**Patient Name:** BRAVO, ROXANA

**Date of Birth:** 10/25/1971

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 50 year-old right hand dominant female who was involved in a motor vehicle accident on 02/25/22. The patient states she was the front seat passenger of a vehicle which was involved in driver's front side collision while parking. Patient injured Left Hip in the accident. The patient is here today for orthopedic evaluation. Patient has tried 6 months of PT. Patient also had left hip intraarticular injection, which helped only for few days.

Patient complains of left hip pain that is 8/10 with 10 being the worst, which is sharp and throbbing in nature. Pain increases with sitting upright and working and improves with elevation of hip.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Gallbladder surgery and hysterectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Pantoprazole, Naproxen, and Tramadol.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is working. \_\_\_\_\_She works in UPS airport warehouse as lunch aide.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 2 inches tall, weighs 140 pounds   
**General Appearance:** Patient is a well-developed, well-nourished female in no acute distress. Awake, alert, and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left Hip:**  
Examination observation and palpation of the hip is positive TTP along the groin and to SI joint, pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Faber's test is positive. Range of motion reveals flexion 110 (100 degrees normal) with pain at end range of motion; extension 10 (30 degrees normal) with pain at end range of motion; abduction 40 (40 degrees normal) with pain at end range of motion; adduction 20 (20 degrees normal) with pain at end range of motion; internal rotation 40 (50 degrees normal) with pain at end range of motion; external rotation 40 (40 degrees normal) with pain at end range of motion.

**Diagnostic Imaging:**  
04/15/2022 - MRI of the left hip reveals hip joint arthrosis with diffuse labral tear, joint effusion. and no fracture. Narrowing of the ischiofemoml interval with atrophy of quadratus femoris which can be seen with  
ischiofemoral impingement.

**Assessment and Plan:**  
Diagnosis: 1. \_\_\_\_\_\_\_Traumatic induced sacroilitic left hip pain.  
 2. Labral tear, left hip.  
Plan: Continue Tramadol and Naproxen, PT/Chiro care. Discuss intraarticular injection to hip. Consider SI joint injection.

The patient’s Left Hip was examined   
MRI of the Left Hip was reviewed.

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 specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient. Patient is considered 50% temporarily disabled.  
  
In response to the required COVID-19 mandates the following precautions have been taken. Doctors and Medical Assistants wore masks and gloves; examination rooms are completely disinfected after each use. Patient was required to wear a mask. Temperature scan was administered prior to examination. No more than 10 people were permitted in the waiting room at any time as this is the max that can be achieved while still maintaining six (6) feet social distancing guidelines. Only the patient was permitted in the examination room.



**L Sean Thompson, M.D.**