

PATIENT

Kemberli Anderson

DOB 10/19/1965
AGE 54 yrs
SEX Female
PRN 17987
FACILITY
emily iker Practice
T (310) 829-7472
F (310) 829-2286
2021 Santa Monica Blvd.
Santa Monica, CA 90404

ENCOUNTER
NOTE TYPE SOAP Note
SEEN BY emily iker MD
DATE 07/27/2020
AGE AT DOS 54 yrs
Electronically signed by emily iker MD at
07/28/2020 05:40 pm

Chief complaint

54 yr old female complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
Codeine	Mild	-
Penicillins	Mild	-
Sulfa Drugs	Mild	-
Food Allergies		
Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active
No environmental allergies recorded

ONSET	SEVERITY/REACTIONS
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Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			

Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable	-	-	-
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	
No active goals recorded	
Inactive Goals	
DESCRIPTION	
No inactive goals recorded	
EFFECTIVE DATE	

Subjective

Constitutional: unable to lose weight from lower body, resisting to dietary changes and exercises

EYE: No blurring, no double vision

Ear /nose/ mouth /throat: no nasal congestion, no sore throat

Respiratory: no cough, no wheezing, no shortness of breath

GI: gas, bloating, after certain foods, constipation/diarrhea

GU: No dysuria, no hematuria

Musculoskeletal:

lower body not matching upper body, lower body much larger in proportion to her upper body, symmetrical enlargement lower

legs,

Pain to touch

Difficulty with ambulation/standing for more than several minutes
 Progression of swelling lower extremities, more in PM hours and after increased activity
 Hematological: no anemia, easy bruising
 Skin: no rash, no pruritus,
 Endo: no dysuria, no polyuria
 Neurologic: Alert, oriented x4, fatigue, foggy brain
 Psychologically: no personality changes, no abnormal sleep
 ROS: All systems Are otherwise negative

Constitutional: 35-year-old HR Director,
 unable to lose weight from lower body, resisting to dietary changes and exercises
 EYE: No blurring, no double vision
 Ear/nose/ mouth /throat:: no nasal congestion, no sore throat
 Respiratory: no cough, no wheezing, no shortness of breath
 GI: IBS, gas, bloating after meals, Chronic constipation
 GU: No dysuria, no hematuria
 Musculoskeletal:
 lower body not matching upper body, lower body much larger in proportion to her upper body, symmetrical enlargement lower
 legs, recent progression of enlargement of upper arms
 Pain to touch
 Difficulty with ambulation/standing for prolonged period of time, progression of swelling in the lower body after flights and
 increased humidity,
 hypermobility of joints
 Hematological: no anemia, easy bruising
 Skin: no rash, no pruritus, easy bruising
 Endo: no dysuria, no polyuria
 Neurologic: Alert, oriented x4, fatigue, foggy brain
 Psychologically: no personality changes, no abnormal sleep
 ROS: All systems Are otherwise negative . .

Objective

Constitutional: gynoid type, symmetrical enlargement of proximal arms, on proportional to torso,
 gross enlargement waist down with symmetrical distribution of lower extremities, feet spared
 Eyes: conjunctivae normal, eyelids normal, PERRLA, anicteric
 Ears, nose, throat: external ears and nose normal, hearing grossly normal,
 Respiratory: breathing comfortably, lungs clear to auscultation and percussion.
 Cardiovascular: normal heart sounds, no peripheral edema, heart rhythm regular.
 Neck: Supple, normal thyroid, normal range of motion, no cervical lymph-adenopathy, normal fat
 Lower back: moderate lordosis, small pad of fat above the gluteal cleft with nodules in the fat
 Hands: Stemmer sign negative, no fat between MCP
 proximal arms with increased volume, soft tissue consistency, nodularity to palpation and subcutaneous tissue
 Abdomen: Increased fat below the umbilicus and above umbilicus with nodules
 Buttock: grossly enlarged and with scattered nodules in the fat
 Thighs: lateral hips with significant volume increase, Thicker fat with dimpling's/nodularity in subcutaneous tissue lateral thighs,
 medial and posterior
 Medial Knee: Increased nodular fat, tender bilaterally
 Anterior lower leg: Medial aspect with increased nodular fat, tender bilaterally
 Posterior lower leg: Increased volume of nodular fat bilaterally
 Ankle around malleoli, Achilles tendon obliterated
 Foot: not enlarged,
 Stemmer sign negative
 Pain to touch/lower extremities
 history of venous insufficiency with ablation

