cuing to reduce upper trap compensation when performing scaption wall slide.<sup>[AH.3]</sup>

Patient demonstrated improvement with:<sup>[AH.1]</sup> improved sensation of tightness after session.<sup>[AH.3]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit:<sup>[AH.1]</sup> Consider continuation of joint mobilization and AROM next session. Consider updating HEP next session.<sup>[AH.3]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1120

Stop Time: 1200

Time Calculation (min): 40 min

Total Timed Base Calculation: 40 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/1/2024 12:11 PM

Electronically Signed by Roland, Derick, PT on 7/1/2024 1:18 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/1/2024 11:21 AM

AH.2 - Hawks, Austin A, ATC on 7/1/2024 12:11 PM

AH.3 - Hawks, Austin A, ATC on 7/1/2024 11:52 AM



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602 Beech Street

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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/1/2024, D/C: 7/1/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/1/2024 11:15 AM (continued)**

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/3/2024 11:15 AM**

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 7/3/2024 12:50 PM

Date of Service: 7/3/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Related Notes: Original Note by Hawks, Austin A, ATC (Athletic Trainer) filed at 7/3/2024 12:50 PM

Cosigner: Roland, Derick, PT at 7/3/2024 2:24 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
7/3/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[AH.1]</sup> 18<sup>[AH.2]</sup> of 24

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports that she has been more sore today than usual but denies any pain. Pt reports that she has been performing her HEP exercises daily.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/24/24	6/26/24	7/1/24	7/3/24
TherEx				
UBE	L2.2 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/3/2024 11:15 AM (continued)**

Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x12	#1, 2x15	#1, 2x15 Flexion Scaption 2x15 no resistance	#1, 2x15 Flexion Scaption 2x15 no resistance
Wand exercise	Standing without mirror: 3# bar Shoulder flex x10 Shoulder abd x10 Shoulder Ext x10			
Thoracic thread the needle			2x10 ea UE	2x10 ea UE
Neuro Re-edu				
Prone Y, T, I				
Isometrics	Shoulder flex, abd, IR, ER, ext 3 sec hold x15 ea R			
Manual				
Joint mobs	GHJ A/P grade II and III		GHJ A/P grade II and III	GHJ A/P <sup>[AH.1]</sup> , sup/inf <sup>[AH.3]</sup> grade III <sup>[AH.1]</sup> <sup>[AH.3]</sup> and <sup>[AH.1]</sup> <sup>[AH.3]</sup>
End range stretching	R shoulder flex, abd, IR, ER		R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER
STM/TPR				

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Pt tolerated treatment well with<sup>[AH.1]</sup> improved AROM after manual was performed. Pt required verbal cuing to reduce trunk lean when performing pulleys and wall slide exercises. Pt reported decreased tightness sensation after session today.<sup>[AH.4]</sup>

Patient demonstrated improvement with: improved<sup>[AH.1]</sup> AROM after manual<sup>[AH.4]</sup>

Patient will benefit from continued skilled physical therapy.



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/3/2024, D/C: 7/3/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/3/2024 11:15 AM (continued)**

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**Plan:**

Plan for next visit: Consider continuation of joint mobilization<sup>[AH.1]</sup> (grade IV) to continue to improve ROM next session.<sup>[AH.4]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1116

Stop Time: 1159

Time Calculation (min): 43 min

Total Timed Base Calculation: 43 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/3/2024 12:50 PM

Electronically Signed by Hawks, Austin A, ATC on 7/3/2024 12:50 PM

Electronically Signed by Roland, Derick, PT on 7/3/2024 2:24 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/3/2024 11:19 AM

AH.2 - Hawks, Austin A, ATC on 7/3/2024 12:50 PM

AH.3 - Hawks, Austin A, ATC on 7/3/2024 11:59 AM

AH.4 - Hawks, Austin A, ATC on 7/3/2024 12:47 PM

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/8/2024 11:15 AM**

---

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 7/8/2024 1:13 PM

Date of Service: 7/8/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
7/8/2024 2:49 PM

**Physical Therapy**  
**Daily Treatment Note**<sup>[AH.1]</sup>  
7/8/2024<sup>[AH.2]</sup>

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[AH.1]</sup> 19<sup>[AH.2]</sup> of 24

**Changes since last visit:** No





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/8/2024, D/C: 7/8/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/8/2024 11:15 AM (continued)**

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports that she was able to go kayaking over the weekend and that it went very well. Pt reports that she had minor increases in pain throughout but with rest her pain resolved.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	6/26/24	7/1/24	7/3/24	7/8/24
TherEx				
UBE	L2.4 x3 min fwd, x3 min back	L2.4 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x15	#1, 2x15 Flexion Scaption 2x15 no resistance	#1, 2x15 Flexion Scaption 2x15 no resistance	2x15 Flexion Scaption 2x15 no resistance
Wand exercise				
Thoracic thread the needle		2x10 ea UE	2x10 ea UE	
Neuro Re-edu				
Prone Y, T, I				
Isometrics				
Manual				
Joint mobs		GHJ A/P grade II and III	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV
End range stretching		R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER
STM/TPR				

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/8/2024, D/C: 7/8/2024

---

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/8/2024 11:15 AM (continued)**

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URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Pt<sup>[AH.1]</sup> continues to exhibit improvement each session. Pt exhibited improved ROM after manual was performed. Pt exhibited improved trunk lean and compensation when performing exercises today. Pt reports fatigue after the session.<sup>[AH.3]</sup>

Patient demonstrated improvement with: improved AROM after manual

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit:<sup>[AH.1]</sup> Continue ROM exercises and joint mobilization to improve overall function.<sup>[AH.3]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1117

Stop Time: 1200

Time Calculation (min): 43 min

Total Timed Base Calculation: 43 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/8/2024 1:13 PM

Electronically Signed by Roland, Derick, PT on 7/8/2024 2:49 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/8/2024 11:18 AM

AH.2 - Hawks, Austin A, ATC on 7/8/2024 1:13 PM

AH.3 - Hawks, Austin A, ATC on 7/8/2024 1:08 PM

---

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/10/2024 11:15 AM**

---

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 7/10/2024 12:37 PM

Date of Service: 7/10/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
7/10/2024 3:35 PM

Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
7/10/2024<sup>[AH.2]</sup>

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/10/2024, D/C: 7/10/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/10/2024 11:15 AM (continued)**

DOB:[AH.1] 8/28/1963[AH.2]

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**[AH.1] 20[AH.2] of 24

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #19 or 6/29/24

**Physician Follow Up Appointment:** 6/28/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports that her pain has continued to be minimal with minor increases when she "moves it wrong". Pt reports daily compliance to HEP. Pt reports that[AH.1] she feels like she has been able to reach her arm higher than usual over the past week.[AH.3]

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	7/1/24	7/3/24	7/8/24	7/10/24
<b>TherEx</b>				
UBE	L2.4 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x15 Flexion Scaption 2x15 no resistance	#1, 2x15 Flexion Scaption 2x15 no resistance	2x15 Flexion Scaption 2x15 no resistance	x15 Flexion Scaption x15 no resistance
Wand exercise				
Thoracic thread the needle	2x10 ea UE	2x10 ea UE		2x10 ea UE
<b>Neuro Re-edu</b>				
Prone Y, T, I				

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/10/2024 11:15 AM (continued)**

Isometrics				
Manual				
Joint mobs	GHJ A/P grade II and III	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER <sup>[AH.1]</sup> Flexion stretching with scapular stabilization <sup>[AH.3]</sup>
STM/TPR				

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgogo.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Pt continues to exhibit improvement each session.<sup>[AH.1]</sup> Pt exhibits improved PROM when performing the pulley exercise after end range stretching and joint mobilization performed. Pt reported increased elbow pain when performing grade IV mobilization with elbow positioned in extension and pain decreased with elbow position into flexion. Pt reported fatigue and soreness after session.<sup>[AH.3]</sup>

Patient demonstrated improvement with: improved<sup>[AH.1]</sup> PROM after end range stretching<sup>[AH.3]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit:<sup>[AH.1]</sup> Consider continuation of end range stretching with scapular stabilization next session.<sup>[AH.3]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1118

Stop Time: 1158

Time Calculation (min): 40 min

Total Timed Base Calculation: 40 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/10/2024 12:37 PM

Electronically Signed by Roland, Derick, PT on 7/10/2024 3:35 PM





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Physical Therapy: MyMichiganSlocum, Teresa L  
Medical Offices Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003299089  
Adm: 7/10/2024, D/C: 7/10/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/10/2024 11:15 AM (continued)**

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/10/2024 11:19 AM  
AH.2 - Hawks, Austin A, ATC on 7/10/2024 12:37 PM  
AH.3 - Hawks, Austin A, ATC on 7/10/2024 12:32 PM

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/15/2024 11:15 AM**

Author: Hawks, Austin A, ATC  
Filed: 7/15/2024 12:05 PM  
Editor: Hawks, Austin A, ATC (Athletic Trainer)

Service: —  
Date of Service: 7/15/2024 11:15 AM

Author Type: Athletic Trainer  
Status: Signed  
Cosigner: Roland, Derick, PT at  
7/15/2024 1:10 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
7/15/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>  
DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[AH.1]</sup> 21<sup>[AH.2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** patient reports that her shoulder has been sore and she feels that<sup>[AH.1]</sup> increased soreness has been due to the weather. Pt reports daily compliance to HEP.<sup>[AH.3]</sup>

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/15/2024 11:15 AM (continued)**
**Treatment Log**

Treatment Activity:	7/3/24	7/8/24	7/10/24 <sup>[AH.1]</sup>	7/15/24 <sup>[AH.3]</sup>
<b>TherEx</b>				
UBE	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	#1, 2x15 Flexion Scaption 2x15 no resistance	2x15 Flexion Scaption 2x15 no resistance	x15 Flexion Scaption x15 no resistance	
Wand exercise				
Thoracic thread the needle	2x10 ea UE		2x10 ea UE	2x10 ea UE <sup>[AH.1]</sup>
Dowel exercises				Flexion, abduction, ER <sup>[AH.3]</sup>
<b>Neuro Re-edu</b>				
Prone Y, T, I				
Isometrics				
<b>Manual</b>				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization
STM/TPR				

Progressed exercises per above and included manual to improve ROM

**Patient Education:** continue with current HEP, with additions for today

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Assessment:**

Pt continues to exhibit improvement each session.<sup>[AH.1]</sup> Pt exhibits improved AROM and PROM when performing dowel exercises. Pt reports decreased tightness and pulling sensation after joint mobilization was performed. Pt required verbal cuing to reduce horizontal adduction when performing shoulder abduction dowel exercise.<sup>[AH.3]</sup>

Patient demonstrated improvement with: improved<sup>[AH.1]</sup> AROM after session.<sup>[AH.3]</sup>

Patient will benefit from continued skilled physical therapy.



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/15/2024, D/C: 7/15/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/15/2024 11:15 AM (continued)**

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**Plan:**

Plan for next visit: Consider continuation of<sup>[AH.1]</sup> grade IV joint mobilization next session.<sup>[AH.3]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1115

Stop Time: 1200

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/15/2024 12:05 PM

Electronically Signed by Roland, Derick, PT on 7/15/2024 1:10 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/15/2024 11:18 AM

AH.2 - Hawks, Austin A, ATC on 7/15/2024 12:04 PM

AH.3 - Hawks, Austin A, ATC on 7/15/2024 11:53 AM

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/17/2024 11:15 AM**

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Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 7/17/2024 1:14 PM

Date of Service: 7/17/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
7/17/2024 1:32 PM

**Physical Therapy**  
**Daily Treatment Note**<sup>[AH.1]</sup>  
7/17/2024<sup>[AH.2]</sup>

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #:<sup>[AH.1]</sup> 22<sup>[AH.2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Generated on 11/8/24 9:12 AM

Page 71



Physical Therapy: MyMichiganSlocum, Teresa L  
 Medical Offices Clare MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
 602 Beech Street Acct #: 3003299089  
 Clare MI 48617-1466 Adm: 7/17/2024, D/C: 7/17/2024  
 Notes

**Therapy Treatment Note by Hawks, Austin A, ATC at 7/17/2024 11:15 AM (continued)**

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Pt reports that her shoulder was sore after the previous session with pinching pains present the day after. Pt reports that her pain resolved by this morning. Pt reports that her shoulder is feeling good today with no pain present.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	7/8/24	7/10/24	7/15/24	7/17/24
<b>TherEx</b>				
UBE	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Wall slides	2x15 Flexion Scaption 2x15 no resistance	x15 Flexion Scaption x15 no resistance		x15 Flexion Scaption x15 no resistance
Wand exercise				
Thoracic thread the needle		2x10 ea UE	2x10 ea UE	
Dowel exercises			Flexion, abduction, ER	Flexion, abduction, ER <sup>[AH.1]</sup>
Finger ladder				X4 up to 2 <sup>[AH.3]</sup>
<b>Neuro Re-edu</b>				
Prone Y, T, I				
Isometrics				
<b>Manual</b>				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV <sup>[AH.1]</sup> Joint distraction <sup>[AH.3]</sup>
End range stretching	R shoulder flex, abd, IR, ER	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization
STM/TPR				

Progressed exercises per above and included manual to improve ROM

Access Code: 8B9NV6CY





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/17/2024, D/C: 7/17/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 7/17/2024 11:15 AM (continued)**

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URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Patient Education:**<sup>[AH.1]</sup> Pt educated on progress made thus far and the importance of continuing aggressive ROM at home.<sup>[AH.4]</sup>

**Assessment:**

Pt<sup>[AH.1]</sup> continues to exhibit impaired ROM and strength. Joint restriction noted when performing manual and improvements in joint mobility were noted after grade IV joint mobilization was performed. Pt required verbal cuing to reduce trunk lean when performing pulleys and finger ladder this session. Pt reports improved tightness and ROM after session.<sup>[AH.4]</sup>

Patient demonstrated improvement with: improved<sup>[AH.1]</sup> tightness after session.<sup>[AH.4]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider continuation<sup>[AH.1]</sup> of end range stretching next session.<sup>[AH.4]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1115

Stop Time: 1156

Time Calculation (min): 41 min

Total Timed Base Calculation: 41 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 7/17/2024 1:14 PM

Electronically Signed by Roland, Derick, PT on 7/17/2024 1:32 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 7/17/2024 11:16 AM

AH.2 - Hawks, Austin A, ATC on 7/17/2024 1:14 PM

AH.3 - Hawks, Austin A, ATC on 7/17/2024 11:54 AM

AH.4 - Hawks, Austin A, ATC on 7/17/2024 1:03 PM

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**Therapy Treatment Note by Loomis, Jordyn E, PTA at 7/30/2024 2:30 PM**

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MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/30/2024, D/C: 7/30/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 7/30/2024 2:30 PM (continued)**

Author: Loomis, Jordyn E, PTA

Service: —

Author Type: Physical Therapy Assistant

Filed: 7/30/2024 5:20 PM

Date of Service: 7/30/2024 2:30 PM

Status: Signed

Editor: Loomis, Jordyn E, PTA (Physical Therapy Assistant)

