

S: Pt is a multi-event track and field male athlete. Pt comes into the Athletic Training room c/o p! in both arms over the biceps. Pt said p! began 2 days ago, and has become progressively worse. Pt described p! as being achy, constant, and getting worse as practice continued. Pt pointed near origin of biceps tendon when asked to pinpoint p!. P! improves later after practice, but still bothers the patient. Pt says he just began throwing javelin over the past 3 days. Pt history includes grade 1 strain of the rotator cuff muscles in the R shoulder a year ago. Pt has not done any tx to date for this injury, and is taking no medications for the injury. Pt has no other complaints.

O: Pt has no obvious deformity or swelling in the arms or shoulders. No bruising, scars, or other abnormal findings are present upon observation.

Pt is point tender over the proximal biceps tendon and in the bicipital groove.

AROM: Shoulder flex: bilateral p! no weakness

Shoulder abd: no p! or weakness

Shoulder ext: bilateral p! no weakness

Shoulder horiz add: bilateral p! no weakness

Elbow flex: no p! or weakness

Elbow ext: no p! or weakness

PROM: Shoulder flex: no p! or weakness

Shoulder abd: no p! or weakness

Shoulder ext: no p! or weakness

RROM: Shoulder flex: 5/5 w/ p! bilateral

Shoulder abd: 5/5 w/ no p! bilateral

Shoulder ext: 5/5 no p! bilateral

Shoulder horiz add: 5/5 w/ p! bilateral

Elbow flex: 5/5 no p! bilateral

A: Pt has possible bilateral biceps tendonitis.

Problem List: P! and discomfort in multiple directions of movement.

STG: Decrease p! and increase flexibility

LTG: manage symptoms and keep Pt participating

P: Pt will stretch shoulders and ice and pre-mod stimulation for 15 mins at 180 pps will be used to decrease p! Pt will continue to stretch and ice over the weekend, and will begin therapeutic exercise next week. A follow up evaluation will be done on Monday.

Date: 3/20/14

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