Hypermobility of joints, hands, knees

poor sleeping health

family history mother with lipedema

Functional Assessment study: (LEFS) 48/80

Heavy tissue areas: lateral hips, thighs, medial knees, ankles, easy bruising,

foggy brain,

Fatigue.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPEDEMA

1. lipedema legs and arms

2. Swelling

3. Difficulty Walking

4. Pain

5. exercise intolerance

6. Vascular disease

Lipedema is a congenital and symmetrical fatty enlargement of lower body involving buttock, hips and lower extremities. The feet are spared. In more advanced lipedema, upper extremities are involved as well. The onset of lipedema is detected in puberty with progression of symptoms during pregnancy and later after menopause. About 1% of female population suffers with Lipedema as shown in E. Foldi and M. Foldi in their studies. Lipedema was described by Allen and Hines in 1940, etiology is unknown. Diagnostic criteria for Lipedema described by Wold at al in 1951 include:

1. Occurrence almost exclusive in women
2. Bilateral, symmetrical distribution of leg enlargement with sparing of feet
3. Minimal pitting edema, Stemmer neg.
4. Pain, tenderness, pressure in legs
5. Easy bruising, increased vascular fragility
6. Persistent enlargement of lower extremities not affected with leg elevation
7. Arms involvement in 30% of lipedema population
8. Increased swelling with orthostasis and heat
9. Unaffected by caloric restriction
10. Hypothermia of skin

Lipedema Staging:

- Stage 1, Enlargement of lower body with smooth skin
- Stage 2, Nodular subcutaneous tissue, fatty deposits in legs
- Stage 3. Bulky extension of skin and fat cause deformations in the thighs and knees
- Stage 4. Severe Lipedema with progression to Lipo-Lymphedema

The Types of Lipedema:

- Type I: In the area of buttock/hips
- Type II: Buttock to knees, folds of fat medial knees
- Type III: Buttocks and arms
- Type IV: Arms
- Type V: Legs

In Lipedema, there are increased macropahes in tissue, a microangiopathy -leading to increased bruising and causing pain. Lipedema is a congenital and symmetrical fatty enlargement of lower body involving buttock, hips and lower extremities. The feet are spared. In more advanced lipedema, upper extremities are involved as well. With a long standing untreated Lipededema leaking lymph vessels contribute to the swelling of the feet-developing Lipo-Lymphedema.

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
2. Exercise Program/Therapeutic exercises/ Swimming
3. MLD
4. Presso therapy/ IPC/ Bandaging/ Strapping
5. Selenium: decreases edema and tissue 600 microgram daily
6. Vasculera (diplomplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.

Therapeutic Exercise

IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

ultrasound study on upper extremities and lower extremities was carried on. Increased subcutaneous space with interrupted subcutaneous fascia was visualized in all areas tested compatible with lipedema stage I-II

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 2-5cm

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function

Understands treatment/home program

Other/ functional goals

Long Term Goals:

Decrease/stabilize girth

Independent self bandaging

Independent Home exercise program

Fit permanent compression garment

Independent don/off garment

Independent edema management.

. Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 5%

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

- Decrease/stabilize girth
- Independent self bandaging
- Independent Home exercise program
- Fit permanent compression garment
- Independent don/off garment
- Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Medications attached to this encounter:

Aspirin 81 MG Oral Tablet Chewable

Care plan

return for follow-up and treatment as scheduled

PATIENT

Kemberli Anderson

DOB 10/19/1965

AGE 54 yrs

SEX Female

PRN 17987

Santa Monica, CA 90404

620E

2021 Santa Monica Blvd.

F (310) 829-2286

T (310) 829-7472

emily iker Practice

FACILITY

ENCOUNTER

NOTE TYPE

SOAP Note

SEEN BY

emily iker MD

DATE

07/30/2020

AGE AT DOS

54 yrs

Electronically signed by emily iker MD at
07/30/2020 01:30 pm

Chief complaint

54 yr old female complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
Codeine	Mild	-
Penicillins	Mild	-
Sulfa Drugs	Mild	-
Food Allergies	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective

54 yr old female complains of bilateral lower extremities pain, swelling and heaviness.
Constitutional: unable to lose weight from lower body, resisting to dietary changes and exercises.
Musculoskeletal: lower body not matching upper body, lower body much larger in proportion to her upper body, symmetrical enlargement lower legs.
Pain to touch.
Difficulty with ambulation/standing for more than several minutes.
Progression of swelling lower extremities, more in PM hours and after increased activity.
Endo: no dysuria, no polyuria.
Psychologically: no personality changes, no abnormal sleep.
ROS: All systems Are otherwise negative.
unable to lose weight from lower body, resisting to dietary changes and exercises.