Cosigner: Roland, Derick, PT at 7/31/2024 8:57 AM

**Physical Therapy  
Daily Treatment Note<sup>[JL1]</sup>  
7/30/2024<sup>[JL2]</sup>**

Patient Name:<sup>[JL1]</sup> Teresa L Slocum<sup>[JL2]</sup>

DOB:<sup>[JL1]</sup> 8/28/1963<sup>[JL2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[JL1]</sup> 23<sup>[JL2]</sup> of 24

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #19 or 6/29/24

Physician Follow Up Appointment: 6/28/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Pt<sup>[JL1]</sup> notes improved ROM, can reach behind her head and behind her back with less difficulty. Pt has been kayaking on a couple occasions, minimal difficulty.<sup>[JL3]</sup> Pt doesn't follow up with Dr until the end of August.<sup>[JL2]</sup>

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	7/10/24	7/15/24	7/17/24 <sup>[JL1]</sup>	7/30/24 <sup>[JL3]</sup>
TherEx				
UBE	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 7/30/2024 2:30 PM (continued)**

Wall slides	x15 Flexion Scaption x15 no resistance		x15 Flexion Scaption x15 no resistance	
Wand exercise				
Thoracic thread the needle	2x10 ea UE	2x10 ea UE		
Dowel exercises		Flexion, abduction, ER	Flexion, abduction, ER	
Finger ladder			X4 up to 21 <sup>[JL.1]</sup>	X5 to 21 <sup>[JL.4]</sup>
Neuro Re-edu				
Prone Y, T, I				
Isometrics				
Manual				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	
			Joint distraction	
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization
STM/TPR				

Progressed exercises per above and included manual to improve ROM

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Patient Education:** Pt educated on progress made thus far and the importance of continuing aggressive ROM at home.<sup>[JL.1]</sup>

**Objective:**

**UE ROM/Strength Testing:**

UE	Strength	AROM	AROM	AROM	PROM	PROM	PROM
	Right	Right Eval	R 6/26/24	R 7/30/24	Right Eval	R 6/26/24	R 7/30/24
Shoulder flexion <sup>[JL.5]</sup>	4 <sup>[JL.4]</sup>	71	124 <sup>[JL.5]</sup>	134 <sup>[JL.6]</sup>	90	136 <sup>[JL.5]</sup>	145 <sup>[JL.6]</sup>
Shoulder extension <sup>[JL.5]</sup>	5 <sup>[JL.4]</sup>	30	39 <sup>[JL.5]</sup>	52 <sup>[JL.6]</sup>	NT		
Shoulder abduction <sup>[JL.5]</sup>	4 <sup>[JL.4]</sup>	42	92 <sup>[JL.5]</sup>	96 <sup>[JL.6]</sup>	80	108 <sup>[JL.5]</sup>	110 <sup>[JL.6]</sup>
Shoulder external rotation <sup>[JL.5]</sup>	4 <sup>[JL.4]</sup>	NT	C6 <sup>[JL.5]</sup>	C7 <sup>[JL.6]</sup>	0 at 45 deg abd	25 @ 45 deg abd	
Shoulder internal	4+ <sup>[JL.4]</sup>	R glute	R glute	R glute	55 at 45 deg	65 @ 45 deg	



Physical Therapy: MyMichiganSlocum, Teresa L

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Adm: 7/30/2024, D/C: 7/30/2024

**Therapy Treatment Note by Loomis, Jordyn E, PTA at 7/30/2024 2:30 PM (continued)**

rotation <sup>[JL.5]</sup>					abd	abd	
Elbow flexion <sup>[JL.5]</sup>	5 <sup>[JL.4]</sup>	WNL					
Elbow extension <sup>[JL.5]</sup>	5 <sup>[JL.4]</sup>	WNL <sup>[JL.5]</sup>					

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis. **Progressing**
- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**
- 4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above**<sup>[JL.6]</sup>

**Assessment:**

Pt continues to exhibit impaired ROM and strength<sup>[JL.1]</sup> as shown in the chart abo<sup>[JL.7]</sup>ve.<sup>[JL.8]</sup> Continued end range stretching to continue progressing ROM improvements which has been slow. Facial grimacing seen with PROM, intermittent cuing required to decrease muscle guarding.<sup>[JL.9]</sup>

Patient demonstrated improvement with:<sup>[JL.1]</sup> improved ROM<sup>[JL.8]</sup> following stretching<sup>[JL.9]</sup><sup>[JL.8]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider continuation of end range stretching next session.

**Session Time:**<sup>[JL.1]</sup>

Start Time: 0230

Stop Time: 0309

Time Calculation (min): 39 min

Total Timed Base Calculation: 39 Minutes<sup>[JL.2]</sup>

Document has been electronically signed by<sup>[JL.1]</sup> Jordyn Loomis, PTA<sup>[JL.2]</sup>

Electronically Signed by Loomis, Jordyn E, PTA on 7/30/2024 5:20 PM

Electronically Signed by Roland, Derick, PT on 7/31/2024 8:57 AM

**Attribution Key**

- JL 1 - Loomis, Jordyn E, PTA on 7/30/2024 2:31 PM
- JL 2 - Loomis, Jordyn E, PTA on 7/30/2024 3:21 PM
- JL 3 - Loomis, Jordyn E, PTA on 7/30/2024 2:33 PM
- JL 4 - Loomis, Jordyn E, PTA on 7/30/2024 2:57 PM
- JL 5 - Loomis, Jordyn E, PTA on 7/30/2024 2:36 PM
- JL 6 - Loomis, Jordyn E, PTA on 7/30/2024 2:43 PM
- JL 7 - Loomis, Jordyn E, PTA on 7/30/2024 3:14 PM





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MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/30/2024, D/C: 7/30/2024

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**Therapy Treatment Note by Loomis, Jordyn E, PTA at 7/30/2024 2:30 PM (continued)**

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JL8 - Loomis, Jordyn E, PTA on 7/30/2024 5:13 PM

JL9 - Loomis, Jordyn E, PTA on 7/30/2024 5:16 PM

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**Therapy Plan of Care by Roland, Derick, PT at 7/30/2024 2:30 PM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 7/31/2024 8:57 AM

Date of Service: 7/30/2024 2:30 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Cosigner: Bell, Riley A, PA at  
7/31/2024 9:25 AM

### Physical Therapy Progress Note

Patient name: Teresa L Slocum

DOB: 8/28/1963

Service date: 7/31/2024

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Session time: See PTA note

**Subjective:**

The patient is being seen for Physical therapy services at MyMichigan Medical Center -Clare on a present therapy schedule of twice weekly.

During this progress period, the patient was seen from 6/26/24 through 7/30/24. Patient has been seen for a total of 23 visits.

The patient typically expresses R shoulder pain of 0 on a 0-10 pain scale during sessions. The patient remains alert and cooperative during therapy sessions.

Pt notes improved ROM, can reach behind her head and behind her back with less difficulty. Pt has been kayaking on a couple occasions, minimal difficulty. Pt doesn't follow up with Dr until the end of August. Hopes to continue with therapy to keep making progress toward goals.

**Objective:**

**UE ROM/Strength Testing:**

**Therapy Plan of Care by Roland, Derick, PT at 7/30/2024 2:30 PM (continued)**

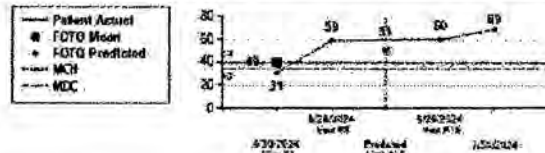
	Strength	AROM	AROM	AROM	PROM	PROM	PROM
UE	Right	Right Eval	R 6/26/24	R 7/30/24	Right Eval	R 6/26/24	R 7/30/24
Shoulder flexion	4-	71	124	134	90	136	145
Shoulder extension	5	30	39	52	NT		
Shoulder abduction	4-	42	92	96	80	108	110
Shoulder external rotation	4	NT	C6	C7	0 at 45 deg abd	25 @ 45 deg abd	
Shoulder internal rotation	4+	R glute	R glute	R glute	55 at 45 deg abd	65 @ 45 deg abd	
Elbow flexion	5	WNL					
Elbow extension	5	WNL					

**FOTO:**

Function Status Measures:	Intake Score	06/26/2024 Score	07/30/2024 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	51	60	69	Patient's Intake FS Score was 31
Risk Adjusted Statistical FOTO*	40			Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 40 at Intake.

MCI = 9 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)



Additional Items	FOTO Mean at Discharge	06/26/2024 Value	07/30/2024 Value	Interpretation of Predicted Value
Points of Physical Change	20	29	38	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 20 points (to 51 or higher).
Visits	15	16		
Duration in Days	60	57	91	
Average Satisfaction Score	97.3%	100.0%	100.0%	

Skilled Physical Therapy services are being provided to address and improve pain, strength, and ROM utilizing both direct intervention and compensatory strategies as appropriate.

**Assessment:**

The patient continues to present with Moderate weakness, decreased ROM and impaired function, but is showing reasonable progress. Prognosis for continued improvement is judged to be Good based upon Age, Motivation, Ability to participate in skilled therapy, Previous level of function, Participation, and Progress made thus far.

Progress on previously established goals is as follows:

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET**



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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003299089

Adm: 7/30/2024, D/C: 7/30/2024

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**Therapy Plan of Care by Roland, Derick, PT at 7/30/2024 2:30 PM (continued)**

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**Long Term Goals:** Goals to be achieved within 8 weeks

1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis.

**Progressing**

2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**

3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**

4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above**

**Plan:**

**Pt will continue to be seen for skilled physical therapy 1-2x/week for the next 4 weeks commencing on 8/1/24 through 9/15/24**

It is recommended that the patient continue with skilled physical therapy intervention on the present therapy schedule to address the following goals over the next 30 days with addition and revision of goals as appropriate:

The patient expressed verbal agreement with the overall plan of care.

I appreciate the opportunity to work with this patient. Please feel free to contact me should you have any questions.

Derick Roland, PT, DPT

Ph: 989-802-5105

Fax: 989-802-5143

Derick.roland@mymichigan.org

By electronically signing this plan of care, I certify that this plan is indicated and medically necessary.<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 7/31/2024 8:57 AM

Electronically Signed by Bell, Riley A, PA on 7/31/2024 9:25 AM

**Attribution Key**

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DR.1 - Roland, Derick, PT on 7/31/2024 8:52 AM

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**Therapy Treatment Note by Roland, Derick, PT at 8/1/2024 10:00 AM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 8/1/2024 1:41 PM

Date of Service: 8/1/2024 10:00 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy  
Daily Treatment Note<sup>[DR.1]</sup>**



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/1/2024, D/C: 8/1/2024

**Therapy Treatment Note by Roland, Derick, PT at 8/1/2024 10:00 AM (continued)**

8/1/2024<sup>[DR.2]</sup>

Patient Name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[DR.1]</sup> 24<sup>[DR.2]</sup> of<sup>[DR.1]</sup> 31<sup>[DR.3]</sup>

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #<sup>[DR.1]</sup> 31<sup>[DR.3]</sup> or<sup>[DR.1]</sup> 8/30<sup>[DR.3]</sup>/24

**Physician Follow Up Appointment:**<sup>[DR.1]</sup> 8/30<sup>[DR.3]</sup>/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Pt notes<sup>[DR.1]</sup> continued improvement in her arm. Most difficult position is still getting arm behind back. Kayaking has went well, she also went fishing without a problem.<sup>[DR.3]</sup>

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	7/15/24	7/17/24	7/30/24	8/1/24
TherEx				
UBE	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Towel stretch				Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R
Sleeper stretch				10 sec hold x8 R laying down





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Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/1/2024, D/C: 8/1/2024

**Therapy Treatment Note by Roland, Derick, PT at 8/1/2024 10:00 AM (continued)**

Wall slides		x15 Flexion Scaption x15 no resistance		
Thoracic thread the needle	2x10 ea UE			
Dowel exercises	Flexion, abduction, ER	Flexion, abduction, ER		Chest press, flex 5# bar x10 ea
Finger ladder		X4 up to 21	X5 to 21	
Neuro Re-edu				
Ball roll on wall				2# x10
Ball vs wall				2# x30 sec up/down, side to side, CW, CCW ea R <sup>[DR.1]</sup>
Rhythmic stabilization				2x30 sec at 90 deg flexion supine R <sup>[DR.3]</sup>
Manual				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV		GHJ A/P, sup/inf grade III and IV
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgergo.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

**Patient Education:** Pt educated on progress made thus far and the importance of continuing aggressive ROM at home.

**Assessment:**

Pt continues to exhibit impaired ROM and strength<sup>[DR.1]</sup> but continues to improve<sup>[DR.3]</sup>. Continued end range stretching to continue progressing ROM improvements which has been slow.<sup>[DR.1]</sup> Functional ROM improving as patient is now able to reach midpoint of body during R shoulder IR in standing, progress IR stretches because of this<sup>[DR.3]</sup>

Patient demonstrated improvement with: improved ROM following stretching.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider continuation of end range stretching next session.<sup>[DR.1]</sup> Consider progression of resistance

Generated on 11/8/24 9:12 AM

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MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/1/2024, D/C: 8/1/2024

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**Therapy Treatment Note by Roland, Derick, PT at 8/1/2024 10:00 AM (continued)**

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bands to isotonic strengthening<sup>[DR.3]</sup>

**Session Time:**<sup>[DR.1]</sup>

Start Time: 1000

Stop Time: 1045

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[DR.2]</sup>

Document has been electronically signed by<sup>[DR.1]</sup> Derick Roland, PT<sup>[DR.2]</sup>

Electronically Signed by Roland, Derick, PT on 8/1/2024 1:41 PM

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**Attribution Key**

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DR.1 - Roland, Derick, PT on 8/1/2024 10:03 AM

DR.2 - Roland, Derick, PT on 8/1/2024 1:41 PM

DR.3 - Roland, Derick, PT on 8/1/2024 1:34 PM

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**Therapy Treatment Note by Hawks, Austin A, ATC at 8/5/2024 2:30 PM**

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Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 8/5/2024 4:56 PM

Date of Service: 8/5/2024 2:30 PM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
8/6/2024 7:35 AM

**Physical Therapy  
Daily Treatment Note**<sup>[AH.1]</sup>  
8/5/2024<sup>[AH.2]</sup>

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[AH.1]</sup> 25<sup>[AH.2]</sup> of 31

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #31 or 8/30/24

**Physician Follow Up Appointment:** 8/30/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Therapy Treatment Note by Hawks, Austin A, ATC at 8/5/2024 2:30 PM (continued)**

**Patient Subjective:** Pt reports that their shoulder has been feeling good with no increase in symptoms. Pt reports that they feel like they have noticed increased function in their shoulder recently especially when kayaking and fishing.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	7/17/24	7/30/24	8/1/24	8/5/24
<b>TherEx</b>				
UBE	L2.6 x3 min fwd, x3 min back	L2.6 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Towel stretch			Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R
Sleeper stretch			10 sec hold x8 R laying down	10 sec hold x8 R laying down
Wall slides	x15 Flexion Scaption x15 no resistance			
Thoracic thread the needle				
Dowel exercises	Flexion, abduction, ER		Chest press, flex 5# bar x10 ea	Chest press, flex 5# bar x10 ea
Finger ladder	X4 up to 21	X5 to 21		
Shoulder flexion AROM				Yellow band resisted 2x10
Shoulder abduction AROM				Yellow band resisted 2x10
<b>Neuro Re-edu</b>				
Ball roll on wall			2# x10	
Ball vs wall			2# x30 sec up/down, side to side, CW, CCW ea R	
Rhythmic stabilization			2x30 sec at 90 deg flexion supine R	
<b>Manual</b>				
Joint mobs	GHJ A/P, sup/inf grade III and IV		GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV

**Therapy Treatment Note by Hawks, Austin A, ATC at 8/5/2024 2:30 PM (continued)**

	Joint distraction			
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Patient Education:** Pt educated on proper form, intensity, duration, frequency, progression, and regression of new HEP exercises. Pt exhibited understanding through verbal confirmation and performance of exercise.

