Smith, John

**DOB:** January 20th, 1984

**MRN:** 789

Date: February 23rd, 2022

Follow-up:

Diagnosis: none

Work Duty: Sedentary Work no bending greater than 1 lbs. to the leftfalse until next visit on 2 weeks

**Chief Complaint:** Left posterior lower leg, left knee, left anterior thigh, right anterior thigh, right anterior lower leg, and right knee and tingling

#### **History Of Presenting Illness:**

John Smith is a very pleasant 38 year old male who presents with the complaint of tingling to his left posterior lower leg, left knee, left anterior thigh, right anterior thigh, right anterior lower leg, and right knee. He states the symptoms have been present since February 1st, 2022, at none to none level intensity. He denies any injury. He states symptoms are worse with false and get better with false. He denies any radiating symptoms. He has not received treatment for this issue in the past. He has not taken any medications to help with this issue.

## Allergies:

- 1. Levothyroxine (Oral Pill)
- 2. Acetaminophen/Codeine (Oral Pill) Hallucinations
- 3. Penicillin V potassium (Oral Pill) Hives

#### **Medications:**

- 1. SYNTHROID (Oral Pill)-25-mg 2x Daily
- 2. Simvastatin (Oral Pill)-100 mcg 2x Daily
- 3. ZOCOR (Oral Pill)-3 mcg 2x Daily As Needed

#### Past Medical History:

- 1. anxiety
- 2. asthma
- 3. COPD/Emphysema
- 4. high blood pressure
- 5. seizure disorder

#### **Past Surgical History:**

- Knee arthroplasty total
- Carpal tunnel release
- Aortic valve replacement

#### **Family History:**

Mother's Conditions: hypertension, and arthritis

Fathers's Conditions: heart disease, cancer, and stroke Grand Parents Conditions: cancer, hypertension, and stroke

Siblings Conditions: hypertension

**Social History:** 

Occupation: Engineer
Martial Status: single
Smokes: yes - 1 pack/daily
Drinks: yes - 1 per sitting/daily

Hand Dominance: left

## **Review of Systems:**

General: fever or chills, and trouble sleeping

Neurological: tingling

Skin: none

Hematologic: none

Musculoskeletal: muscle or joint pain, and back pain

**Endocrine:** none **Psychiatric:** none

Physical Examination: John Smith is male that appears . He has . He is able to follow instructions. He

is.

#### Vitals:

Ht: 5' 6"
Wt: 130 lbs

BMI: 20.980257

BP: 130 Pulse: RR:

## Skin Exam positive for:

• Open Wound

## The Patient has tenderness to palpation at:

- Peroneal Tendon Ankle
- Distal Fibula Ankle

#### Range of motion:

- Right Hip Internal Rotation 3° Left Hip Internal Rotation 12°
- Right Hip Abduction 0° Left Hip Abduction 12°

### **Strength:**

Right	Name	Left

5/5	Ankle Dorsiflexion	5/5
5/5	Ankle Plantarflexion	5/5
5/5	Ankle Inversion	5/5
5/5	Ankle Eversion	5/5
5/5	Ankle EHL	5/5
5/5	Ankle FHL	5/5
5/5	Knee Flexion	5/5
5/5	Knee Extension	5/5
5/5	Hip Flexion	5/5
5/5	Hip Extension	5/5
5/5	Hip Abduction	5/5

## The patient has a positive:

• McMurray on the left Knee

## The patient has a negative:

- Pain with Act Planter Flexion on the right Ankle
- Anterior Drawer on the right Knee

**Assessment:** John Smith is a 38 year old male with:

Plan: John Smith presents signs and symptoms consistent with: none

Diagnosis, diagnostic studies, and treatment plan was reviewed with the patient at today's visit. Treatment plan includes:

- RICE
- Home Exercise Program Asbfksjdjvs fishes daubs dis d

The patient will follow up in .

# Work Duty:

Sedentary Work no bending greater than 1 lbs. to the leftfalse until next visit on 2 weeks