Objective

54 yr old female complains of bilateral lower extremities pain, swelling and heaviness.
Constitutional: gynoid type, symmetrical enlargement of proximal arms, on proportional to torso.,
gross enlargement waist down with symmetrical distribution of lower extremities, feet spared.
Respiratory: breathing comfortably, lungs clear to auscultation and percussion.
Abdomen: increased fat below the umbilicus and above umbilicus with nodules.
Buttock: grossly enlarged and with scattered nodules in the fat.
Thighs: lateral hips with significant volume increase, Thicker fat with dimpling's/nodularity in subcutaneous tissue lateral thighs,
medial and posterior.
Medial Knee: increased nodular fat, tender bilaterally.
Anterior lower leg: Medial aspect with increased nodular fat, tender bilaterally.
Posterior lower leg: increased volume of nodular fat bilaterally.
Ankle around malleoli, Achilles tendon obliterated.
Foot: not enlarged.
Stemmer sign negative.
pain to touch/lower extremities.
Heavy tissue areas: lateral hips, thighs, medial knees, ankles, easy bruising.

Performed today:
Manual Lymph Drainage massage, Presso Therapy using compression pump and DM
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial
tissue congestion.
Informed patient about self MLD and elevation of limb(s) when possible.
Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.
Recommended swimming as a beneficial form of exercise.
MLD/ IPC total treatment time: 60 minutes

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA
1. lipedema legs and arms
2. Swelling
3. Difficulty Walking
4. Pain
5. exercise intolerance
6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
2. Exercise Program/Therapeutic exercises/ Swimming
3. MLD
4. Presso therapy/ IPC/ Bandaging/ Strapping
5. Selenium: decreases edema and tissue 600 microgram daily
6. Vasculera (diplomplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other
thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.
Therapeutic Exercise
IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

ultrasound study on upper extremities and lower extremities was carried on. Increased subcutaneous space with interrupted subcutaneous fascia was visualized in all areas tested compatible with lipedema stage I-II

Diagnoses attached to this encounter:

Lipedema [ICD-10: R60.9], [ICD-9: 782.3], [SNOMED: 234102003]

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 2-5cm

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function

Understands treatment/home program

Other/ functional goals

Long Term Goals:

Decrease/stabilize girth

Independent self bandaging

Independent Home exercise program

Fit permanent compression garment

Independent don/off garment

Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Patient will return for treatment in 1 week.

PATIENT

Kimberli Anderson

DOB 10/19/1965

AGE 54 yrs

SEX Female

PRN 17987

FACILITY

emily iker Practice

T (310) 829-7472

F (310) 829-2286

2021 Santa Monica Blvd.

620E

Santa Monica, CA 90404

ENCOUNTER

NOTE TYPE

SOAP Note

SEEN BY

emily iker MD

DATE

08/03/2020

AGE AT DOS

54 yrs

Electronically signed by emily iker MD at

08/03/2020 11:22 am

Chief complaint

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
Codeine	Mild	-
Penicillins	Mild	-
Sulfa Drugs	Mild	-
Food Allergies		
Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		
Environmental Allergies		
Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable	-	-	-
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	
No active goals recorded	
Inactive Goals	
DESCRIPTION	
No inactive goals recorded	

Subjective	
54 yr old female complains of bilateral lower extremities pain, swelling and heaviness.	
Patient reports difficulty standing/ walking for extended time	
Patient reports increased swelling of right knee area	
Patient reports elevating lower extremities	
Patient reports improving diet by lowering sugar, dairy and gluten intake	
Patient reports wearing compression stockings	
Pain: 10/10	

Objective	
54 yr old female complains of bilateral lower extremities pain, swelling and heaviness.	
Tissue: soft tissue consistency present throughout bilateral lower extremities with mild congestion	
Skin: clear and dry; no indication of infection	

Volume: increased volume present throughout bilateral lower extremities
ROM: within functional limits
Pain: 10/10

Performed today:

Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.

sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion.

Informed patient about self MLD and elevation of limb(s) when possible.

Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.

Recommended swimming as a beneficial form of exercise.

MLD/ IPC total treatment time: 60 minutes.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA

1. lipedema legs and arms

2. Swelling

3. Difficulty Walking

4. Pain

5. exercise intolerance

6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids

2. Exercise Program/Therapeutic exercises/ Swimming

3. MLD

4. Presso therapy/ IPC/ Bandaging/ Strapping

5. Selenium: decreases edema and tissue 600 microgram daily

6. Vasculera (diplomplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.

Therapeutic Exercise

IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 2-5cm

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function

Understands treatment/home program
Other/ functional goals

Long Term Goals:

- Decrease/stabilize girth
- Independent self bandaging
- Independent Home exercise program
- Fit permanent compression garment
- Independent don/off garment
- Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Patient will return for treatment and evaluation in 2 days.