**Assessment:**

Pt continues to exhibit impaired ROM and strength. Pt exhibited good motor control when performing resisted AROM but ROM was slightly limited due to decreased strength. Pt exhibits limited ROM and soft tissue extensibility when performing joint mobilization which improved after manual was performed.

Patient demonstrated improvement with: improved ROM following manual

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider progression of all ROM and strengthening exercises per pt tolerance.

**Session Time:**<sup>[AH.1]</sup>

Start Time: 0228

Stop Time: 0309

Time Calculation (min): 41 min

Total Timed Base Calculation: 41 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L  
Medical Offices Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003304291  
Adm: 8/5/2024, D/C: 8/5/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 8/5/2024 2:30 PM (continued)**

Electronically Signed by Hawks, Austin A, ATC on 8/5/2024 4:56 PM  
Electronically Signed by Roland, Derick, PT on 8/6/2024 7:35 AM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 8/5/2024 2:31 PM  
AH.2 - Hawks, Austin A, ATC on 8/5/2024 4:56 PM

**Therapy Treatment Note by Hawks, Austin A, ATC at 8/8/2024 11:15 AM**

Author: Hawks, Austin A, ATC  
Filed: 8/8/2024 12:08 PM  
Editor: Hawks, Austin A, ATC (Athletic Trainer)

Service: —  
Date of Service: 8/8/2024 11:15 AM

Author Type: Athletic Trainer  
Status: Signed  
Cosigner: Roland, Derick, PT at  
8/8/2024 12:59 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
8/8/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>  
DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[AH.1]</sup> 26<sup>[AH.2]</sup> of 31

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #31 or 8/30/24

**Physician Follow Up Appointment:** 8/30/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Pt reports that last night they felt a pop in their shoulder and it has been sore since then. Pt reports that the pop happened over their biceps area and that's where the soreness is most prominent.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education



**MyMichigan Health**  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/8/2024, D/C: 8/8/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 8/8/2024 11:15 AM (continued)**

	techniques
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**Treatment Log**

Treatment Activity:	7/30/24	8/1/24	8/5/24	8/8/24
<b>TherEx</b>				
UBE	L2.6 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap
Towel stretch		Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R
Sleeper stretch		10 sec hold x8 R laying down	10 sec hold x8 R laying down	
Wall slides				2x10 flexion, scaption
Thoracic thread the needle				
Dowel exercises		Chest press, flex 5# bar x10 ea	Chest press, flex 5# bar x10 ea	
Finger ladder	X5 to 21			
Shoulder flexion AROM			Yellow band resisted 2x10	Yellow band resisted 2x10
Shoulder abduction AROM			Yellow band resisted 2x10	Yellow band resisted 2x10
<b>Neuro Re-edu</b>				
Ball roll on wall		2# x10		
Ball vs wall		2# x30 sec up/down, side to side, CW, CCW ea R		
Rhythmic stabilization		2x30 sec at 90 deg flexion supine R		
<b>Manual</b>				
Joint mobs		GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Generated on 11/8/24 9:12 AM

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My Michigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/8/2024, D/C: 8/8/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 8/8/2024 11:15 AM (continued)**

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- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Patient Education:** Pt educated on the importance of aggressive ROM when performing HEP exercises.

**Assessment:**

Pt continues to exhibit impaired ROM and strength. Pt exhibits good proprioception when performing towel stretches with the ability to improve trunk positioning without cuing. Joint mobility and PROM seemed improved after manual was performed and when performing pulleys. Pt reported decreased soreness in shoulder after session.

Patient demonstrated improvement with: improved soreness after session.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider continuation of aggressive ROM next session.

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1119

Stop Time: 1159

Time Calculation (min): 40 min

Total Timed Base Calculation: 40 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 8/8/2024 12:08 PM

Electronically Signed by Roland, Derick, PT on 8/8/2024 12:59 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 8/8/2024 11:21 AM

AH.2 - Hawks, Austin A, ATC on 8/8/2024 12:08 PM

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/13/2024 3:15 PM**

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MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/13/2024, D/C: 8/13/2024

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/13/2024 3:15 PM (continued)**

Author: Warnement, Deidra A, PTA Service: —

Author Type: Physical Therapist Assistant

Filed: 8/13/2024 4:46 PM

Date of Service: 8/13/2024 3:15 PM

Status: Signed

Editor: Warnement, Deidra A, PTA (Physical Therapist Assistant)

Cosigner: Roland, Derick, PT at 8/19/2024 8:45 AM

**Physical Therapy  
Daily Treatment Note<sup>[DW.1]</sup>  
8/13/2024<sup>[DW.2]</sup>**

Patient Name:<sup>[DW.1]</sup> Teresa L Slocum<sup>[DW.2]</sup>

DOB:<sup>[DW.1]</sup> 8/28/1963<sup>[DW.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DW.1]</sup> 27<sup>[DW.2]</sup> of 31

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #31 or 8/30/24

**Physician Follow Up Appointment:** 8/30/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** P<sup>[DW.1]</sup>alien<sup>[DW.3]</sup><sup>[DW.1]</sup> reports she still is feeling a pop or muscle moving over each other in her bicep. Patient reports some discomfort then it goes away.<sup>[DW.3]</sup>

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	8/1/24	8/5/24	8/8/24	8/13/24
TherEx <sup>[DW.1]</sup>				3:21 <sup>[DW.3]</sup> 4:15 <sup>[DW.4]</sup>
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap <sup>[DW.1]</sup> w/ cues for



**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/13/2024 3:15 PM (continued)**

				cervical retraction <sup>[DW.3]</sup>
Towel stretch	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x <sup>[DW.1]</sup> 10 <sup>[DW.4]</sup> R
Sleeper stretch	10 sec hold x8 R laying down	10 sec hold x8 R laying down		
Wall slides			2x10 flexion, scaption	
Thoracic thread the needle				
Dowel exercises	Chest press, flex 5# bar x10 ea	Chest press, flex 5# bar x10 ea		
Finger ladder				
Shoulder flexion AROM		Yellow band resisted 2x10	Yellow band resisted 2x10	
Shoulder abduction AROM		Yellow band resisted 2x10	Yellow band resisted 2x10 <sup>[DW.1]</sup>	
Pec stretch				Supine 3 x 30 sec; door way stretch various positions 3 x 30 sec <sup>[DW.4]</sup>
Neuro Re-edu				
Ball roll on wall	2# x10			
Ball vs wall	2# x30 sec up/down, side to side, CW, CCW ea R			
Rhythmic stabilization	2x30 sec at 90 deg flexion supine R <sup>[DW.1]</sup>			
PNF D1 /D2				Resistive right UE 2 x 10 ea
Angle wing				B UE isometric various heights x 5 sec hold each <sup>[DW.4]</sup>
Manual				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV	
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization <sup>[DW.1]</sup> while MFR to same area. <sup>[DW.4]</sup>



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/13/2024, D/C: 8/13/2024

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/13/2024 3:15 PM (continued)**

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Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps<sup>[DW.1]</sup>

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day<sup>[DW.4]</sup>

**Patient Education:**<sup>[DW.1]</sup> Patient instructed in adding pec stretch and side lying ER to HEP to improve rotation at humerus.<sup>[DW.4]</sup>

**Assessment:**

Pt continues to exhibit impaired ROM and strength<sup>[DW.1]</sup> in right UE with difficulty with ER, ABD, and flexion with moderate verbal cues for cervical retraction and decreasing over use of upper trap. Patient tight with pec stretch performed in supine and various standing positioning. Patient demonstrating improved towel stretch by end of tx session and fatigue quickly with PNF pattern.<sup>[DW.4]</sup>

Patient demonstrated improvement with:<sup>[DW.1]</sup> improved understanding of stretching and how effects her Right UE movement.<sup>[DW.4]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Consider continuation of aggressive ROM next session.<sup>[DW.1]</sup> See how patient tolerated stretching at home.<sup>[DW.4]</sup>

**Session Time:**<sup>[DW.1]</sup>

Start Time: 1521

Stop Time: 1615

Time Calculation (min): 54 min

Total Timed Base Calculation: 54 Minutes<sup>[DW.2]</sup>

Document has been electronically signed by<sup>[DW.1]</sup> Deidra Warnement, PTA<sup>[DW.2]</sup>

Electronically Signed by Warnement, Deidra A, PTA on 8/13/2024 4:46 PM

Electronically Signed by Roland, Derick, PT on 8/19/2024 8:45 AM

**Attribution Key**

DW.1 - Warnement, Deidra A, PTA on 8/13/2024 1:42 PM

DW.2 - Warnement, Deidra A, PTA on 8/13/2024 4:46 PM



My Michigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/13/2024, D/C: 8/13/2024

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/13/2024 3:15 PM (continued)**

DW.3 - Warnement, Deidra A, PTA on 8/13/2024 3:23 PM

DW.4 - Warnement, Deidra A, PTA on 8/13/2024 4:28 PM

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/16/2024 3:15 PM**

Author: Warnement, Deidra A, PTA

Service: —

Author Type: Physical Therapist  
Assistant

Filed: 8/16/2024 4:42 PM

Date of Service: 8/16/2024 3:15 PM

Status: Signed

Editor: Warnement, Deidra A, PTA (Physical Therapist Assistant)

Cosigner: Roland, Derick, PT at  
8/19/2024 8:40 AM

**Physical Therapy  
Daily Treatment Note<sup>[DW.1]</sup>  
8/16/2024<sup>[DW.2]</sup>**

Patient Name:<sup>[DW.1]</sup> Teresa L Slocum<sup>[DW.2]</sup>

DOB:<sup>[DW.1]</sup> 8/28/1963<sup>[DW.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[DW.1]</sup> 28<sup>[DW.2]</sup> of 31

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #31 or 8/30/24

Physician Follow Up Appointment: 8/30/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Patient reports she<sup>[DW.1]</sup> she is not feeling the popping in her bicep as bad. Patient reports she is going Kayaking as she leaves for vacation after therapy today.<sup>[DW.3]</sup>

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/16/2024 3:15 PM (continued)**

**Treatment Log**

Treatment Activity:	8/5/24	8/8/24	8/13/24	8/16/24
TherEx			3:21-4:15 <sup>[DW.1]</sup>	3:15 <sup>[DW.3]</sup> 4:05 <sup>[DW.4]</sup>
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap	X3 min flex, x3 min scap w/ cues for cervical retraction	X3 min flex, x3 min scap w/ <sup>[DW.1]</sup> cues for keeping shoulder down <sup>[DW.3]</sup>
Towel stretch	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R	
Sleeper stretch	10 sec hold x8 R laying down <sup>[DW.1]</sup>			Sleeper stretch standing against the wall R UE 8 x 15 sec hold <sup>[DW.4]</sup>
Wall slides		2x10 flexion, scaption		
Thoracic thread the needle				
Dowel exercises	Chest press, flex 5# bar x10 ea			
Finger ladder				
Shoulder flexion AROM	Yellow band resisted 2x10	Yellow band resisted 2x10		Yellow band resisted 2x10 <sup>[DW.1]</sup> w/ mirror for R shoulder depression <sup>[DW.4]</sup>
Shoulder abduction AROM	Yellow band resisted 2x10	Yellow band resisted 2x10		Yellow band resisted 2x10 <sup>[DW.1]</sup> w/ mirror for R shoulder placement <sup>[DW.4]</sup>
Pec stretch			Supine 3 x 30 sec; door way stretch various positions 3 x 30 sec	
Neuro Re-edu				
Ball roll on wall				
Ball vs wall				
Rhythmic stabilization				
PNF D1/D2			Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea
Angle wing			B UE isometric various heights x 5 sec hold each <sup>[DW.1]</sup>	
Prone R UE I,Y,T				Facilitation of right scapular mobility during I, Y, T all 2 x 10 <sup>[DW.4]</sup>



**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/16/2024 3:15 PM (continued)**

<b>Manual</b>				
Joint mobs	GHJ A/P, sup/inf grade III and IV	GHJ A/P, sup/inf grade III and IV		
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area.	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area. <sup>[DW.1]</sup> K-tape placed above elbow w/ rotational stretch laterally. <sup>[DW.4]</sup>

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day

**Patient Education:** Patient instructed<sup>[DW.1]</sup> in use of K-tape to assist with edema and alignment of underlying tissues to see if helps with functional use right UE. Patient instructed to change sleeper stretch to standing against wall to make easier to do throughout her day.<sup>[DW.4]</sup>

**Assessment:**

Pt continues to exhibit impaired ROM and strength in right UE with difficulty with ER, ABD, and flexion with moderate verbal cues<sup>[DW.1]</sup> for shoulder depression to limit shoulder shrug with raising right UE. Patient to perform sleeper stretch standing up against wall in order to continue with stretching while on vacation. Patient had difficult with prone exercises needing assist at scapular to improve mobility. Patient continues to fatigue quickly with resistive exercise needing cues for keeping shoulder down when raising right UE.<sup>[DW.4]</sup>

Patient demonstrated improvement with<sup>[DW.1]</sup> improved ease with reaching behind her back by end of session.<sup>[DW.4]</sup>

Patient will benefit from continued skilled physical therapy.

