**Patient Name:** SYLVESTER, SHARON

**Date of Birth:** 06/22/1966

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 55 year-old right hand dominant female who states that on 06/06/21, while she was at home depot, a poll fell on her left ankle and patient fell to ground. Patient was taken to Brick Town Hospital via ambulance. Patient injured Left Ankle in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which helped only a little lately. \_\_\_\_\_Original PT helped a lot.

The patient complains of left ankle pain that is 6/10 with 10 being the worst and rated at 8-9/10 after walking too long. Pain is constant in nature. The ankle pain increases with prolonged walking and improves with elevating the ankle and heat.

**Past Medical History:**  
Urinary tract infections, Hyperthyroid, Shortness of breath, abdominal obstruction, and fibroid.

**Past Surgical History:**  
Right knee arthroscopy.

**Past Accident/Injuries:**

**Daily Medications:**  
Aspirin, Aleve, Levothroid, pantoprazole sodium, Mucinex extra strength, Xopenex

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient last worked in 2018.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 2 inches tall.  
**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 Ankle/Foot:**  
Examination reveals tenderness to palpation on the lateral/medial aspect. 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 with pain (40 degrees normal), sub inversion at 30 degrees with pain (30 degrees normal). Drawer – negative.

**Diagnostic Imaging:**  
08/02/2021 - MRI of the left ankle reveals severe chronic ATFL sprain. Mild posterior tibial tendinosis without tear. Intact subjacent tibial spring ligament. Pes planus and hindfoot valgus with fibulotalar chrondral erosion and focal subchondral marrow edema. Sinus tarsi edema and scarring suggesting sinus tarsi syndrome. Minute osteochondral lesion involving the talar dome lateral corner. Plantar fasciitis without tear.

**Assessment and Plan:**  
Diagnosis: Anterior talofibular ligament, left ankle.  
Plan: Left ankle arthroscopy.

The patient has failed conservative management which has included physical therapy, oral medications, and injections. The MRI was reviewed with the patient as well as the clinical examination findings. I have gone over all treatment options with the patient. At this time, I have discussed the benefits and risks of Left Ankle arthroscopy, acromioplasty, subacromial decompression, debridement of rotator cuff versus possible rotator cuff repair, biceps tenotomy versus tenodesis and all other related procedures with the patient. I answered all their questions in regards to the procedure. The patient verbally consents to the procedure.

The patient’s Left Ankle was examined   
MRI of the Left Ankle was reviewed.   
The patient at the present time is advised diagnostic arthroscopic surgery.  
Patient is to return to the office 2 weeks postop.

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.**