PATIENT

Kimberli Anderson

DOB 10/19/1965

AGE 54 yrs

SEX Female

PRN 17987

620E

Santa Monica, CA 90404

2021 Santa Monica Blvd.

F (310) 829-2286

T (310) 829-7472

emily iker Practice

ENCOUNTER

NOTE TYPE SOAP Note

SEEN BY emily iker MD

DATE 08/05/2020

AGE AT DOS 54 yrs

08/05/2020 03:52 pm

Electronically signed by emily iker MD at

Chief complaint

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current

ACUTY

START

STOP

Lipedema

Chronic

Congenital lymphedema

Chronic

Leg pain

Chronic

Swelling of bilateral legs

Chronic

Historical

ACUTY

START

STOP

No historical diagnoses

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active

SEVERITY/REACTIONS

ONSET

Codeine

Mild

-

Penicillins

Mild

-

Sulfa Drugs

Mild

-

Food Allergies

Active

No food allergies recorded

Environmental Allergies

Active

SEVERITY/REACTIONS

ONSET

No environmental allergies recorded

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX

Aspirin 81 MG Oral Tablet Chewable

Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history			
MAJOR EVENTS			
swelling lower extremities with progression, pain,			
ONGOING MEDICAL PROBLEMS			
painful lower extremities, difficulty walking, sitting			
history of venous insufficiency with ablation, no improvement after ablation			

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female complains of bilateral lower extremities pain, swelling and heaviness.	
Patient reports on right lower extremity.	
Patient reports monitoring her diet.	
Patient reports continuing to wear compression stockings.	
Patient reports elevating lower extremities at home.	
Patient reports difficulty standing/ walking for extended time.	
Objective	

54 yr old female complains of bilateral lower extremities pain, swelling and heaviness secondary to lymphedema.
Skin: remains clear and dry; no evidence of infection.
Tissue: soft tissue consistency continues throughout bilateral lower extremities with mild congestion present.

Performed today: Manual Lymph Drainage massage, Presso Therapy using compression pump and DM. sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion. Informed patient about self MLD and elevation of limb(s) when possible. Educate patient about importance of compression garment wear, skin care, exercise, and nutrition. Recommended swimming as a beneficial form of exercise.. MLD/ IPC total treatment time: 60 minutes.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA 1. lipedema legs and arms 2. Swelling 3. Difficulty Walking 4. Pain 5. exercise intolerance 6. Vascular disease Standard care for Lipedema: 1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids 2. Exercise Program/Therapeutic exercises/ Swimming 3. MLD 4. Presso therapy/ IPC/ Bandaging/ Strapping 5. Selenium: decreases edema and tissue 600 microgram daily 6. Vasculera (diplomplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema Performed Today: Manual lymph drainage to the involved area. Therapeutic Exercise IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan: Manual Lymphatic drainage Wound Care Measure/order/fit compression garments Self-care training Therapeutic exercise Home exercise/management program Short Term Goals:D Decrease Girth > 2-5cm

Teach skin care to reduce infection risk
Decrease fibrosis to improve tissue health
Improve ROM to improve function
Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

Decrease/stabilize girth
Independent self bandaging
Independent Home exercise program
Fit permanent compression garment
Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Patient will return for treatment and evaluation in 1 week.

PATIENT

Kimberli Anderson

DOB 10/19/1965

AGE 54 yrs

SEX Female

PRN 17987

FACILITY

emily iker Practice

T (310) 829-7472

F (310) 829-2286

2021 Santa Monica Blvd.

620E

Santa Monica, CA 90404

ENCOUNTER

NOTE TYPE SOAP Note

SEEN BY emily iker MD

DATE 08/19/2020

AGE AT DOS 54 yrs

Electronically signed by emily iker MD at

08/19/2020 11:07 am

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
Codeine	Mild	-
Penicillins	Mild	-
Sulfa Drugs	Mild	-
Food Allergies		
Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active
No environmental allergies recorded

SEVERITY/REACTIONS	ONSET
--------------------	-------

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-	-	-	-
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female with lipedema was seen today, complains of bilateral lower extremities pain, swelling and heaviness.	
Patient reports making conscious effort to improve diet	
Patient reports slight pain improvement of bilateral lower extremities.	
Patient reports elevating lower extremities at home	
Patient reports experiencing less pain of bilateral lower extremities	
Patient reports continuing to wear compression leggings.	
Patient reports self massaging bilateral lower extremities.	
Pain: 10/10.	
Objective	

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Volume: slight increase in volume persists throughout bilateral lower extremities.