**Plan:**

Generated on 11/8/24 9:12 AM



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/16/2024, D/C: 8/16/2024

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/16/2024 3:15 PM (continued)**

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Plan for next visit: Consider continuation of aggressive ROM<sup>[DW.1]</sup> / stretching, strengthen to lower scapula, and reaching up to first shelf.<sup>[DW.4]</sup>

**Session Time:**<sup>[DW.1]</sup>

Start Time: 1515

Stop Time: 1608

Time Calculation (min): 53 min

Total Timed Base Calculation: 53 Minutes<sup>[DW.2]</sup>

Document has been electronically signed by<sup>[DW.1]</sup> Deidra Warnement, PTA<sup>[DW.2]</sup>

Electronically Signed by Warnement, Deidra A, PTA on 8/16/2024 4:42 PM

Electronically Signed by Roland, Derick, PT on 8/19/2024 8:40 AM

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**Attribution Key**

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DW.1 - Warnement, Deidra A, PTA on 8/16/2024 3:05 PM

DW.2 - Warnement, Deidra A, PTA on 8/16/2024 4:42 PM

DW.3 - Warnement, Deidra A, PTA on 8/16/2024 3:16 PM

DW.4 - Warnement, Deidra A, PTA on 8/16/2024 4:06 PM

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/27/2024 8:00 AM**

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Author: Warnement, Deidra A, PTA Service: —

Author Type: Physical Therapist Assistant

Filed: 8/27/2024 1:35 PM

Date of Service: 8/27/2024 8:00 AM

Status: Signed

Editor: Warnement, Deidra A, PTA (Physical Therapist Assistant)

Cosigner: Roland, Derick, PT at 8/28/2024 3:01 PM

**Physical Therapy  
Daily Treatment Note**<sup>[DW.1]</sup>  
8/27/2024<sup>[DW.2]</sup>

Patient Name:<sup>[DW.1]</sup> Teresa L Slocum<sup>[DW.2]</sup>

DOB:<sup>[DW.1]</sup> 8/28/1963<sup>[DW.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

**Visit #:**<sup>[DW.1]</sup> 29<sup>[DW.2]</sup> of 31

**Changes since last visit:** No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

Generated on 11/8/24 9:12 AM

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MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/27/2024, D/C: 8/27/2024

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/27/2024 8:00 AM (continued)**

Progress Note Due: visit #31 or 8/30/24

Physician Follow Up Appointment: 8/30/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Patient<sup>[DW.1]</sup> reports she was able to Kayak on her vacation for up to 4 hrs and took days off between. Patient reports she goes back to surgeon on Friday and is going to see what they say before she decides if she wants to continue with PT. Patient reports her R shoulder does not really ache during the day, the biggest issues is she can not get her arm behind her.<sup>[DW.3]</sup>

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	8/8/24	8/13/24	8/16/24	8/27/24
TherEx		3:21-4:15	3:15 4:05 <sup>[DW.1]</sup>	8:05 <sup>[DW.4]</sup> 8:49 <sup>[DW.3]</sup>
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap	X3 min flex, x3 min scap w/ cues for cervical retraction	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down
Towel stretch	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x8 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R		
Sleeper stretch			Sleeper stretch standing against the wall R UE 8 x 15 sec hold	Sleeper stretch standing against the wall R UE 8 x 15 sec hold
Wall slides	2x10 flexion, scaption			
Thoracic thread the needle				
Dowel exercises				
Finger ladder				
Shoulder flexion AROM	Yellow band resisted 2x10		Yellow band resisted 2x10 w/ mirror for R shoulder depression	
Shoulder abduction AROM	Yellow band resisted 2x10		Yellow band resisted 2x10 w/ mirror for R shoulder placement <sup>[DW.1]</sup>	
Scapular retraction				Red band B UE x 10

**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/27/2024 8:00 AM (continued)**

Shoulder extension				Red tband B UE x 10 <sup>[DW.5]</sup>
Pec stretch		Supine 3 x 30 sec; door way stretch various positions 3 x 30 sec		
Neuro Re-edu				
Ball roll on wall				
Ball vs wall				
Rhythmic stabilization				
PNF D1/D2		Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea
Angle wing		B UE isometric various heights x 5 sec hold each		B UE isometric various heights x 5 sec hold each <sup>[DW.1]</sup> followed by raising up x 10 reps. <sup>[DW.5]</sup>
Prone R UE I,Y,T			Facilitation of right scapular mobility during I, Y, T all 2 x 10	
Manual				
Joint mobs	GHJ A/P, sup/inf grade III and IV			
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area.	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area. K-tape placed above elbow w/ rotational stretch laterally	

**UE ROM/Strength Testing:**

	Strength <sup>[DW.1]</sup>	Strengt <sup>[DW.3]</sup>	AROM	AROM	AROM	AROM	PROM	PROM	PROM	PROM
UE	Right <sup>[DW.1]</sup>	Right <sup>[DW.3]</sup>	Right Eval	R 6/26/24	R 7/30/24	R 8/27/24	Right Eval	R 6/26/24	R 7/30/24	R 8/27/24
Shoulder flexion	4 <sup>[DW.1]</sup>	4+ <sup>[DW.3]</sup>	71	124	134 <sup>[DW.1]</sup>	141 <sup>[DW.3]</sup>	90	136	145 <sup>[DW.1]</sup>	153 <sup>[DW.3]</sup>
Shoulder extension	5 <sup>[DW.1]</sup>	5 <sup>[DW.3]</sup>	30	39	52 <sup>[DW.1]</sup>	52 <sup>[DW.3]</sup>	NT			
Shoulder abduction	4 <sup>[DW.1]</sup>	4 <sup>[DW.3]</sup>	42	92	96 <sup>[DW.1]</sup>	134 <sup>[DW.3]</sup>	80	108	110 <sup>[DW.1]</sup>	146 <sup>[DW.3]</sup>
Shoulder external rotation	4 <sup>[DW.1]</sup>	4 <sup>[DW.3]</sup>	NT	C6	C7 <sup>[DW.1]</sup>	C7 <sup>[DW.3]</sup>	0 at 45 deg abd	25 @ 45 deg abd		
Shoulder internal rotation	4+ <sup>[DW.1]</sup>	4+ <sup>[DW.3]</sup>	R glute	R glute	R glute <sup>[DW.1]</sup>	L5 <sup>[DW.3]</sup>	55 at 45 deg abd	65 @ 45 deg abd		
Elbow flexion	5		WNL							
Elbow extension	5		WNL							





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/27/2024, D/C: 8/27/2024

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/27/2024 8:00 AM (continued)**

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URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day<sup>[DW.1]</sup>

Access Code: 6CP7WNFM

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/27/2024

Prepared by: Deidra Warnement

**Exercises**

- Standing Sleeper Stretch at Wall - 1 x daily - 7 x weekly - 3 sets - 5 reps - 15 hold
- Shoulder extension with resistance - Neutral - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Scapular Retraction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps<sup>[DW.3]</sup>

**Patient Education:** Patient instructed<sup>[DW.1]</sup> in adding exercises listed above w/ upgrading to red tband for all theraband exercises at home. Patient to add standing sleeper stretch at wall as she can do this at home.<sup>[DW.5]</sup>

**Assessment:**<sup>[DW.1]</sup>

Patient continues to have limitations at right shoulder with noted tightness per ROM in table listed above. Patient has made some gains since last assessment, she is frustrated that they have been slow. Updated patients HEP with exercises and stretch listed and patient to upgrade to red theraband to improve muscle strength. Patient plans on returning to her see her orthopedic doctor before scheduling more PT visit.<sup>[DW.5]</sup>

Patient demonstrated improvement with: improved<sup>[DW.1]</sup> ROM and strength listed.<sup>[DW.5]</sup>

Patient will benefit from continued skilled physical therapy.

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting an carrying objects with decreased difficulty. **MET**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis.

Generated on 11/8/24 9:12 AM



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/27/2024, D/C: 8/27/2024

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**Therapy Treatment Note by Warnement, Deidra A, PTA at 8/27/2024 8:00 AM (continued)**

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**Progressing**

2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above, not reaching full ROM yet**

3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**

4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above**

**Plan:**

Plan for next visit:<sup>[DW.1]</sup> Patient to call and confirm if she plans on scheduling more visits or wants to be discharged.<sup>[DW.5]</sup>  
Consider continuation of aggressive ROM / stretching, strengthen to lower scapula, and reaching up to first shelf.

**Session Time:**<sup>[DW.1]</sup>

Start Time: 0805

Stop Time: 0849

Time Calculation (min): 44 min

Total Timed Base Calculation: 44 Minutes<sup>[DW.2]</sup>

Document has been electronically signed by<sup>[DW.1]</sup> Deidra Warnement, PTA<sup>[DW.2]</sup>

Electronically Signed by Warnement, Deidra A, PTA on 8/27/2024 1:35 PM

Electronically Signed by Roland, Derick, PT on 8/28/2024 3:01 PM

**Attribution Key**

DW.1 - Warnement, Deidra A, PTA on 8/27/2024 7:58 AM

DW.2 - Warnement, Deidra A, PTA on 8/27/2024 1:35 PM

DW.3 - Warnement, Deidra A, PTA on 8/27/2024 8:18 AM

DW.4 - Warnement, Deidra A, PTA on 8/27/2024 8:10 AM

DW.5 - Warnement, Deidra A, PTA on 8/27/2024 1:23 PM

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**Therapy Plan of Care by Roland, Derick, PT at 8/27/2024 8:00 AM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 8/28/2024 3:00 PM

Date of Service: 8/27/2024 8:00 AM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

Cosigner: Bell, Riley A, PA at  
8/28/2024 3:20 PM

**Physical Therapy Progress Note**

Patient name:<sup>[DR.1]</sup> Teresa L Slocum<sup>[DR.2]</sup>

DOB:<sup>[DR.1]</sup> 8/28/1963<sup>[DR.2]</sup>

Service date:<sup>[DR.1]</sup> 8/28/2024<sup>[DR.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

**1. Right shoulder pain, unspecified chronicity**

Generated on 11/8/24 9:12 AM

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**Therapy Plan of Care by Roland, Derick, PT at 8/27/2024 8:00 AM (continued)**

2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Session time: See PTA note

**Subjective:**

The patient is being seen for Physical therapy services at MyMichigan Medical Center -Clare on a present therapy schedule of twice weekly.

During this progress period, the patient was seen from 7/30/24 through 8/27/24. Patient has been seen for a total of 29 visits.

The patient typically expresses R shoulder pain of 0 on a 0-10 pain scale during sessions. The patient remains alert and cooperative during therapy sessions.

Patient reports she was able to kayak on her vacation for up to 4 hrs and took days off between. Patient reports she goes back to surgeon and Friday and is going to see what they say before she decides if she wants to continue with PT. Patient reports her R shoulder does not really ache during the day, the biggest issues is she can not get her arm behind her.

**Objective:**

**UE ROM/Strength Testing:**

	Strength	Strength	AROM	AROM	AROM	AROM	PROM	PROM	PROM	PROM
UE	Right	Right	Right	R	R	R	Right	R	R	R
		08/27/24	Eval	6/26/24	7/30/24	8/27/24	Eval	6/26/24	7/30/24	8/27/24
Shoulder flexion	4-	4+	71	124	134	141	90	136	145	153
Shoulder extension	5	5	30	39	52	52	NT			
Shoulder abduction	4-	4	42	92	96	134	80	108	110	146
Shoulder external rotation	4	4	NT	C6	C7	C7	0 at 45 deg abd	25 @ 45 deg abd		
Shoulder internal rotation	4+	4+	R glute	R glute	R glute	L5	55 at 45 deg abd	65 @ 45 deg abd		
Elbow flexion	5		WNL							
Elbow extension	5		WNL							

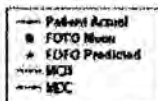
FOTO:

**Therapy Plan of Care by Roland, Derick, PT at 8/27/2024 8:00 AM (continued)**

Function Status Measures:	Intake Score	07/30/2024 Score	08/27/2024 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	31	69	69	Patient's Intake FS Score was 31
Risk Adjusted Statistical FOTO*	40			Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 40 at intake.

MCI = 9 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)



Additional Items	FOTO Mean at Discharge	07/30/2024 Value	08/27/2024 Value	Interpretation of Predicted Value
Points of Physical Change	20	38	38	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 20 points (to 51 or higher).
Visits	15		20	
Duration in Days	60	91	119	
Average Satisfaction Score	97.3%	100.0%	100.0%	

Skilled Physical Therapy services are being provided to address and improve pain, strength, and ROM utilizing both direct intervention and compensatory strategies as appropriate.

**Assessment:**

The patient continues to present with Moderate weakness, decreased ROM and impaired function, but is showing reasonable progress. Prognosis for continued improvement is judged to be Good based upon Age, Motivation, Ability to participate in skilled therapy, Previous level of function. Participation, and Progress made thus far.

Progress on previously established goals is as follows:

**Short Term Goals:** Goals to be achieved within 4 weeks

- 1.) Patient will present with increased right UE strength to 3+/5 or greater in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET**
- 2.) Patient will score a 41 or greater in FOTO representing less impairment per pathology. **MET**
- 3.) Patient will present with pain no greater than 2/10 on average allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **MET**

**Long Term Goals:** Goals to be achieved within 8 weeks

- 1.) Patient will be independent in a modified and progressed HEP allowing them to self manage their diagnosis.

**Progressing**

- 2.) Patient will present with increased right UE strength to 5/5 in areas of deficit, allowing them to perform more functional activities such as lifting and carrying objects with decreased difficulty. **Progressing, see above**
- 3.) Patient will score a 51 or greater in FOTO representing less impairment per pathology. **MET**
- 4.) Patient will present with increased R shoulder ROM to WFL throughout, improving their ability to perform ADLs with less pain and difficulty. **Progressing, see above**

**Plan:**

Patient wants to meet with ortho before scheduling more appointments. If she continues with therapy we will continue per POC below:





MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003304291

Adm: 8/27/2024, D/C: 8/27/2024

---

**Therapy Plan of Care by Roland, Derick, PT at 8/27/2024 8:00 AM (continued)**

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**Pt will continue to be seen for skilled physical therapy 1-2x/week for the next 4 weeks commencing on 9/3/24 through 10/15/24**

It is recommended that the patient continue with skilled physical therapy intervention on the present therapy schedule to address the following goals over the next 30 days with addition and revision of goals as appropriate:

The patient expressed verbal agreement with the overall plan of care.

I appreciate the opportunity to work with this patient. Please feel free to contact me should you have any questions.<sup>[DR.1]</sup>

Derick Roland, PT<sup>[DR.2]</sup>, DPT  
Ph: 989-802-5105  
Fax: 989-802-5143  
Derick.roland@mymichigan.org

By electronically signing this plan of care, I certify that this plan is indicated and medically necessary.<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 8/28/2024 3:00 PM

Electronically Signed by Bell, Riley A, PA on 8/28/2024 3:20 PM

**Attribution Key**

DR.1 - Roland, Derick, PT on 8/28/2024 2:56 PM

DR.2 - Roland, Derick, PT on 8/28/2024 2:57 PM

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**Therapy Treatment Note by Hawks, Austin A, ATC at 9/3/2024 10:30 AM**

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Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 9/3/2024 12:04 PM

Date of Service: 9/3/2024 10:30 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
9/3/2024 1:04 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
9/3/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>  
DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/3/2024 10:30 AM (continued)**

- routine healing, unspecified fracture morphology,  
subsequent encounter
3. Decreased range of motion of right shoulder
  4. Weakness of right upper extremity

Visit #: [AH.1] 30 [AH.2] of 31

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #31 or 8/30/24

**Physician Follow Up Appointment:** 8/30/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Patient reports she was able to Kayak on her vacation for up to 4 hrs and took days off between. Patient reports she goes back to surgeon and Friday and is going to see what they say before she decides if she wants to continue with PT. Patient reports her R shoulder does not really ache during the day, the biggest issues is she can not get her arm behind her.

