**Patient Name:** ROSARIO-GONZALEZ, ANGEL

**Date of Birth:** 01/15/1987

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

**History of Present Illness:**  
This is a 35 year-old right hand dominant male who was involved in a motor vehicle accident on 03/10/2022. Patient states that while he was driving involved in a rear end collision and EMS took him to University Hospital. Patient had loss of consciousness at the time of accident. Patient injured Left wrist, elbow, knee, ankle in the accident. The patient is here today for orthopedic evaluation. Patient has not had PT for extremities.

The patient complains of left wrist pain that is 5/10, with 10 being the worst, which is sharp in nature. Pain is worsened with laying on left side, pushing. Pain is improved with medications. The patient complains of left elbow pain that is 5/10, with 10 being the worst, which is sharp in nature. Pain is radiating down to left arm. Pain is worsened with laying on left side, pushing. Pain is improved with medications. The patient complains of left knee pain that is 3/10, with 10 being the worst, which is sharp in nature. The knee pain is radiating down to leg. Pain is worsened with laying on left side, pushing. Pain is improved with medications. The patient complains of left ankle pain that is 3/10, with 10 being the worst, which is sharp in nature. Pain is worsened with laying on left side, pushing. Pain is improved with medications.

Other

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 230 pounds   
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert,   
and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left Ankle/Foot:**  
Examination reveals tenderness upon palpation along medial deltoid lateral ligament. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated. Range of motion reveals dorsiflexion at 20 degrees (20 degrees normal), plantar flexion at 20 degrees (40 degrees normal), sub inversion limited pain. Drawer – negative.

**Left Knee:**  
Examination of the knee revealed no tenderness on palpation. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was negative. Pain with attempted McMurray. Negative instability. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was not present. Valgus & Varus stress test was stable. Range of motion Flexion 140 degrees (150 degrees normal ) Extension 0 degrees(0 degrees normal ).

**Other:**  
Left Elbow: Examination reveals tenderness upon palpation at lateral epicondyle. Pain with \_\_\_\_\_ flex sign. Mild tenderness along triceps. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated.

**Diagnostic Imaging:**  
03/19/2022 - MRI of the left knee reveals thickened medial plica. Joint effusion. Hamstring and gastrocnemius tendinopathy with soft tissue edema.  
  
03/19/2022 - MRI of the left elbow reveals triceps insertional tendinopathy and fraying with 5-mm partial tear of the most posterior fibers at their insertion with reactive marrow edema, soft tissue edema and bursitiis. Thickened lateral and superior synovial fold with joint effusion. This can be seen with impingement in the right clinical setting.   
  
03/19/2022 - MRI of the left wrist reveals radioulnar joint effusion. Ulnar TFC fraying.  
  
03/19/2022 - MRI of the left foot reveals subacute impaction injury over the plantar lateral first metatarsal head with cortical irregularity and minimal marrow edema. Subtle stress reaction of the proximal fourth and fifth metatarsal shaft.

**Assessment and Plan:**  
Diagnosis: 1. Partial tear of left triceps tendon.  
 2. Traumatic-induced lateral epicondylitis.  
 3. Left knee pain.  
 4. Left ankle pain.  
 5. Left ankle sprain.  
Plan: Recommend to continue with PT, oral NSAIDs.

The patient’s Left Knee, Left Ankle/Foot, Other were examined   
MRI of the Left Knee, Left Ankle/Foot, Other were reviewed.   
Patient is to return to the office 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 specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient. Patient is considered 100% 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.**