Costochondritis

**Assessment:**
The patient presents with sharp, localized chest pain that worsens with movement and palpation, consistent with costochondritis. There is no associated shortness of breath, fever, or signs of cardiac or pulmonary involvement. The differential diagnosis includes musculoskeletal strain, pleuritis, and cardiac causes such as angina.

**Plan:**
Recommend NSAIDs (e.g., ibuprofen or naproxen) for pain and inflammation. Advise rest and avoidance of activities that exacerbate the pain. Apply heat or ice as needed for comfort. Educate the patient that costochondritis is typically self-limited and should resolve within a few weeks. Follow up if symptoms persist beyond several weeks or if new symptoms, such as shortness of breath or chest tightness, develop. Consider further evaluation if there is no improvement or if cardiac causes cannot be fully excluded.

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