**Pain:** 0/10

**Pain Description:** ache

**Location:** R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	8/13/24	8/16/24	8/27/24 [AH.1]	9/3/24 [AH.3]
TherEx	3:21-4:15	3:15 4:05	8:05-8:49	
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap w/ cues for cervical retraction	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down
Towel stretch	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R			Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R
Sleeper stretch		Sleeper stretch standing against the wall R UE 8 x 15 sec hold	Sleeper stretch standing against the wall R UE 8 x 15 sec hold	
Wall slides [AH.1]				Flexion, abduction x15 ea [AH.3]
Thoracic thread the needle				
Dowel exercises				
Finger ladder				

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/3/2024 10:30 AM (continued)**

Shoulder flexion AROM		Yellow band resisted 2x10 w/ mirror for R shoulder depression		
Shoulder abduction AROM		Yellow band resisted 2x10 w/ mirror for R shoulder placement		
Scapular retraction			Red tband B UE x 10	
Shoulder extension			Red tband B UE x 10	
Pec stretch	Supine 3 x 30 sec; door way stretch various positions 3 x 30 sec			door way stretch various positions 3 x 30 sec
Neuro Re-edu				
Ball roll on wall				
Ball vs wall				
Rhythmic stabilization				
PNF D1/D2	Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea	
Angle wing	B UE isometric various heights x 5 sec hold each		B UE isometric various heights x 5 sec hold each followed by raising up x 10 reps.	
Prone R UE I,Y,T		Facilitation of right scapular mobility during I, Y, T all 2 x 10		
Manual				
Joint mobs <sup>[AH.1]</sup>				Grade IV A/P, superior/inferior, inferior/superior <sup>[AH.3]</sup>
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area.	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization while MFR to same area. K-tape placed above elbow w/ rotational stretch laterally		R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgeo.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold



MyMichigan Health  
UNIVERSITY OF MICHIGAN HEALTH

Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/3/2024, D/C: 9/3/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 9/3/2024 10:30 AM (continued)**

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Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day

Access Code: 6CP7WNFM

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/27/2024

Prepared by: Deidra Warnement

**Exercises**

- Standing Sleeper Stretch at Wall - 1 x daily - 7 x weekly - 3 sets - 5 reps - 15 hold
- Shoulder extension with resistance - Neutral - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Scapular Retraction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Patient Education:** Patient<sup>[AH.1]</sup> educated on passive and active stabilizers of the shoulder.<sup>[AH.3]</sup>

**Assessment:**

Patient<sup>[AH.1]</sup> continues to exhibit impaired shoulder ROM but improvement in AROM and functional capacity are noted. Pt required verbal cuing to maintain proper shoulder positioning when performing wall slide and pulley's. Upon manual, restricted motion and excessive tightness in the joint capsule were noted. After manual was performed improved PROM was noted. Pt reported soreness after session.<sup>[AH.3]</sup>

Patient demonstrated Improvement with: improved ROM and strength listed.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit:<sup>[AH.1]</sup> Continue aggressive ROM next session to improve ROM. Continue joint mobilization next session.<sup>[AH.3]</sup>

**Session Time:**<sup>[AH.1]</sup>

Start Time: 1030

Stop Time: 1115

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 9/3/2024 12:04 PM

Electronically Signed by Roland, Derick, PT on 9/3/2024 1:04 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 9/3/2024 10:33 AM

AH.2 - Hawks, Austin A, ATC on 9/3/2024 12:03 PM

AH.3 - Hawks, Austin A, ATC on 9/3/2024 11:30 AM





MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Terresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/3/2024, D/C: 9/3/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/3/2024 10:30 AM (continued)**

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/5/2024 11:15 AM**

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 9/5/2024 11:57 AM

Date of Service: 9/5/2024 11:15 AM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at

9/5/2024 1:02 PM

**Physical Therapy  
Daily Treatment Note<sup>[AH.1]</sup>  
9/5/2024<sup>[AH.2]</sup>**

Patient Name:<sup>[AH.1]</sup> Terresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

Medical Diagnosis: Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[AH.1]</sup> 31<sup>[AH.2]</sup> of 31

Changes since last visit: No

Insurance Authorization End Date and Number of Visits Authorized: Comprehensive Risk Services

Progress Note Due: visit #31 or 8/30/24

Physician Follow Up Appointment: 8/30/24

Free text Precautions: non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Patient reports that her shoulder was sore after the previous session with some mild clicking and popping noise throughout the day. Pt reports that she has been performing her HEP exercises daily.

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	8/16/24	8/27/24	9/3/24	9/5/24
TherEx	3:15-4:05	8:05-8:49		
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3.3 x3 min fwd, x3 min back

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/5/2024 11:15 AM (continued)**

Shoulder pulleys	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down
Towel stretch			Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R
Sleeper stretch	Sleeper stretch standing against the wall R UE 8 x 15 sec hold	Sleeper stretch standing against the wall R UE 8 x 15 sec hold		
Wall slides			Flexion, abduction x15 ea	Flexion, abduction x15 ea
Thoracic thread the needle				
Dowel exercises				
Finger ladder				
Shoulder flexion AROM	Yellow band resisted 2x10 w/ mirror for R shoulder depression			Red band resisted 2x10
Shoulder abduction AROM	Yellow band resisted 2x10 w/ mirror for R shoulder placement			Red band resisted 2x10
Scapular retraction		Red tband B UE x 10		Red tband B UE x 10
Shoulder extension		Red tband B UE x 10		Red tband B UE x 10
Pec stretch			door way stretch various positions 3 x 30 sec	door way stretch various positions 3 x 30 sec
Neuro Re-edu				
Ball roll on wall				
Ball vs wall				
Rhythmic stabilization				
PNF D1/D2	Resistive right UE 2 x 10 ea	Resistive right UE 2 x 10 ea		
Angle wing		B UE isometric various heights x 5 sec hold each followed by raising up x 10 reps.		
Prone R UE I,Y,T	Facilitation of right scapular mobility during I, Y, T all 2 x 10			
Manual				
Joint mobs			Grade IV A/P, superior/inferior, inferior/superior	
End range stretching	R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization		R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization	



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/5/2024, D/C: 9/5/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/5/2024 11:15 AM (continued)**

	while MFR to same area. K-tape placed above elbow w/ rotational stretch laterally			
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Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day

Access Code: 6CP7WNFM

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/27/2024

Prepared by: Deidra Warnement

**Exercises**

- Standing Sleeper Stretch at Wall - 1 x daily - 7 x weekly - 3 sets - 5 reps - 15 hold
- Shoulder extension with resistance - Neutral - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Scapular Retraction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Patient Education:** Patient educated what HEP exercises can improve strength.

**Assessment:**

Patient continues to exhibit limited ROM at today's session. Pt exhibited improved strength and AROM when performing resisted AROM. Pt required verbal cuing to reduce trunk lean when performing abduction AROM and pulleys. Pt reported increased fatigue and soreness in shoulder musculature after the session.

Patient demonstrated improvement with: improved tightness sensation after session.

Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Continue strengthening exercises next session. Consider joint mobilization next session.

**Session Time:** [AH.1]



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/5/2024, D/C: 9/5/2024

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**Therapy Treatment Note by Hawks, Austin A, ATC at 9/5/2024 11:15 AM (continued)**

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Start Time: 1115

Stop Time: 1153

Time Calculation (min): 38 min

Total Timed Base Calculation: 38 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 9/5/2024 11:57 AM

Electronically Signed by Roland, Derick, PT on 9/5/2024 1:02 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 9/5/2024 11:16 AM

AH.2 - Hawks, Austin A, ATC on 9/5/2024 11:57 AM

---

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/12/2024 1:00 PM**

---

Author: Hawks, Austin A, ATC

Service: —

Author Type: Athletic Trainer

Filed: 9/12/2024 1:50 PM

Date of Service: 9/12/2024 1:00 PM

Status: Signed

Editor: Hawks, Austin A, ATC (Athletic Trainer)

Cosigner: Roland, Derick, PT at  
9/12/2024 2:00 PM

**Physical Therapy**  
**Daily Treatment Note**<sup>[AH.1]</sup>  
9/12/2024<sup>[AH.2]</sup>

Patient Name:<sup>[AH.1]</sup> Teresa L Slocum<sup>[AH.2]</sup>

DOB:<sup>[AH.1]</sup> 8/28/1963<sup>[AH.2]</sup>

Initial Evaluation Date: 4/30/2024

Onset Date: 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder
4. Weakness of right upper extremity

Visit #: <sup>[AH.1]</sup> 32<sup>[AH.2]</sup> of 60

Changes since last visit: No

**Insurance Authorization End Date and Number of Visits Authorized:** Comprehensive Risk Services

**Progress Note Due:** visit #31 or 8/30/24

**Physician Follow Up Appointment:** 8/30/24

**Free text Precautions:** non weight bearing, no lifting weight overhead until 12 weeks from DOI, 20# lifting restriction

**Patient Subjective:** Patient reports that her shoulder has been clicking and popping more frequently. Pt reports that she has been preforming all of her HEP exercises and her shoulder has been feeling good overall.





MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/12/2024, D/C: 9/12/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/12/2024 1:00 PM (continued)**

Pain: 0/10

Pain Description: ache

Location: R shoulder

**Objective:**

Functional Limitations	Treatments
Pain, Decreased strength, Decreased ROM	Manual therapy techniques, Therapeutic exercises - see log, Neuro re-education techniques

**Treatment Log**

Treatment Activity:	8/27/24	9/3/24	9/5/24	9/12/24
TherEx	8:05-8:49			
UBE	L3 x3 min fwd, x3 min back	L3 x3 min fwd, x3 min back	L3.3 x3 min fwd, x3 min back	L3.3 x3 min fwd, x3 min back
Shoulder pulleys	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down	X3 min flex, x3 min scap w/ cues for keeping shoulder down
Towel stretch		Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R	Straight behind back 5 sec hold x10 R, over shoulder with towel 5 sec hold x 10 R
Sleeper stretch	Sleeper stretch standing against the wall R UE 8 x 15 sec hold			
Wall slides		Flexion, abduction x15 ea	Flexion, abduction x15 ea	Flexion, abduction x15 ea
Thoracic thread the needle				
Dowel exercises				
Finger ladder				
Shoulder flexion AROM			Red band resisted 2x10	Red band resisted 2x10
Shoulder abduction AROM			Red band resisted 2x10	Red band resisted 2x10
Scapular retraction	Red tband B UE x 10		Red tband B UE x 10	Red band resisted 2x10
Shoulder extension	Red tband B UE x 10		Red tband B UE x 10	Red band resisted 2x10
Pec stretch		door way stretch various positions 3 x 30 sec	door way stretch various positions 3 x 30 sec	door way stretch various positions 3 x 30 sec
Neuro Re-edu				
Ball roll on wall				
Ball vs wall				
Rhythmic stabilization				
PNF D1/D2	Resistive right UE 2 x 10 ea			



MyMichigan Health  
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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/12/2024, D/C: 9/12/2024

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/12/2024 1:00 PM (continued)**

Angle wing	B UE isometric various heights x 5 sec hold each followed by raising up x 10 reps.			
Prone R UE I,Y,T				
Manual				
Joint mobs		Grade IV A/P, superior/inferior, inferior/superior		Grade IV A/P, superior/inferior, inferior/superior
End range stretching		R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization		R shoulder flex, abd, IR, ER Flexion stretching with scapular stabilization

Access Code: 8B9NV6CY

URL: <https://MyMichigan.medbridgego.com/>

Date: 06/17/2024

Prepared by: Derick Roland

**Exercises**

- Standing Isometric Shoulder Internal Rotation at Doorway - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder External Rotation with Doorway (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Flexion with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Extension with Doorway - Arm Bent - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold
- Standing Isometric Shoulder Abduction with Doorway - Arm Bent (Mirrored) - 2 x daily - 7 x weekly - 2 sets - 10 reps - 3 hold

Access Code: 42ZZWQRB

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/05/2024

Prepared by: Austin Hawks

**Exercises**

- Standing Shoulder Flexion with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Standing Single Arm Shoulder Abduction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Exercises**

- Pec stretch in door way various levels 30 sec hold x 5 reps 3 times per day
- side lying right ER with towel at elbow 10 reps 2 times per day

Access Code: 6CP7WNFM

URL: <https://MyMichigan.medbridgego.com/>

Date: 08/27/2024

Prepared by: Deidra Warnement

**Exercises**

- Standing Sleeper Stretch at Wall - 1 x daily - 7 x weekly - 3 sets - 5 reps - 15 hold
- Shoulder extension with resistance - Neutral - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Scapular Retraction with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps

**Patient Education:** Patient educated what HEP exercises can improve strength.

**Assessment:**

Patient required verbal cuing to reduce upper trap compensation when performing band resisted exercises. Pt required verbal cuing to reduce trunk lean when performing pulley exercise. Pt exhibited improved AROM and strength throughout



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/12/2024, D/C: 9/12/2024

---

**Therapy Treatment Note by Hawks, Austin A, ATC at 9/12/2024 1:00 PM (continued)**

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session. Pt reports improve tightness in their shoulder as well as fatigue after session.

Patient demonstrated improvement with: improved tightness sensation after session.  
Patient will benefit from continued skilled physical therapy.

**Plan:**

Plan for next visit: Continue to push ROM and strength within available ROM next session. Consider updating HEP next session.

**Session Time:**<sup>[AH.1]</sup>

Start Time: 0100

Stop Time: 0145

Time Calculation (min): 45 min

Total Timed Base Calculation: 45 Minutes<sup>[AH.2]</sup>

Document has been electronically signed by<sup>[AH.1]</sup> Austin Hawks, ATC<sup>[AH.2]</sup>

Electronically Signed by Hawks, Austin A, ATC on 9/12/2024 1:50 PM

Electronically Signed by Roland, Derick, PT on 9/12/2024 2:00 PM

**Attribution Key**

AH.1 - Hawks, Austin A, ATC on 9/12/2024 12:59 PM

AH.2 - Hawks, Austin A, ATC on 9/12/2024 1:50 PM

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**Therapy Discharge Note by Roland, Derick, PT at 9/12/2024 1:00 PM**

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Author: Roland, Derick, PT

Service: —

Author Type: Physical Therapist

Filed: 10/3/2024 3:49 PM

Date of Service: 9/12/2024 1:00 PM

Status: Signed

Editor: Roland, Derick, PT (Physical Therapist)

**Physical Therapy  
Discharge Note**

Patient name: Teresa L Slocum

DOB: 8/28/1963

Service date: 10/3/2024

**Initial Evaluation Date:** 4/30/2024

**Onset Date:** 03/08/24 (date of fall)

**Medical Diagnosis:** Right shoulder pain, unspecified chronicity [M25.511]; Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Therapy Diagnosis:**

1. Right shoulder pain, unspecified chronicity
2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter
3. Decreased range of motion of right shoulder



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Physical Therapy: MyMichiganSlocum, Teresa L

Medical Offices Clare

602 Beech Street

Clare MI 48617-1466

Notes

MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F

Acct #: 3003458543

Adm: 9/12/2024, D/C: 9/12/2024

---

**Therapy Discharge Note by Roland, Derick, PT at 9/12/2024 1:00 PM (continued)**

---

4. Weakness of right upper extremity

Session time: NA

This pt is a female who is 61 years old and has been treated at MyMichigan rehabilitation services in Clare for the medical diagnosis as listed above. The pt has been seen for a total of 32 visits with their most recent visit being on 9/12/24. Since the most recent visit the pt has been on hold until follow up with physician. She is more concerned about her knee at this point and she did feel comfortable continuing her shoulder exercises on her own. Patient will return to PT if needed. No objective information could be gathered secondary to the patient not returning to therapy. Thank you for this referral.

