John,Smith
DOB: January 20th, 1984
MRN: 789
Date of Encounter: March 15th, 2022

Return: 1 month
Diagnosis: sprain of unspecified ligament of left ankle, initial encounter (s93.402a)
Work Duty: Sedentary Work - no weight bearing greater than 0 lbs. to the leftleg until next

History of Presenting Illness
John Smith presents today for first post-op visit up. Since surgery, the patient Numbness Tingling . He states his pain is controlled with medication including Tylenol 500 mg QID, Ibuprofen 600 mg TID. Pain is graded at 4 level intensity. He is ambulating with crutches,test

Examination: John Smith is an awake, alert and oriented male that appears his stated age. They have a pleasant demeanor. They are able to follow commands appropriately. They are in no acu

Skin: Incision is edema, and ecchymosis
The patient has tenderness to palpation at:

Strength:

Right	Name	Left
5/5	Ankle Dorsiflexion	4/5
5/5	Ankle Plantarflexion	4/5
5/5	Ankle Inversion	5/5
5/5	Ankle Eversion	5/5
5/5	Ankle EHL	5/5
5/5	Ankle FHL	5/5

Reflexes:

Right	Name	Left

The patient has a positive:

- Tibia/Fibula Compression on the left Ankle
- Pain with Act Planter Flexion on the left Ankle
- Pain with Dorsi Flexion on the left Ankle

The patient has a negative:

- Anterior Drawer on the left Ankle

Distribution of Radiation:
Diagnostic Studies:
Assessment: John Smith is a 38 year old male S/P:
1.) (Surgery Perfomed)
Plan: John Smith presents with signs and symptoms consistent with sprain of unspecified ligament of left ankle, initial encounter (s93.402a) Diagnosis, diagnostic studies, and treatment plans were reviewed with the patient at today's visit. Treatment plan includes: . The patient will follow up 1 month. The patient

was provided with . The patient is happy with the plan moving forward.