Tissue: overall bilateral lower extremities continue with soft tissue consistency; mild congestion distally > proximally.
Gradual improvement post MLD protocol treatment, with short lasting results..

Skin: remains clear and dry; no sign of infection.

ROM: continues within functional limits.

Pain: 10/10.

Performed today..

Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.

sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial

tissue congestion...

Informed patient about self MLD and elevation of limb(s) when possible.

Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.

Recommended swimming as a beneficial form of exercise..

MLD/ IPC total treatment time: 60 minutes.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA

1. lipedema legs and arms

2. Swelling

3. Difficulty Walking

4. Pain

5. exercise intolerance

6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids

2. Exercise Program/Therapeutic exercises/ Swimming

3. MLD

4. Presso therapy/ IPC/ Bandaging/ Strapping

5. Selenium: decreases edema and tissue 600 microgram daily

6. Vasculera (diplomplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.

Therapeutic Exercise

IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion

Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measurure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 2-5cm

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health
Improve ROM to improve function
Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

Decrease/stabilize girth
Independent self bandaging
Independent Home exercise program
Fit permanent compression garment
Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Patient will return for further treatment and evaluation in 1 week.

PATIENT	Kemberli Anderson	FACILITY	emily iker Practice	ENCOUNTER	SOAP Note
DOB	10/19/1965	T	(310) 829-7472	SEEN BY	emily iker MD
AGE	54 yrs	F	(310) 829-2286	DATE	08/17/2020
SEX	Female		2021 Santa Monica Blvd.	AGE AT DOS	54 yrs
PRN	17987	620E	Santa Monica, CA 90404		Electronically signed by emily iker MD at 08/17/2020 10:53 am

Chief complaint

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses		Was diagnosis reconciliation completed?		Yes, reconciliation performed	
Current	ACUTY	START	STOP		
Lipedema	Chronic				
Congenital lymphedema	Chronic				
Leg pain	Chronic				
Swelling of bilateral legs	Chronic				
Historical	ACUTY	START	STOP		
No historical diagnoses					

Drug Allergies				Was medication allergy reconciliation completed?		Yes, reconciliation performed	

Environmental Allergies				No environmental allergies recorded	
Active					
SEVERITY/REACTIONS				ONSET	
ONSET					

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female complains of bilateral lower extremities pain, swelling and heaviness secondary to lipedema.	
Patient reports continuing to elevate lower extremities at home.	
Patient reports noticing a slight pain improvement of bilateral lower extremities.	
Patient reports improving her diet by lowering sugar intake, and switching to a gluten free diet.	
Patient reports wearing compression leggings.	
Patient reports self massaging lower extremities.	
Pain: 10/10.	
Objective	

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness. Gradual improvement post MLD protocol treatment, with short lasting results..

Volume: overall volume remains slightly increased throughout bilateral lower extremities.

Tissue: consistency of tissue remains soft throughout bilateral lower extremities with mild congestion distally > proximally.
ROM: remains within functional limits.
Skin: continues clear and dry; no indication of infection.
Pain: 10/10.

Performed today:
Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion...
Informed patient about self MLD and elevation of limb(s) when possible.
Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.
Recommended swimming as a beneficial form of exercise.
MLD/ IPC total treatment time: 60 minutes.

Assessment

CHRONIC SYMPTOMATIC STAGE III LIPDEMA
1. lipedema legs and arms
2. Swelling
3. Difficulty Walking
4. Pain
5. exercise intolerance
6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
2. Exercise Program/Therapeutic exercises/ Swimming
3. MLD
4. Presso therapy/ IPC/ Bandaging/ Strapping
5. Selenium: decreases edema and tissue 600 microgram daily
6. Vasculectomy (diathermy) manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.
Therapeutic Exercise
IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:
Manual Lymphatic drainage
Wound Care
Measure/order/fit compression garments
Self-care training
Therapeutic exercise
Home exercise/management program
Short Term Goals:
Decrease Girth > 2-5cm
Teach skin care to reduce infection risk
Decrease fibrosis to improve tissue health
Improve ROM to improve function

Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

Decrease/stabilize girth
Independent self bandaging
Independent Home exercise program
Fit permanent compression garment
Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Patient will return for treatment in 2 days.