Derick Roland, PT, DPT

Ph: 989-741-2205

Fax: 989-741-2215

Derick.roland@mymichigan.org<sup>[DR.1]</sup>

Electronically Signed by Roland, Derick, PT on 10/3/2024 3:49 PM

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**Attribution Key**

DR.1 - Roland, Derick, PT on 10/3/2024 3:48 PM

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**Progress Notes by Bell, Riley A, PA at 9/13/2024 9:45 AM**

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Author: Bell, Riley A, PA

Service: —

Author Type: Physician Assistant

Filed: 9/20/2024 9:55 AM

Encounter Date: 9/13/2024

Status: Signed

Editor: Bell, Riley A, PA (Physician Assistant)

**Subjective**

**Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 61 y.o. female<sup>[RB.2]</sup>.

**Chief Complaint:**<sup>[RB.1]</sup>**Chief Complaint**

Patient presents with

- Shoulder Injury

*Right shoulder proximal humerus tx (12 week f/u)*<sup>[RB.2]</sup>

HPI: Teresa L Slocum is a 60 y.o. female who is presenting today with 6 month follow up for a right proximal humerus fracture. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder. She has completed a course of PT at this time. Today she is reporting<sup>[RB.1]</sup> mild improvement of her shoulder pain<sup>[RB.2]</sup>.<sup>[RB.1]</sup> She notes discomfort with overhead and reaching activity. She notes slight improvement with her ROM, but is still limited overhead and with reaching.





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MyMichigan Orthopedics:  
MyMichigan Medical Offices  
Clare  
602 Beech Street  
Clare MI 48617-1466  
Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 9/13/2024

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**Progress Notes by Bell, Riley A, PA at 9/13/2024 9:45 AM (continued)**

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She reports weakness secondary to pain. She denies numbness or tingling radiating down the arm. She denies taking medication for pain recently.<sup>(RB.2)</sup>

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (**right upper arm**). Negative for gait problem, joint swelling and joint stiffness.

**Muscle weakness negative**

**Decrease in height negative**

**Limb swelling positive**

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>(RB.1)</sup>

**Vitals:**

09/13/24 0953

BP: 122/72

PainSc: 0-No pain

There is no height or weight on file to calculate BMI. No results found.<sup>(RB.2)</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended<sup>(RB.1)</sup>

**Right Shoulder Examination**

No ecchymosis noted.

No popeye deformity

Swelling noted

Tenderness at the lateral deltoid, and anterior joint line

Nontender at the clavicle, biceps tendon, AC joint

Active ROM:

Flexion: 130

Abduction: 90



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Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 9/13/2024

---

**Progress Notes by Bell, Riley A, PA at 9/13/2024 9:45 AM (continued)**

---

IR: hip pocket  
ER: 30  
Strength:  
Not assessed secondary to pain  
NSILT to axillary, radial, median, ulnar nerves  
Motor intact to PIN, AIN, ulnar nerves  
Brisk capillary refill to all digits; fingers warm and well perfused<sup>[RB.2]</sup>

**Imaging:**

I independently interpreted the following images:<sup>[RB.1]</sup>  
2+ views AP/y of the right shoulder demonstrates a healed proximal humerus fracture of the greater tuberosity and surgical neck. There is increased callus at the greater tuberosity. Similar alignment to prior imaging. No other acute fractures or dislocations.

No imaging results within the last three days.<sup>[RB.2]</sup>

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

**Procedures<sup>[RB.1]</sup>****Assessment/Plan**

1. Right shoulder pain, unspecified chronicity      MRI shoulder right without contrast
2. Closed fracture of proximal end of right humerus      MRI shoulder right without contrast  
with routine healing, unspecified fracture  
morphology, subsequent encounter

**#Right shoulder, proximal humerus fx**

X-ray imaging was reviewed with the patient in detail. She will continue with her physical therapy to work on ROM of the shoulder. She will continue to take tylenol and motrin as needed for pain. She may take flexeril as needed for nighttime pain and comfort. Since she has had minimal improvement of her ROM, we will order an MRI at this time to better assess the integrity of the right shoulder. She may continue to work with no restrictions. All of her questions and concerns were answered. I will call her with results of the MRI.

**#Right knee**

She has had continued pain and would like to consider arthroscopic meniscectomy surgery at this time. We will have her see Dr. Hall to discuss this further.

Riley Bell, PA  
9/20/2024 9:52 AM<sup>[RB.2]</sup>

Electronically Signed by Bell, Riley A, PA on 9/20/2024 9:55 AM

**Attribution Key**

- 
- RB.1 - Bell, Riley A, PA on 9/13/2024 8:00 AM  
RB.2 - Bell, Riley A, PA on 9/20/2024 9:52 AM



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Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 9/13/2024

---

**Progress Notes by Bell, Riley A, PA at 9/13/2024 9:45 AM (continued)**

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**Progress Notes by Hall, Teresa C, DO at 9/20/2024 8:50 AM**

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Author: Hall, Teresa C, DO  
Filed: 9/20/2024 10:37 AM  
Editor: Hall, Teresa C, DO (Physician)

Service: —  
Encounter Date: 9/20/2024

Author Type: Physician  
Status: Signed

**Subjective**

**Patient:**<sup>[TH.1]</sup> Teresa L Slocum<sup>[TH.2]</sup> is a<sup>[TH.1]</sup> 61 y.o. female<sup>[TH.2]</sup>.

**Chief Complaint:**<sup>[TH.1]</sup>**Chief Complaint****Patient presents with**

- Right Shoulder - Pain, Follow-up  
*Right shoulder MRI results*
- Right Knee - Pain, Follow-up<sup>[TH.2]</sup>

HPI: Teresa L Slocum is a 61 y.o. female who is presenting today with right knee pain. Patient reports a fall in a parking lot 3/8/24 when she sustained a proximal humerus fracture.<sup>[TH.1]</sup> This occurred as a work comp injury. 3 weeks afterwards she experienced notable right knee pain. Pain is diffuse about the knee but worst medially. She notes swelling, clicking. She notes stiffness. Pain is primarily sharp in nature. Three weeks after her fall is when she really noticed the right knee pain and substantial swelling. She has difficulty with prolonged walking. She complains of a catching sensation she has a great amount of difficulty descending stairs so she has been frequently taken the elevator. She notes a grinding sensation. She is not routinely taking anything for pain. She has a history of angioedema to NSAIDs. She has not completed physical therapy for this problem. She has had an MRI ordered by her primary care physician, completed at open MRI Mount Pleasant. No history of injections. No history of surgeries. She does use a hinged knee brace which helps her. She additionally has difficulty with a varus/valgus mechanism when lying in bed at nighttime.<sup>[TH.3]</sup>

She works as a supervisor for a phlebotomy clinic.<sup>[TH.1]</sup> The patient has a past medical history significant for hyperlipidemia, hypertension, type 2 diabetes, AV nodal reentry tachycardia. She has a history of angioedema to NSAIDs. She is a non-smoker.<sup>[TH.3]</sup>

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (right upper arm). Negative for gait



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Visit date: 9/20/2024

---

**Progress Notes by Hall, Teresa C, DO at 9/20/2024 8:50 AM (continued)**

---

problem, joint swelling and joint stiffness.

**Muscle weakness negative**

**Decrease in height negative**

**Limb swelling positive**

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>[TH.1]</sup>

**Vitals:**

09/20/24 0835

BP: 116/70

Weight: 136 lb (61.7 kg)

Height: 4' 11" (1.499 m)

PainSc: 2

Body mass index is 27.47 kg/m<sup>2</sup>. No results found.<sup>[TH.2]</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended

**Right<sup>[TH.1]</sup> knee:**

No ecchymosis, previous scars, or ulcerations present

No notable atrophy

No chronic skin changes or venostasis

**No effusion**

**Neutral alignment**

**Tender to palpation to medial joint line, medial and lateral patellar facets**

Non tender to lateral joint line, patellar tendon, tibial tuberosity, quad tendon

Active ROM:

0-130

**+ patellar crepitations**

Strength:

5/5 flexion

5/5 extension

5/5 dorsiflexion

5/5 plantarflexion

Negative Lachman's

Negative anterior drawer

Negative posterior drawer

Negative varus stress at 0 degrees, Negative varus stress at 30 degrees and nonpainful

Negative valgus stress at 0 degrees, Negative valgus stress at 30 degrees and nonpainful

Negative Patellar grind, negative patellar compression test

**Pain with full flexion medially**



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**Progress Notes by Hall, Teresa C, DO at 9/20/2024 8:50 AM (continued)**

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**Pain medially with McMurray's**

**Negative Thessaly's**

**Negative bounce home**

SILT to saphenous, sural, deep and superficial fibular, and tibial nerves

Brisk capillary refill to all digits; toes warm and well perfused<sup>[TH.3]</sup>

**Imaging:**

I independently interpreted the following images:

X-ray right knee 4/10/24, nonweightbearing views AP, flexion, lateral sunrise views demonstrate mild degenerative changes of the patellofemoral compartment with no notable changes to the medial or lateral compartments as these are nonweightbearing views

MRI right knee 5/3/2024 from outside hospital Demonstrates horizontal degenerative meniscus tear of the posterior horn medial meniscus and mid body with extrusion as well as mild to moderate patellofemoral degenerative changes.

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

**Procedures<sup>[TH.1]</sup>**

**Assessment/Plan**

1. Patellofemoral arthritis of right knee
2. Acute medial meniscus tear of right knee, initial encounter<sup>[TH.2]</sup>

# Right knee patellofemoral arthritis, acute exacerbation

# Right knee horizontal medial meniscus tear

I reviewed the patient's diagnosis listed above as well as it's natural history. While typically we like to preserve the meniscus and may advocate for surgery for meniscal repair, this is to avoid the natural history of osteoarthritis and this patient already has some mild arthritis within the medial compartment. This creates an environment with a high likelihood of meniscal repair to fail, and would not prevent arthritis as he already has extensive amount of disease within this compartment. Additionally sometimes we recommend partial meniscectomy for patients in his case with mechanical symptoms. The patient has some mechanical symptoms but I believe her primary complaint today is difficulty with stairs, crepitations in the anterior knee that I think is most attributed to an acute exacerbation of patellofemoral arthritis. While certainly she may later decide to go onto a partial meniscectomy, she has not exhausted conservative care. She declined formal physical therapy and injections in the past. In discussion about cortisone injection she is a diabetic and would like to avoid this given the effect on blood glucose levels. We therefore discussed the role of hyaluronic acid injections. Medication indications and precautions reviewed. She would like to proceed with this. Will work on authorization through Workmen's Comp. and get her scheduled for a series of 3. She is unable to use oral anti-inflammatories given history of angioedema. We did discuss the role of topical pain relief as well. Again, at some point she may opt for surgical intervention however it is reasonable to exhaust more conservative measures first and to understand realistic expectations of knee arthroscopy would not relieve anterior knee pain or crepitations which are from arthritis. At this time her arthritis is not severe enough to warrant a total knee arthroplasty. We will see her back when the hyaluronic acid series of 3 is authorized. All questions were answered to the patient's satisfaction and they agreed to



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Visit date: 9/20/2024

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**Progress Notes by Hall, Teresa C, DO at 9/20/2024 8:50 AM (continued)**

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the plan.<sup>[TH.3]</sup>

Teresa C Hall, DO  
9/20/2024 10:34 AM<sup>[TH.2]</sup>

Electronically Signed by Hall, Teresa C, DO on 9/20/2024 10:37 AM

**Attribution Key**

TH.1 - Hall, Teresa C, DO on 9/20/2024 9:09 AM  
TH.2 - Hall, Teresa C, DO on 9/20/2024 10:34 AM  
TH.3 - Hall, Teresa C, DO on 9/20/2024 10:27 AM

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**Progress Notes by Bell, Riley A, PA at 10/4/2024 9:30 AM**

---

Author: Bell, Riley A, PA      Service: —  
Filed: 10/4/2024 10:12 AM      Encounter Date: 10/4/2024  
Editor: Bell, Riley A, PA (Physician Assistant)

Author Type: Physician Assistant  
Status: Signed

**Subjective**

**Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 61 y.o. female<sup>[RB.2]</sup>.

**Chief Complaint:**<sup>[RB.1]</sup>**Chief Complaint**

Patient presents with

- Right Shoulder - Follow-up<sup>[RB.2]</sup>

HPI: Teresa L Slocum is a 60 y.o. female who is presenting today with 7 month follow up for a right proximal humerus fracture through workman's comp. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete directly onto her right shoulder.

To date, she has completed multiple courses of physical therapy. She has had an MRI of the shoulder. She takes tylenol as needed for pain, and cannot tolerate oral NSAIDs due to her angioedema. She has not had any cortisone injections due to her type II diabetes and its affect on blood sugar levels.

Today she is reporting<sup>[RB.1]</sup> that her shoulder has continued to make slow improvements<sup>[RB.3]</sup>.<sup>[RB.1]</sup> She states that her pain, especially at rest, has significantly improved. She notes continued limitations with overhead and reaching activity. She reports weakness as well. She has been taking tylenol as needed for pain. She denies numbness or tingling radiating down the arm.<sup>[RB.3]</sup>

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.

**Review of Systems**

Constitutional: Negative for activity change, chills and fatigue.

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**Progress Notes by Bell, Riley A, PA at 10/4/2024 9:30 AM (continued)**

---

HENT: Negative for hearing loss.

Eyes: Negative for blurred vision.

Respiratory: Negative for dyspnea at rest.

Cardiovascular: Negative for chest pain.

**Pacemaker neg**

Gastrointestinal: Negative for abdominal pain, blood in stool and heartburn.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for arthralgias, myalgias and extremity pain (right upper arm). Negative for gait problem, joint swelling and joint stiffness.

**Muscle weakness negative**

Decrease in height negative

Limb swelling positive

Skin: Negative for color change, itching, rash, wound and dry skin.

