**Patient Information**

**Name:** John Doe  
**DOB:** 07/15/1980  
**Age:** 43  
**Gender:** Male  
**Ethnicity:** Caucasian  
**Height:** 6'0"  
**Weight:** 227 lbs  
**Occupation:** Construction Worker

**Initial Visit - Emergency Department**

**Date:** 05/01/2023  
**Physician:** Pedro Velez, MD  
**Nurse Practitioner:** Mary Martin, NP

**Chief Complaint:**  
Patient presents with severe pain, swelling, and inability to bear weight on the left ankle following a fall at a construction site.

**History of Present Illness:**  
The patient reports falling off a ladder approximately 10 feet. Immediate pain and swelling were noted in the left ankle.

**Physical Examination:**

* **Vital Signs:** BP: 130/85, HR: 82 bpm, RR: 18, Temp: 98.6°F
* **Inspection:** Significant swelling and bruising around the left ankle.
* **Palpation:** Tenderness over the lateral malleolus, crepitus felt.
* **Range of Motion:** Severely limited due to pain.
* **Neurological:** Sensation intact distally.
* **Circulatory:** Pulses present and strong.

**Imaging:**

* **X-ray:** Comminuted fracture of the distal fibula with displacement.

**Assessment:**

* Comminuted fracture of the distal fibula (left ankle).

**Plan:**

* Reduction and immobilization in a posterior splint.
* Pain management: Prescribed hydrocodone/acetaminophen 5/325 mg, 1-2 tablets every 6 hours as needed.
* Referral to orthopedic surgery for operative intervention.

**Operative Report**

**Date:** 05/02/2023  
**Surgeon:** Pedro Velez, MD

**Preoperative Diagnosis:**  
Comminuted fracture of the distal fibula (left ankle).

**Postoperative Diagnosis:**  
Same.

**Procedure:**  
Open reduction and internal fixation (ORIF) of the left distal fibula.

**Anesthesia:**  
General anesthesia.

**Findings:**  
The fracture was comminuted and displaced. Successful reduction and stabilization achieved with plate and screws.

**Complications:**  
None.

**Discharge Plan:**

* Weight-bearing: Non-weight-bearing on the left leg.
* DVT prophylaxis: Prescribed enoxaparin 40 mg subcutaneously daily.
* Follow-up appointment in 1 week.

**Follow-Up Visit 1**

**Date:** 05/09/2023  
**Physician:** Pedro Velez, MD  
**Nurse Practitioner:** Mary Martin, NP

**Subjective:**  
Patient reports significant pain improvement, slight swelling persists.

**Objective:**

* **Inspection:** Incision site clean, dry, and intact.
* **Palpation:** Mild tenderness.
* **Range of Motion:** Limited but improving.

**Assessment:**

* Post-operative status is stable with no signs of infection.

**Plan:**

* Continue pain management as needed.
* Initiate physical therapy for range of motion exercises.
* Follow-up in 4 weeks.

**Follow-Up Visit 2**

**Date:** 06/06/2023  
**Physician:** Pedro Velez, MD  
**Nurse Practitioner:** Mary Martin, NP

**Subjective:**  
Patient reports increased mobility and decreased pain.

**Objective:**

* **Inspection:** Incision healed.
* **Palpation:** No tenderness.
* **Range of Motion:** Improved significantly.
* **Strength:** 4/5 in left ankle.

**Assessment:**

* Healing progressing well.

**Plan:**

* Transition to weight-bearing as tolerated.
* Continue physical therapy.
* Follow-up in 6 weeks for evaluation and potential removal of hardware.

**Final Follow-Up Visit**

**Date:** 08/15/2023  
**Physician:** Pedro Velez, MD  
**Nurse Practitioner:** Mary Martin, NP

**Subjective:**  
Patient reports full return to normal activities with minimal discomfort.

**Objective:**

* **Inspection:** No swelling or erythema.
* **Palpation:** No tenderness.
* **Range of Motion:** Full range of motion achieved.
* **Strength:** 5/5 in left ankle.

**Assessment:**

* Fully healed with no complications.

**Plan:**

* Discharge from regular follow-up.
* Advise patient on gradual return to full activity.
* Schedule hardware removal if symptomatic in the future.