PATIENT	Kemberli Anderson	FACILITY	emily iker Practice	ENCOUNTER	SOAP Note
DOB	10/19/1965	T	(310) 829-7472	NOTE TYPE	emily iker MD
AGE	54 yrs	F	(310) 829-2286	SEEN BY	08/25/2020
SEX	Female		2021 Santa Monica Blvd.	DATE	54 yrs
PRN	17987	620E	Santa Monica, CA 90404	AGE AT DOS	Electronically signed by emily iker MD at

Chief complaint

residual symptomatic lipedema with increased swelling lower extremities/increased pain/increase difficulty with mobility

Diagnoses

Was diagnosis reconciliation completed?				Yes, reconciliation performed			
Current				ACUTY			
Lipedema				START			
STOP							
Chronic							
Congenital lymphedema							
Leg pain							
Swelling of bilateral legs							
Chronic							
Historical				ACUTY			
STOP				START			
No historical diagnoses							

Drug Allergies

Was medication allergy reconciliation completed?				Yes, reconciliation performed			
Active				SEVERITY/REACTIONS			
ONSET							
Codeine				Mild			
-							
Penicillins				Mild			
-							
Sulfa Drugs				Mild			
-							
Food Allergies				SEVERITY/REACTIONS			
ONSET							
Active							
No food allergies recorded							
Environmental Allergies				SEVERITY/REACTIONS			
ONSET							
Active							
No environmental allergies recorded							

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female with lipedema was seen today, complains of bilateral lower extremities chronic pain, increased swelling and heaviness. Patient reports making conscious effort to improve diet treatment, results are short lasting. exacerbation of swelling lower extremities with pain was experienced due to recent heat wave	
Objective	

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness. Volume: slight increase in volume persists throughout bilateral lower extremities.

Tissue: overall bilateral lower extremities continue with soft tissue consistency; mild congestion distally > proximally.
Gradual improvement post MLD protocol treatment, with short lasting results..
Skin: remains clear and dry; no sign of infection.
ROM: continues within functional limits.
Pain: 10/10.

Performed today:..
Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion..
Informed patient about self MLD and elevation of limb(s) when possible.
Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.
Recommended swimming as a beneficial form of exercise..
MLD/ IPC total treatment time:

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA

- 1. lipedema legs and arms
- 2. Swelling
- 3. Difficulty Walking
- 4. Pain
- 5. exercise intolerance
- 6. Vascular disease

Standard care for Lipedema:

- 1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
- 2. Exercise Program/Therapeutic exercises/ Swimming
- 3. MLD
- 4. Presso therapy/ IPC/ Bandaging/ Strapping
- 5. Selenium: decreases edema and tissue 600 microgram daily
- 6. Vasculera (diosminplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.
Therapeutic Exercise
IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Diagnoses attached to this encounter:

- Congenital lymphedema [ICD-10: Q82.0], [ICD-9: 757.0], [SNOMED: 254199006]
- Leg pain [ICD-10: M79.606], [ICD-9: 729.5], [SNOMED: 10601006]
- Swelling of bilateral legs [ICD-10: M79.89], [SNOMED: 762898005]

Plan

Treatment Plan:
Manual Lymphatic drainage
Wound Care/when necessary
Measure/order/fit compression garments
Self-care training
Therapeutic exercise
Home exercise/management program

Care plan

continue present conservative management, referred for a surgical consultation

9/11/2020 Encounter - Office Visit Date of service: 08/25/20 Patient: Kemberli Anderson DOB: 10/19/1965 PRN: 17987

Short Term Goals:
Decrease Girth > 5%
Teach skin care to reduce infection risk
Decrease fibrosis to improve tissue health
Improve ROM to improve function
Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:
Decrease/stabilize girth
Independent self bandaging
Independent Home exercise program
Fit permanent compression garment
Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

PATIENT	Kemberli Anderson	DOB	10/19/1965	AGE	54 yrs	SEX	Female	PRN	17987
FACILITY	emily iker Practice	T	(310) 829-7472	F	(310) 829-2286	2021 Santa Monica Blvd.			
		620E							
		Santa Monica, CA 90404							
ENCOUNTER	SOAP Note	SEEN BY	emily iker MD	DATE	08/26/2020	AGE AT DOS	54 yrs	Electronically signed by emily iker MD at 08/26/2020 11:37 am	

Chief complaint

54 yr old female with systematic lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses			
Was diagnosis reconciliation completed?			
Yes, reconciliation performed			
Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies			
Was medication allergy reconciliation completed?			
Yes, reconciliation performed			
Active	SEVERITY/REACTIONS	ONSET	
Food Allergies			
No food allergies recorded			
Active	SEVERITY/REACTIONS	ONSET	
Environmental Allergies			
No environmental allergies recorded			
Active	SEVERITY/REACTIONS	ONSET	
Codeline	Mild	-	
Penicillins	Mild	-	
Sulfa Drugs	Mild	-	

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female with systematic lipedema was seen today, complains of bilateral lower extremities pain, swelling and heaviness.	
Patient reports up keeping healthy diet.	
Patient reports slight pain improvement of bilateral lower extremities and minimal volume reduction post MLD protocol treatment, results are short lasting..	
Patient reports exacerbation of swelling lower extremities with pain due to recent heat wave.	