Neurological: Positive for headaches. Negative for weakness, numbness and gait difficulties.

**Parathesia pos**

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.<sup>[RB.1]</sup>

**Vitals:**

10/04/24 0916

BP: 136/78

Blood Pressure Left arm

Location:

Patient Sitting

Position:

Weight: 136 lb (61.7 kg)

Height: 4' 11" (1.499 m)

PainSc: 0-No pain

PainLoc: Shoulder

Comment: RT

Body mass index is 27.47 kg/m<sup>2</sup>. No results found.<sup>[RB.2]</sup>

**Objective**

HEENT: WNL, no evidence of acute trauma

Neck: Supple, nontender

Heart: Regular rate and rhythm by palpation

Lungs: No audible wheezing or crackles, no accessory muscle use

Abdomen: Soft, nontender, nondistended<sup>[RB.1]</sup>

**Right Shoulder Examination**

No ecchymosis noted.

No popeye deformity

Swelling noted

Tenderness at the lateral deltoid, and anterior joint line

Nontender at the clavicle, biceps tendon, AC joint

Active ROM:

Flexion: 150

Abduction: 110



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MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/4/2024

---

Progress Notes by Bell, Riley A, PA at 10/4/2024 9:30 AM (continued)

---

IR: T12

ER: 30

Strength:

Not assessed secondary to pain

NSILT to axillary, radial, median, ulnar nerves

Motor intact to PIN, AIN, ulnar nerves

Brisk capillary refill to all digits; fingers warm and well perfused<sup>[RB.3]</sup>

**Imaging:**

I independently interpreted the following images:<sup>[RB.1]</sup>

No imaging results within the last three days.<sup>[RB.2]</sup>

Data Reviewed: Medical records, diagnostic studies and radiographic report/images reviewed.

**Procedures<sup>[RB.1]</sup>**

**Assessment/Plan**

- |   |   |
|---|---|
| 1. Right shoulder pain, unspecified chronicity  | Ambulatory referral to Orthopedic Surgery                   |
| 2. Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter | Ambulatory referral to Orthopedic Surgery                   |
| 3. Impingement syndrome of right shoulder   | Ambulatory referral to Orthopedic Surgery <sup>[RB.2]</sup> |

#Right shoulder, proximal humerus fx

She is now 7 months out from her proximal humerus fracture of the greater tuberosity and surgical neck that has been managed nonoperatively. **She has completed multiple courses of physical therapy and has transitioned to an at home exercise program.** She is educated that she has had continuous improvements with her ROM with residual difficulty with overhead and reaching activity. She will continue to modify activity as tolerated. **She may take tylenol for pain as she cannot tolerate oral NSAIDs. She does not wish to complete a cortisone injection of the shoulder due to her type II diabetes.** We did discuss that it may take up to a full year for restoration of her ROM and maximal medical improvement. **She will be referred to Dr. Maxwell in Midland at this time to have a discussion about potential surgical options vs continued PT and long term outcomes.** All of her questions and concerns were answered. Follow up with Dr. Maxwell.

#Right knee pain, meniscal injury

Of note, she has been obtaining prior authorization through workman's comp for a VISCO hyaluronic injection series for her right knee, which will be scheduled for later this month.<sup>[RB.3]</sup>

Riley Bell, PA  
10/4/2024 10:04 AM<sup>[RB.2]</sup>





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Visit date: 10/4/2024

---

**Progress Notes by Bell, Riley A, PA at 10/4/2024 9:30 AM (continued)**

---

Electronically Signed by Bell, Riley A, PA on 10/4/2024 10:12 AM

**Attribution Key**

- RB.1 - Bell, Riley A, PA on 10/4/2024 8:01 AM
- RB.2 - Bell, Riley A, PA on 10/4/2024 10:04 AM
- RB.3 - Bell, Riley A, PA on 10/4/2024 10:03 AM

---

**Progress Notes by Bell, Riley A, PA at 10/18/2024 8:15 AM**

---

Author: Bell, Riley A, PA

Service: —

Author Type: Physician Assistant

Filed: 10/18/2024 9:02 AM

Encounter Date: 10/18/2024

Status: Signed

Editor: Bell, Riley A, PA (Physician Assistant)

**Procedure Orders**

1. Large Joint Arthrocentesis: R knee [197156479] ordered by Bell, Riley A, PA

**Post-procedure Diagnoses**

1. Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]
2. Patellofemoral arthritis of right knee [M17.11]
3. Right knee pain, unspecified chronicity [M25.561]

**Subjective**

**Patient:**<sup>[RB.1]</sup> Teresa L Slocum<sup>[RB.2]</sup> is a<sup>[RB.1]</sup> 61 y.o. female<sup>[RB.2]</sup> who is presenting with 7.5 month follow up for her right knee pain. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete, causing her to twist her knee. She notes a medial and lateral sided pain that worsens with weight bearing activity. She denies limited ROM, but does report weakness. She denies any locking or catching of the knee. She denies numbness or tingling radiating down her arm.

**She is here today for her first of a series of 3 of the VISCO Euflexxa Injection.**

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.<sup>[RB.1]</sup>

1. Right knee pain, unspecified chronicity
2. Patellofemoral arthritis of right knee
3. Acute medial meniscus tear of right knee, subsequent encounter<sup>[RB.2]</sup>

**Large Joint Arthrocentesis: R knee<sup>[RB.3]</sup>**

Date/Time:<sup>[RB.1]</sup> 10/18/2024 8:27 AM<sup>[BA.1]</sup>

Performed by:<sup>[RB.1]</sup> Bell, Riley A, PA<sup>[BA.1]</sup>

Authorized by:<sup>[RB.1]</sup> Bell, Riley A, PA<sup>[BA.1]</sup>

CPT 20610 - Large Joint Arthrocentesis:

Consent Given by:<sup>[RB.1]</sup> Patient<sup>[RB.3]</sup>

Timeout:<sup>[RB.1]</sup> prior to procedure the correct patient, procedure, and site was verified<sup>[RB.3]</sup>

Supporting Documentation:

Generated on 11/8/24 9:12 AM



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Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/18/2024

---

**Progress Notes by Bell, Riley A, PA at 10/18/2024 8:15 AM (continued)**

---

Indications:[RB.1] **Pain**[RB.3]  
Procedure Details:  
Location:[RB.1] **Knee**[RB.3]  
Site:[RB.1] **R knee**[RB.3]  
Patient Position:[RB.1] **Sitting**[RB.3]  
Ultrasound Guidance?:[RB.1] **No**[RB.3]  
Fluoroscopy?:[RB.1] **No**[RB.3]  
Needle Size:[RB.1] **22 G**[RB.3]  
Approach:[RB.1] **Anterolateral**[RB.3]  
Knee Only Medications:[RB.1] **20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw 2.4 -3.6 million)**[BA.1]  
Patient tolerance:[RB.1] **Patient tolerated the procedure well with no immediate complications**[RB.3]

Post injection instructions were described to the patient looking out for signs of infection, increased pain, and other worrisome signs/symptoms. They were advised to call the office or seek medical attention if any of these are present.

Follow up in one week for the second injection of 3.[RB.1]

Riley Bell, PA[RB.2]

Electronically Signed by Bell, Riley A, PA on 10/18/2024 9:02 AM

**Attribution Key**

BA.1 - Aasved, Breanna on 10/18/2024 8:27 AM  
RB.1 - Bell, Riley A, PA on 10/18/2024 7:52 AM  
RB.2 - Bell, Riley A, PA on 10/18/2024 7:55 AM  
RB.3 - Bell, Riley A, PA on 10/18/2024 9:02 AM

---

**Progress Notes by Bell, Riley A, PA at 10/25/2024 10:45 AM**

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Author: Bell, Riley A, PA	Service: —	Author Type: Physician Assistant
Filed: 10/25/2024 11:14 AM	Encounter Date: 10/25/2024	Status: Signed
Editor: Rhode, Tiffany K, MA (Medical Assistant)		

**Procedure Orders**

1. Viscosupplementation injection Euflexxa #2: R knee [197156482] ordered by Bell, Riley A, PA

**Post-procedure Diagnoses**

1. Patellofemoral arthritis of right knee [M17.11]

**Subjective**

**Patient:** Teresa L Slocum is a 61 y.o. female who is presenting with 8 month follow up for her right knee pain. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete, causing her to twist her knee. She notes a medial and lateral sided pain that worsens with weight bearing activity. She denies limited ROM, but does report weakness. She denies any locking or catching of the knee. She denies numbness or tingling radiating down her arm.



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Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/25/2024

---

**Progress Notes by Bell, Riley A, PA at 10/25/2024 10:45 AM (continued)**

---

**She is here today for her 2nd of a series of 3 of the VISCO Euflexxa injection.**

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.<sup>[RB.1]</sup>

1. **Patellofemoral arthritis of right knee**
2. Right knee pain, unspecified chronicity
3. Acute medial meniscus tear of right knee, subsequent encounter<sup>[RB.2]</sup>

**Viscosupplementation injection Euflexxa #2: R knee**

Date/Time: 10/25/2024 10:48 AM

Performed by: **Bell, Riley A, PA**

Authorized by: **Bell, Riley A, PA**

CPT 20610 - Large Joint Arthrocentesis:

Consent Given by: **Patient**

Timeout: **prior to procedure the correct patient, procedure, and site was verified**

Supporting Documentation:

Indications: **Pain and joint swelling**

Procedure Details:

Location: **Knee**

Site: **R knee**

Patient Position: **Sitting**

Ultrasound Guidance?: **No**

Needle Size: **22 G**

Approach: **Anterolateral**

Knee Only Medications: **20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw 2.4 -3.6 million)**

Patient tolerance: **Patient tolerated the procedure well with no immediate complications**

Post injection instructions were described to the patient looking out for signs of infection, increased pain, and other worrisome signs/symptoms. They were advised to call the office or seek medical attention if any of these are present.<sup>[RB.1]</sup>

Follow up in one week for the<sup>[TR.1]</sup> 3rd and final<sup>[RB.1]</sup> injection of 3.<sup>[TR.1]</sup>

Riley Bell, PA<sup>[RB.1]</sup>

Electronically Signed by Rhode, Tiffany K, MA on 10/25/2024 11:14 AM

**Attribution Key**

---

RB.1 - Bell, Riley A, PA on 10/25/2024 8:20 AM

RB.2 - Bell, Riley A, PA on 10/25/2024 8:21 AM

TR.1 - Rhode, Tiffany K, MA on 10/25/2024 10:48 AM



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Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/25/2024

---

**Progress Notes by Bell, Riley A, PA at 11/1/2024 8:15 AM**

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Author: Bell, Riley A, PA

Service: —

Author Type: Physician Assistant

Filed: 11/1/2024 8:38 AM

Encounter Date: 11/1/2024

Status: Signed

Editor: Bell, Riley A, PA (Physician Assistant)

**Procedure Orders**

1. Large Joint Arthrocentesis: R knee [197156484] ordered by Bell, Riley A, PA

**Post-procedure Diagnoses**

1. Patellofemoral arthritis of right knee [M17.11]
2. Right knee pain, unspecified chronicity [M25.561]
3. Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]

**Subjective**

**Patient:** Teresa L Slocum is a 61 y.o. female who is presenting with 8 month follow up for her right knee pain. On 3/8/2024 she was walking in a parking lot when she slipped and had a ground level fall onto concrete, causing her to twist her knee. She notes a medial and lateral sided pain that worsens with weight bearing activity. She denies limited ROM, but does report weakness. She denies any locking or catching of the knee.

**She is here today for her 3rd of a series of 3 of the VISCO Euflexxa injection.**

Of note, she is right hand dominant. She works as a supervisor for a phlebotomy clinic. She has past medical history significant for type II diabetes. She is a non-smoker.<sup>[RB.1]</sup>

1. Patellofemoral arthritis of right knee
2. Right knee pain, unspecified chronicity
3. Acute medial meniscus tear of right knee, subsequent encounter

**Large Joint Arthrocentesis: R knee**<sup>[RB.2]</sup>

Date/Time:<sup>[RB.1]</sup> 11/1/2024 8:17 AM<sup>[CB.1]</sup>

Performed by:<sup>[RB.1]</sup> Bell, Riley A, PA<sup>[CB.1]</sup>

Authorized by:<sup>[RB.1]</sup> Bell, Riley A, PA<sup>[CB.1]</sup>

CPT 20610 - Large Joint Arthrocentesis:

Consent Given by:<sup>[RB.1]</sup> Patient<sup>[RB.2]</sup>

Supporting Documentation:

Indications:<sup>[RB.1]</sup> Pain<sup>[RB.2]</sup>

Procedure Details:

Location:<sup>[RB.1]</sup> Knee<sup>[RB.2]</sup>

Site:<sup>[RB.1]</sup> R knee<sup>[RB.2]</sup>

Patient Position:<sup>[RB.1]</sup> Sitting<sup>[RB.2]</sup>

Ultrasound Guidance?:<sup>[RB.1]</sup> No<sup>[RB.2]</sup>

Fluoroscopy?:<sup>[RB.1]</sup> No<sup>[RB.2]</sup>

Needle Size:<sup>[RB.1]</sup> 22 G<sup>[RB.2]</sup>

Knee Only Medications:<sup>[RB.1]</sup> 20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw 2.4 -3.6 million)<sup>[CB.1]</sup>

Patient tolerance:<sup>[RB.1]</sup> Patient tolerated the procedure well with no immediate complications<sup>[RB.2]</sup>

Post injection instructions were described to the patient looking out for signs of infection, increased pain, and





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Clare MI 48617-1466  
Notes

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 11/1/2024

**Progress Notes by Bell, Riley A, PA at 11/1/2024 8:15 AM (continued)**

other worrisome signs/symptoms. They were advised to call the office or seek medical attention if any of these are present.<sup>[RB.1]</sup>

She will follow back up in 4 weeks to evaluate the efficacy of the injection.

