

KDV Medical, P.C.

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September 28, 2022

Re: Tillery, Carmen

DOB: 09/22/1979

DOA: 10/16/2014

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Left hip pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 43-year-old right-hand dominant female, involved in a work related accident on 10/16/2014. Patient was a telephone tech, was climbing the steps which were wet and slipped. She tried to hold herself from falling backward and left leg continued up the step and right leg fell backward. The patient did not go to the hospital thus far. The patient presents today complaining of left hip pain sustained in the work related accident. The patient has been treated with physical therapy for the last 4 years. Patient had epidural injection in SI joint in 4/22 with Dr. Marshak (pain management).

Left hip pain is 6/10, described as intermittent, locking. Worse with standing, walking climbing, standing from sitting. Reports groin pain with weakness at hip with range of motion.

PAST MEDICAL HISTORY: Asthma.

PAST SURGICAL HISTORY: Right shoulder SLAP repair in 2008.

DRUG ALLERGIES: PORK, GI EFFECTS, RASH. KETOROLAC, FACE SWELLING.

MEDICATIONS: The patient is taking albuterol.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol.

WORK HISTORY: The patient is currently not working.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

ADL CAPABILITIES: Patient walks 2-3 blocks. Ambulates with a cane.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 3 inches, weight is 162 pounds.

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Patient is alert, oriented and cooperative.

Left Hip: The left hip reveals tenderness to palpation noted in the medial thigh, greater trochanter, and groin. Positive Trendelenburg, positive SLR, and positive Faber. Range of motion is limited and painful. ROM: Abduction 20 degrees, Adduction 5 degrees, Flexion 90 degrees, internal rotation 10 degrees, External rotation 10 degrees.

DIAGNOSTIC STUDIES: 09/11/2019 - MRI of the Left Hip: Tear at the base of the anterior acetabular labrum. The acuity of this finding is indeterminate.

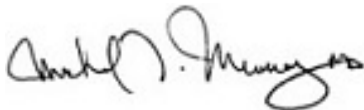
FINAL DIAGNOSES:

1. Labral tear, left hip.

PLAN:

2. Imaging studies and clinical examinations were reviewed with the patient.
3. All treatment options discussed with the patient.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip 3 days/week.
6. X-ray ordered for left hip and SI joint.
7. Follow up in 4 weeks with surgeon for further evaluation and management.

CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the left hip on October 16, 2014. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
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NB/AEI