

15401 S Main St. Gardena, CA 90248 - 2214 PH: 424 292-3260

FAX: 424 292-3266

#### TELEMEDICINE FOLLOW UP VISIT PROGRESS NOTE

| Patient First Name:                  | Patient Last Name:  | Date of Birth:                            | Sex:            |
|--------------------------------------|---------------------|---|-----------------|
| Juan Carlos                          | Valdez              | 01-20-1963                                | Male            |
| Attending Provider:                  | Referring Provider: | Visit Date:                               | Chart No.:      |
| Minh Nguyen, DO, MPH,<br>FACOEM      |                     | 09-19-2023                                | SCL58173        |
| Insurance:                           | Employer:           | Claim Number:                             | Date of Injury: |
| CCMSI                                | Braga Ranch         | PENDING                                   | 09-05-2023      |
| Appointment Location:                |                     | Appointment Location Address:             |                 |
| Agile Occupational Medicine, Gardena |                     | 15401 S Main St., Gardena CA 90248 - 2214 |                 |

Telehealth Statement: I advised the patient that this visit will be performed using a HIPAA compliant telehealth tool, including a live video connection between the patient's location and my location. I answered all the patient's questions, and the patient gave his/her consent for telehealth visit. Subsequently, I performed consultation using telehealth and live video conference. I performed a virtual musculoskeletal or neurological examination based on specific set of guidelines to enhance the information obtained when evaluating the musculoskeletal and neurological systems. Most of these tests are based on validated physical exam maneuvers under my observation. REFERENCE: Mayo Clinic: The Telemedicine Musculoskeletal Examination https:\\www.mayoclinicproceedings.org/article/S0025-6196(20)30542-5/fulltext. Neurology: Primer on the In-home Teleneurologic Examination. Clinical Practice April 2021 vol. 11 no. 2 https:\\choosineurology.org/content/11/2/e157.full.

# **History of Present Illness**

Patient is a 60 year old male.

Patient following up from fall from tractor to trailer and then to ground hitting his left ribs and right leg. Pain on left rib when lying on that side. Able to take deep breaths. No SOB or breathing problems. Not taking any medications for pain. Right leg pain when he bends but no pain with walking. Patient had a bruise/abrasion to his right lower leg lateral aspect. Pain localized to area when bending the knees. Less pain and not much a lot of pain only when bending knee. Patient works as a tractor driver and doing regular work.

## **Past Medical History**

Heart .

#### **Surgical History**

Back Abscess 2022. Back Absece: 2022.

## Allergy

Penicillin .

## **Current Medication**

Metoprolol Metroprolol Tylenol 500 mg

## **Social History**

Work History: He is employed - full time.

**Use of Drugs/Alcohol/Tobacco:** Never drinks any alcohol. Smoking Status (MU) never smoker. Does not drink caffeinated beverages. He has never used any illicit drugs. He denies using street drugs with a needle.

## **Vitals**

Pain scale was 6 out of 10.

Weight: 146.00 lbs. Height: 63.00 inches. Temperature: 97.10 F. Pulse: 73 per min.

Pulse rhythm regular: Yes

Respiration: 14 breaths per min.

BMI: 26.

BP Systolic: 113 mm Hg. BP Diastolic: 72 mmHg. Pulse Oximetry: 98

#### **Physical Examination**

General: No acute distress. Awake and conversant. BMI ~ 40, central

Mental Status: Alert and oriented. Appropriate affect.

Cardiovascular: No appreciable lymphedema. No appreciable cyanosis.

Respiratory: Non-labored breathing. No respiratory distress. Neck: No appreciable masses. No appreciable tracheal deviation.

Skin: No appreciable rashes. No appreciable ulcers. Surgical port site Rt lat abm

## **HEAD/NEURO EXAM:**

A. VISUALIZATION: Exam of the head and neurologic system: Normal gait. No gross deformity. No swelling, ecchymosis, open wounds, scars, or skin lesions PERRLA. EOMI. Funduscopic exam normal. Otoscopic exam of the ears and of the nose and nasal turbinates are normal without drainage. Oropharynx is clear without obvious trauma to teeth. Cranial nerves 2-12 intact.

B. PALPATION There is no tenderness to palpation including the frontal and maxillary sinuses.

C. NEUROVASCULAR: No sensory deficit to light touch over the face, torso, or extremities. Normal 2/4 reflexes at the bilateral patella, biceps, triceps, and ankles. Brisk capillary refill less than 2 seconds in the fingers and toes. 5/5 motor strength in the face and extremities. Normal finger to nose and heel-shin testing. Negative Romberg.

## **CHEST EXAM**

A. VISUAL INSPECTION: Chest exam reveals no cyanosis, no gross deformity, no swelling, No ecchymosis, or any skin lesion. Normal breathing.

B. AUSCULTATION: Lungs are clear to auscultation bilaterally. Clear w foreced expiration noting pain to Lt ant

rib Heart is regular rate and rhythm without murmurs, gallops, or rubs noted.

C. PALPATION: Chest wall is not tender to palpation. + referred pain to It lateral 5/6 and pain to aspect rin 5/6 w compression to sternum

#### **LUMBAR EXAM**

A. VISUAL INSPECTION: Normal gait and posture. No gross deformity. No swelling. No ecchymosis, no open wounds or skin lesions.

B. PALPATION: No tenderness to palpation.

C. ACTIVE RANGE OF MOTION:

FLEXION 0 to 60 degrees

EXTENSION 0 to 25 degrees

RIGHT ROTATION 0 to 18 degrees

LEFT ROTATION 0 to 18 degrees

RIGHT FLEXION 0 to 25 degrees

LEFT FLEXION 0 to 25 degrees

D. NEUROVASCULAR: Normal 2/4 reflexes at the Patella and Achilles tendons bilaterally. 5/5 motor strength in the back and lower extremities. No sensory deficit to light touch. Capillary refill less than 2 seconds.

E. SPECIALTY TESTS: Straight leg testing is negative bilaterally.

RT leg 3 cm laceration horizontal to prox shin, dry no SSI, DC

# Assessment and Plan

ICD: Contusion of rib on left side, initial encounter (S20.212A)

**Assessment:** Patient with right leg contusion and abrasion and left 9th non-displaced rib fracture and improving with time. No evidence of infection on right leg and minimal tenderness on left 9th rib.

**Plan:** Continue full duty and no treatment needed with left rib fracture since minimal discomfort and with right leg. Expect discharge at next visit if no new problems in 2 weeks.

ICD: Laceration of skin of right lower leg, initial encounter (S81.811A)

ICD: Fall from stationary vehicle, initial encounter (W17.89XA)

**CPT Codes:** 

Office O/p Est Low 20-29 Min (99213)

Follow up: -

Lil Q Dan

Minh Nguyen DO, MPH, FACOEM

This has been electronically signed by Minh Nguyen DO, MPH, FACOEM for visit dated 09-19-2023. Clinic Address: 15401 S Main St., Gardena CA 90248 - 2214

Minh Nguyen DO, MPH, FACOEM Rendering Provider

This has been electronically signed by Minh Nguyen DO, MPH, FACOEM for visit dated 09-19-2023.