Riley Bell, PA<sup>[RB.2]</sup>

Electronically Signed by Bell, Riley A, PA on 11/1/2024 8:38 AM

**Attribution Key**

CB.1 - Burt, Chad on 11/1/2024 8:16 AM  
RB.1 - Bell, Riley A, PA on 10/31/2024 12:54 PM  
RB.2 - Bell, Riley A, PA on 11/1/2024 8:36 AM

**X-ray shoulder 2+ view right [188067599]**

Electronically signed by: **Geno, Alisha A** on 04/12/24 1123

Status: **Completed**

Ordering user: **Geno, Alisha A** 04/12/24 1123

Ordering provider: **Bell, Riley A, PA**

Authorized by: **Bell, Riley A, PA**

Ordering mode: **Written Order: cosign required**

Cosigning events

Electronically cosigned by **Bell, Riley A, PA** 04/15/24 0820 for Ordering

Frequency: **Once 04/19/24 0931 - 1 occurrence**

Diagnoses

**Right shoulder pain, unspecified chronicity [M25.511]**

**Questionnaire**

Question	Answer
Is the patient pregnant at the time of this order?	Unknown
Date for auto-scheduling	4/19/2024
Time for auto-scheduling	10:15 AM

Resulted: 04/24/24 1207, Result status: Final result

**X-ray shoulder 2+ view right [188067600]**

Ordering provider: **Bell, Riley A, PA** 04/19/24 0931

Order status: **Completed**

Resulted by: **Bell, Riley A, PA**

Filed by: **Bell, Riley A, PA** 04/24/24 1208

Performed: **04/19/24 0931 - 04/19/24 0941**

Accession number: **20240201755**

Resulting lab: **IMAGING**

Narrative:

2+ views AP/y of the right shoulder demonstrates interval healing for a proximal humerus fracture involving the greater tuberosity and surgical neck. There is continued ~2mm displacement laterally of the greater tuberosity. The surgical neck fracture is impacted and nondisplaced. There is mild callus formation noted with bony bridging. No other acute fractures or dislocations.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1411 - Present



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Clare MI 48617-1466  
Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003144085  
Adm: 4/19/2024, D/C: 4/19/2024

#### Signed

Electronically signed by Bell, Riley A, PA on 4/24/24 at 1208 EDT

#### X-ray shoulder 2+ view right [188067620]

Electronically signed by: **Geno, Alisha A on 05/10/24 0915** Status: **Completed**  
Ordering user: Geno, Alisha A 05/10/24 0915 Ordering provider: Bell, Riley A, PA  
Authorized by: Bell, Riley A, PA Ordering mode: Written Order: cosign required  
Cosigning events  
Electronically cosigned by Bell, Riley A, PA 05/13/24 0800 for Ordering  
Frequency: Once 05/17/24 0902 - 1 occurrence  
Diagnoses  
Right shoulder pain, unspecified chronicity [M25.511]

#### Questionnaire

Question	Answer
Is the patient pregnant at the time of this order?	Unknown
Date for auto-scheduling	5/17/2024
Time for auto-scheduling	10:00 AM

Resulted: 05/29/24 1459, Result status: Final result

#### X-ray shoulder 2+ view right [188067621]

Ordering provider: Bell, Riley A, PA 05/17/24 0902 Order status: Completed  
Resulted by: Bell, Riley A, PA Filed by: Bell, Riley A, PA 05/29/24 1500  
Performed: 05/17/24 0902 - 05/17/24 0908 Accession number: 20240258900  
Resulting lab: IMAGING

#### Narrative:

2+ views AP/y of the right shoulder demonstrates interval healing for a proximal humerus fracture involving the greater tuberosity and surgical neck. There is continued ~2mm displacement laterally of the greater tuberosity. The surgical neck fracture is impacted and nondisplaced. There is moderate and increased callus formation noted with bony bridging. No other acute fractures or dislocations.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1411 - Present

#### Signed

Electronically signed by Bell, Riley A, PA on 5/29/24 at 1500 EDT

#### X-ray shoulder 2+ view right [197156449]

Electronically signed by: **Geno, Alisha A on 06/18/24 1627** Status: **Completed**  
Ordering user: Geno, Alisha A 06/18/24 1627 Ordering provider: Bell, Riley A, PA  
Authorized by: Bell, Riley A, PA Ordering mode: Written Order: cosign required  
Cosigning events  
Electronically cosigned by Bell, Riley A, PA 06/19/24 0947 for Ordering  
Frequency: Once 06/24/24 1457 - 1 occurrence  
Diagnoses

**X-ray shoulder 2+ view right [197156449] (continued)**

Right shoulder pain, unspecified chronicity [M25.511]

**Questionnaire**

Question	Answer
Is the patient pregnant at the time of this order?	Unknown
Date for auto-scheduling	6/24/2024
Time for auto-scheduling	3:30 PM

Resulted: 06/26/24 0727, Result status: Final  
result**X-ray shoulder 2+ view right [197156450]**

Ordering provider: Bell, Riley A, PA 06/24/24 1457

Order status: Completed

Resulted by: Bell, Riley A, PA

Filed by: Bell, Riley A, PA 06/26/24 0728

Performed: 06/24/24 1457 - 06/24/24 1503

Accession number: 20240335109

Resulting lab: IMAGING

**Narrative:**

2+ views AP/y of the right shoulder demonstrates a healed proximal humerus fracture of the greater tuberosity and surgical neck. There is increased callus at the greater tuberosity. Similar alignment to prior imaging. No other acute fractures or dislocations.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1411 - Present

**Signed**

Electronically signed by Bell, Riley A, PA on 6/26/24 at 0728 EDT

**MRI shoulder right without contrast [197156471]**

Electronically signed by: Bell, Riley A, PA on 09/13/24 1005

Status: Completed

Ordering user: Bell, Riley A, PA 09/13/24 1005

Ordering provider: Bell, Riley A, PA

Authorized by: Bell, Riley A, PA

Ordering mode: Standard

Frequency: Once 09/14/24 1359 - 1 occurrence

Indications of use: Shoulder pain, rotator cuff disorder  
suspected, xray done

Indications comment: Greater tuberosity fx, assess rotator cuff tendons

**Diagnoses**

Right shoulder pain, unspecified chronicity [M25.511]

Closed fracture of proximal end of right humerus with routine healing, unspecified fracture morphology, subsequent encounter [S42.201D]

**Questionnaire**

Question	Answer
What is the patient's sedation requirement?	No Sedation
Current weight?	136
Does the patient have a Magnetically-Activated Implant or Device (stents, pacemaker, etc.)?	No
Has the patient ever sought medical treatment to have metal removed from the eyes by a physician or hospital?	No
Any surgery ever performed on body part being scanned?	No

**Scheduling instructions**



MRI: MyMichigan Medical  
Center Clare  
703 N. McEwan Street  
Clare MI 48617-1440  
Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003493833  
Adm: 9/14/2024, D/C: 9/14/2024

**MRI shoulder right without contrast [197156471] (continued)**

Please arrive 20 minutes prior to appointment to allow for Registration, bring ID, Insurance Card and Order (If Non-Epic Provider)

If you have any implants or metal objects, please contact your physician to make sure it is okay to proceed.

**MRI shoulder right without contrast [197156472]**

Resulted: 09/14/24 1937, Result status: Final  
result

Ordering provider: Bell, Riley A, PA 09/14/24 1359

Order status: Completed

Resulted by: Vossler, Stephen R, MD

Filed by: Interface, Radiology Results In 09/14/24 1938

Performed: 09/14/24 1420 - 09/14/24 1530

Accession number: 20240503146

Resulting lab: CONVERSION RADIOLOGY SYSTEM

Narrative:

EXAMINATION: MRI Upper Extremity Joint without Contrast Right Shoulder

EXAM DATE: 9/14/2024 2:20 PM

TECHNIQUE: Multiplanar, multisequence MR images of the right shoulder were obtained without administration of intravenous contrast.

INDICATION: Shoulder pain, rotator cuff disorder suspected, xray done. Greater tuberosity fracture, assess rotator cuff tendons. Pain in right shoulder. Unspecified fracture of upper end of right humerus, subsequent encounter for fracture with routine healing.

COMPARISON: Right shoulder radiographs 6/24/2024.

**FINDINGS:**

Rotator cuff: The subscapularis tendon is intact. Tendinosis of the distal fibers of the supraspinatus and infraspinatus tendons. The teres minor tendon is intact. No rotator cuff muscle edema or atrophy.

Biceps tendon: Intact. No subluxation or dislocation.

Coracoacromial arch: No os acromiale. Acromion morphology is type II (Curved). There is mild acromioclavicular joint osteoarthritis.

Glenohumeral joint: Physiologic joint fluid.

Labrum: The labrum is suboptimally evaluated due to the degree of joint distention. No detached labral tear given this limitation.

Bones: Healed fracture of the proximal humerus involving the surgical neck and the greater tuberosity.

Additional findings: Trace fluid in the subacromial-subdeltoid bursa.

**Impression:**

1. Healed fracture of the proximal humerus involving the surgical neck and the greater tuberosity.
2. Tendinosis of the distal fibers of the supraspinatus and infraspinatus tendons. No rotator cuff tear.





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MRI: MyMichigan Medical  
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Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Acct #: 3003493833  
Adm: 9/14/2024, D/C: 9/14/2024

3. Mild acromioclavicular osteoarthritis.

Electronically signed by: Stephen Vossler, MD on 9/14/2024 7:37 PM.  
Acknowledged by: Bell, Riley A, PA on 09/20/24 0955

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
24 - CX RAD	CONVERSION RADIOLOGY SYSTEM	Unknown	Unknown	03/24/17 1741 - Present

**Signed**

Electronically signed by Vossler, Stephen R, MD on 9/14/24 at 1937 EDT

**Large Joint Arthrocentesis: R knee [197156479]**

Electronically signed by: Aasved, Breanna on 10/18/24 0827 Status: Completed  
Ordering user: Aasved, Breanna 10/18/24 0827 Ordering provider: Bell, Riley A, PA  
Authorized by: Bell, Riley A, PA Ordering mode: Standard  
Frequency: 10/18/24 -  
Diagnoses  
Right knee pain, unspecified chronicity [M25.561]  
Patellofemoral arthritis of right knee [M17.11]  
Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]  
Order comments: This order was created via procedure documentation

Resulted: 10/18/24 0827, Result status: Final  
result

**Large Joint Arthrocentesis: R knee [197156479]**

Ordering provider: Bell, Riley A, PA 10/18/24 0827 Order status: Completed  
Filed by: Bell, Riley A, PA 10/18/24 0902 Resulting lab: EXTERNAL NON-INTERFACED LAB  
Narrative:  
Bell, Riley A, PA 10/18/2024 9:02 AM  
Large Joint Arthrocentesis: R knee

Date/Time: 10/18/2024 8:27 AM

Performed by: Bell, Riley A, PA  
Authorized by: Bell, Riley A, PA  
CPT 20610 - Large Joint Arthrocentesis:  
Consent Given by: Patient  
Timeout: prior to procedure the correct patient, procedure, and site was  
verified  
Supporting Documentation:  
Indications: Pain  
Procedure Details:  
Location: Knee  
Site: R knee  
Patient Position: Sitting  
Ultrasound Guidance?: No  
Fluoroscopy?: No  
Needle Size: 22 G  
Approach: Anterolateral  
Knee Only Medications: 20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw)



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Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/18/2024

2.4 -3.6 million)

Patient tolerance: Patient tolerated the procedure well with no immediate complications

Post-procedure diagnoses:

Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]

Patellofemoral arthritis of right knee [M17.11]

Right knee pain, unspecified chronicity [M25.561]

Procedures Performed	Chargeables
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US [20610]	

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000002 - Ext Non	EXTERNAL NON- INTERFACED LAB	Lab Director	Unknown	06/07/17 1345 - Present

#### Viscosupplementation Injection Euflexxa #2: R knee [197156482]

Electronically signed by: Rhode, Tiffany K, MA on 10/25/24 1048

Status: Completed

Ordering user: Rhode, Tiffany K, MA 10/25/24 1048

Ordering provider: Bell, Riley A, PA

Authorized by: Bell, Riley A, PA

Ordering mode: Standard

Frequency: 10/25/24 -

Diagnoses

Patellofemoral arthritis of right knee [M17.11]

Order comments: This order was created via procedure documentation

Resulted: 10/25/24 1048, Result status: Final  
result

#### Viscosupplementation injection Euflexxa #2: R knee [197156482]

Ordering provider: Bell, Riley A, PA 10/25/24 1048

Order status: Completed

Filed by: Rhode, Tiffany K, MA 10/25/24 1114

Resulting lab: EXTERNAL NON-INTERFACED LAB

Narrative:

Rhode, Tiffany K, MA 10/25/2024 11:14 AM

Viscosupplementation injection Euflexxa #2: R knee

Date/Time: 10/25/2024 10:48 AM

Performed by: Bell, Riley A, PA

Authorized by: Bell, Riley A, PA

CPT 20610 - Large Joint Arthrocentesis:

Consent Given by: Patient

Timeout: prior to procedure the correct patient, procedure, and site was verified

Supporting Documentation:

Indications: Pain and joint swelling

Procedure Details:

Location: Knee

Site: R knee

Patient Position: Sitting

Ultrasound Guidance?: No

Needle Size: 22 G

Approach: Anterolateral

Knee Only Medications: 20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw)



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Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 10/25/2024

2.4 -3.6 million)

Patient tolerance: Patient tolerated the procedure well with no immediate complications

Post-procedure diagnoses:

Patellofemoral arthritis of right knee [M17.11]

Procedures Performed	Chargeables
PR ARTHROCENTESIS ASPIR&INJ MAJOR JT/BURSA W/O US [20610]	

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000002 - Ext Non	EXTERNAL NON- INTERFACED LAB	Lab Director	Unknown	06/07/17 1345 - Present

**Large Joint Arthrocentesis: R knee [197156484]**

Electronically signed by: Burt, Chad on 11/01/24 0817

Ordering user: Burt, Chad 11/01/24 0817

Authorized by: Bell, Riley A, PA

Frequency: 11/01/24 -

Diagnoses

Patellofemoral arthritis of right knee [M17.11]

Right knee pain, unspecified chronicity [M25.561]

Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]

Order comments: This order was created via procedure documentation

Ordering provider: Bell, Riley A, PA

Ordering mode: Standard

Status: Completed

Resulted: 11/01/24 0817, Result status: Final  
result

**Large Joint Arthrocentesis: R knee [197156484]**

Ordering provider: Bell, Riley A, PA 11/01/24 0817

Filed by: Bell, Riley A, PA 11/01/24 0838

Narrative:

Bell, Riley A, PA 11/1/2024 8:38 AM

Large Joint Arthrocentesis: R knee

Order status: Completed

Resulting lab: EXTERNAL NON-INTERFACED LAB

Date/Time: 11/1/2024 8:17 AM

Performed by: Bell, Riley A, PA

Authorized by: Bell, Riley A, PA

CPT 20610 - Large Joint Arthrocentesis:

Consent Given by: Patient

Supporting Documentation:

Indications: Pain

Procedure Details:

Location: Knee

Site: R knee

Patient Position: Sitting

Ultrasound Guidance?: No

Fluoroscopy?: No

Needle Size: 22 G

Knee Only Medications: 20 mg sodium hyaluronate (viscosup) 10 mg/mL(mw

2.4 -3.6 million)

Patient tolerance: Patient tolerated the procedure well with no



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Orders/Results

Slocum, Teresa L  
MRN: 1000134674, DOB: 8/28/1963, Legal Sex: F  
Visit date: 11/1/2024

Immediate complications  
Post-procedure diagnoses:  
Acute medial meniscus tear of right knee, subsequent encounter [S83.241D]  
Patellofemoral arthritis of right knee [M17.11]  
Right knee pain, unspecified chronicity [M25.561]

Procedures Performed	Chargeables
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US [20610]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000002 - Ext Non	EXTERNAL NON- INTERFACED LAB	Lab Director	Unknown	06/07/17 1345 - Present

END OF REPORT