



## Maple Scribe SOAP Note – DEMO

### SUBJECTIVE:

#### Chief Complaint(s):

- Left shoulder pain started about 2 weeks ago  
Relevant HPI: Pain started at the gym, no injury or fall reported; pain is stagnant, worse when raising arm above shoulder level, sharp when moving arm in certain directions.
- Cold symptoms starting 2-3 days ago  
Relevant HPI: Congestion, plugged up nose and ears, fatigue, body aches (limited to left shoulder), no cough or fever.

#### Pertinent history:

Patient has been experiencing shoulder pain for about 2 weeks, with no significant injury or all; normal weight lifting activities may be contributing. Cold symptoms started 2-3 days ago, with congestion and plugged up nose and ears being the primary concerns.

### OBJECTIVE:

Vitals: Not mentioned

#### Physical exam findings:

- Ears: Bilateral otitis media with effusion (normal examination)
- Throat: No signs of infection or inflammation
- Neck: no pain or enlargement noted
- Lungs: Clear on both sides
- Shoulder: Positive empty can sign, positive Hawkins sign; range of motion is limited due to pain at 90 degrees of abduction

### ASSESSMENT:

1. Primary diagnosis: Viral upper respiratory tract infection (cold)
2. Secondary diagnosis: Tendinitis of the rotator cuff in the left shoulder
3. Additional diagnosis for each complaint addressed:
  - For cold symptoms: No additional diagnosis noted, as treatment is symptom management and prevention of complications.
  - For tendinitis of the rotator cuff muscles: This diagnosis is supported by the positive empty can sign and Hawkins sign.

### PLAN:

#### For viral upper respiratory tract infection (cold)

- Soft water gargles for symptom relief
- Steam inhalation for sinus congestion
- Steroid-based nasal spray as needed for symptom relief

#### For tendinitis of the rotator cuff muscles in the left shoulder:

- Physiotherapy: Recommended as primary treatment to address underlying condition and promote recovery
- Anti-inflammatory medication (Advil): May be prescribed for short-term use to manage pain during acute exacerbations, but not as a long-term solution.