Objective	
54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.	
Tissue: consistency of tissue persists soft throughout bilateral lower extremities; mild congestion distally > proximally.	
Volume: slight increase in volume remains throughout bilateral lower extremities.	
Gradual improvement post MLD protocol treatment, with short lasting results..	

Skin: clear and dry; no evidence of infection.
Pain: 10/10.
ROM: within functional limits.

Performed today:
Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion...

Informed patient about self MLD and elevation of limb(s) when possible.

Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.
Recommended swimming as a beneficial form of exercise.. MLD/ IPC total treatment time: 60 min

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA

- 1. lipedema legs and arms
- 2. Swelling
- 3. Difficulty Walking
- 4. Pain
- 5. exercise intolerance
- 6. Vascular disease

Standard care for Lipedema:

- 1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
- 2. Exercise Program/Therapeutic exercises/ Swimming
- 3. MLD
- 4. Presso therapy/ IPC/ Bandaging/ Strapping
- 5. Selenium: decreases edema and tissue 600 microgram daily
- 6. Vasculera (diosmiplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.
Therapeutic Exercise
IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:
Manual Lymphatic drainage
Wound Care/when necessary
Measure/order/fit compression garments
Self-care training
Therapeutic exercise
Home exercise/management program
Short Term Goals:D
Decrease Girth > 5%
Teach skin care to reduce infection risk
Decrease fibrosis to improve tissue health
Improve ROM to improve function
Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

Decrease/stabilize girth
Independent self bandaging

Independent Home exercise program
Fit permanent compression garment

Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Care plan

Will return for further treatment and evaluation in 1 week.

PATIENT

Kimberli Anderson

DOB 10/19/1965

AGE 54 yrs

SEX Female

PRN 17987

Santa Monica, CA 90404

620E

2021 Santa Monica Blvd.

F (310) 829-2286

T (310) 829-7472

emily iker Practice

FACILITY

ENCOUNTER

NOTE TYPE

SOAP Note

SEEN BY

emily iker MD

DATE

08/31/2020

AGE AT DOS

54 yrs

Electronically signed by emily iker MD at

Chief complaint

54 yr old female complains of bilateral lower extremity pain, swelling and heaviness secondary to lipedema.

Diagnoses

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Current

ACUTY

START

STOP

Lipedema

Chronic

Congenital lymphedema

Chronic

Leg pain

Chronic

Swelling of bilateral legs

Chronic

Historical

ACUTY

START

STOP

No historical diagnoses

Drug Allergies

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Active

SEVERITY/REACTIONS

ONSET

Codeine

Mild

-

Penicillins

Mild

-

Sulfa Drugs

Mild

-

Food Allergies

Active

SEVERITY/REACTIONS

ONSET

No food allergies recorded

Environmental Allergies

Active

SEVERITY/REACTIONS

ONSET

No environmental allergies recorded

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female with systematic lipedema was seen today, complains of bilateral lower extremities pain, swelling and heaviness. Patient reports slight pain improvement of bilateral lower extremities and minimal volume reduction post MLD protocol treatment. results are short lasting.. Patient reports self massaging bilateral lower extremities frequently Patient reports elevating lower extremities frequently Patient reports wearing compression leggings Pain and discomfort: 10/10	
Objective	

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness. Gradual improvement post MLD protocol treatment, short lasting results.. Tissue: soft tissue consistency persists throughout bilateral lower extremities; mild congestion distally > proximally.

Volume: slight volume increase continues throughout bilateral lower extremities.
Skin: clear and dry; no indication of infection.
Pain: 10/10.
ROM: remains within functional limits.

Performed today:

Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion...

Informed patient about self MLD and elevation of limb(s) when possible.

Educate patient about importance of compression garment wear, skin care, exercise, and nutrition. Recommended swimming as a beneficial form of exercise.. MLD/ IPC total treatment time: 60 min.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPEDEMA

1. lipedema legs and arms

2. Swelling

3. Difficulty Walking

4. Pain

5. exercise intolerance

6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids

2. Exercise Program/Therapeutic exercises/ Swimming

3. MLD

4. Presso therapy/ IPC/ Bandaging/ Strapping

5. Selenium: decreases edema and tissue 600 microgram daily

6. Vasculera (diagnosis)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.

Therapeutic Exercise

IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care/when necessary

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 5%

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function

Understands treatment/home program



Care plan
Patient will return for treatment and evaluation in 1 week.

