

KDV Medical P.C.

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August 23, 2022

Re: Williams, Jermaine

DOB: 01/27/1979

DOA: 02/14/2021

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 43-year-old right-hand dominant male, involved in a work related accident on 02/14/2021. Patient works as a security officer. There was a puddle on top of the stairs and the patient stepped into it and flew down the stairs on his back. The EMS arrived on the scene. The patient went via ambulance to Presbyterian Hospital and was treated and released the same day. X-rays were negative. The patient presents today complaining of left ankle pain sustained in the work related accident. Patient underwent left ankle arthroscopy in October 2021 and has been treated with physical therapy with mild relief of pain.

Left ankle pain is 7 out of 10, described as intermittent. Pain is worse with range of motion, prolonged standing, ambulation and climbing stairs. Pain has mildly improved with arthroscopy and physical therapy.

PAST MEDICAL HISTORY: Positive for diabetes mellitus and DVT.

PAST SURGICAL HISTORY: Left ankle arthroscopy in October 2021.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Eliquis, Naproxen.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

WORK HISTORY: The patient is currently not working.

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

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

PHYSICAL EXAMINATION: The patient's height is 5 feet 8 inches, weight is 210 pounds. Patient is alert, oriented and cooperative.

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Left Ankle: Reveals healed surgical scars. Tenderness to palpation noted in the medial/lateral aspect. ROM: Dorsiflexion 10/20 degrees, plantar flexion 20/50 degrees, inversion 5/15 degrees, eversion 5/15 degrees. Muscle strength 4/5. Range of motion is limited and painful. Stiffness noted with ROM.

DIAGNOSTIC STUDIES: 04/06/2021 - MRI of the left ankle reveals fluid in the tendon sheath of the posterior tibialis tendon consistent with sprain/tenosynovitis. Intrastance signal in the distal Achilles tendon anteriorly consistent with tendinosis/intrastance tear. Effusion within the posterior aspect of the tibiotalar joint as well as fluid in the middle subtalar joint.

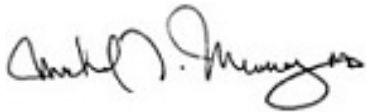
FINAL DIAGNOSES:

1. Pain, left ankle - M25.572
2. Left ankle stiffness status post arthroscopy.

PLAN:

1. All treatment options discussed with the patient.
2. Start home stretching and strengthening exercises as demonstrated and provided in the clinic.
3. Follow up in 4-6 weeks.

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 ankle on February 14, 2021. 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