9/11/2020
Encounter - Office Visit Date of service: 08/31/20 Patient: Kimberli Anderson DOB: 10/19/1965 PRN: 17987

Other/ functional goals

Long Term Goals:

- Decrease/stabilize girth
- Independent self bandaging
- Independent Home exercise program
- Fit permanent compression garment
- Independent don/off garment
- Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

PATIENT	Kemberli Anderson	FACILITY	emily iker Practice	ENCOUNTER	SOAP Note
DOB	10/19/1965	T	(310) 829-7472	SEEN BY	emily iker MD
AGE	54 yrs	F	(310) 829-2286	DATE	09/10/2020
SEX	Female	2021 Santa Monica Blvd.		AGE AT DOS	54 yrs
PRN	17987	620E	Santa Monica, CA 90404		Electronically signed by emily iker MD at 09/10/2020 02:56 pm

Chief complaint

54 yr old female with lipo-lymphedema complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses			
Was diagnosis reconciliation completed?			
Yes, reconciliation performed			
Current	ACUTY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUTY	START	STOP
No historical diagnoses			

Drug Allergies			
Was medication allergy reconciliation completed?			
Yes, reconciliation performed			
Active	SEVERITY/REACTIONS	ONSET	
Codeine	Mild	-	
Penicillins	Mild	-	
Sulfa Drugs	Mild	-	
Food Allergies			
Active	SEVERITY/REACTIONS	ONSET	
No food allergies recorded			
Environmental Allergies			
Active	SEVERITY/REACTIONS	ONSET	
No environmental allergies recorded			

Medications			
Was medication reconciliation completed?			
Yes, reconciliation performed			
Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable			
-			
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history	
MAJOR EVENTS	
swelling lower extremities with progression, pain,	
ONGOING MEDICAL PROBLEMS	
painful lower extremities, difficulty walking, sitting	
history of venous insufficiency with ablation, no improvement after ablation	

Family health history	
DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Active Goals	
DESCRIPTION	EFFECTIVE DATE
No active goals recorded	
Inactive Goals	
DESCRIPTION	EFFECTIVE DATE
No inactive goals recorded	

Subjective	
54 yr old female with systematic lipedema, complains of bilateral lower extremities pain, swelling and heaviness.	
Patient reports self massaging bilateral lower extremities occasionally.	
Patient reports pain improvement and minimal volume reduction after MLD protocol treatment, results are short lasting..	
Patient is compliant and wears compression leggings.	
Patient reports elevating lower extremities frequently.	
Patient reports scheduling liposuction surgery	
Pain and discomfort: 10/10.	
Objective	

54 yr old female with lipedema complains of bilateral lower extremity pain, swelling and heaviness.

Volume: slight volume increase throughout bilateral lower extremities.

Gradual improvement post MLD protocol treatment, short lasting results..
Tissue: soft consistency throughout bilateral lower extremities; mild congestion distally > proximally.
ROM: continues within functional limits.
Skin: clear and dry; no evidence of infection.
Pain: 10/10.

Performed today:
Manual Lymph Drainage massage, Presso Therapy using compression pump and DM.
sleeve incorporated into sleeve of pump, therapeutic exercises to stimulate lymph flow, facilitate drainage, and reduce interstitial tissue congestion...
Informed patient about self MLD and elevation of limb(s) when possible. Educate patient about importance of compression garment wear, skin care, exercise, and nutrition.
Recommended swimming as a beneficial form of exercise..
MLD/ IPC total treatment time: 60 min.

Assessment

CHRONIC SYMPTOMATIC STAGE I-III LIPDEMA

1. Lipedema legs and arms
2. Swelling
3. Difficulty Walking
4. Pain
5. exercise intolerance
6. Vascular disease

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
2. Exercise Program/Therapeutic exercises/ Swimming
3. MLD
4. Presso therapy/ IPC/ Bandaging/ Strapping
5. Selenium: decreases edema and tissue 600 microgram daily
6. Vasculera (diosmiplex)manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.
Therapeutic Exercise
IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion
Educate pt about LE and self MLD/ compression garment wear.

Plan

Treatment Plan:

Manual Lymphatic drainage
Wound Care/when necessary
Measure/order/fit compression garments
Self-care training
Therapeutic exercise
Home exercise/management program

Short Term Goals:D
Decrease Girth > 5%