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June 13, 2022

Office seen at:

S.P. Physical Therapy

1320 Louis Nine Boulevard

Bronx, NY 10459

Phone # (347) 862-0003

Re: Vidal-Cabral, Rafael

DOB: 03/07/1964

DOA: 03/05/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: A 58-year-old right-hand dominant male involved in a motor vehicle accident on 03/05/2022. The patient was a driver and was wearing a seatbelt. The car was hit by a jeep and the patient landed on the floor. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Bronx Care Hospital and was treated and released the same day. The patient presents today complaining of left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Cardiac and vertigo.

PAST SURGICAL HISTORY: PCI greater than 15 years ago (stent placement).

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metoprolol 40 mg, ASA 81 mg, meclizine, unable to recall rest of the medications.

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

ADL CAPABILITIES: The patient states that he can walk for 1 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions

secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left ankle: left ankle pain is 7/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.

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

HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.

Endocrine: No cold intolerance, appetite changes or hair changes.

Skin: Clear, no rashes or lesions.

Neuro: No headaches, dizziness, vertigo or tremor.

Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.

Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.

GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.

GU: No blood in urine, painful urination, loss of bladder control or urinary retention.

Hematology: No active bleeding, bruising, anemia or blood clotting disorders.

Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 6 inches, weight is 163 pounds, and BMI is 26.3. The left ankle reveals bruising to lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 06/02/2022, shows posterior talal process appears prominent with surrounding fluid suggestive of posterior ankle impingement, in an appropriate clinical setting. Moderate calcaneal spur. Mild joint effusion consistent with recent trauma in an appropriate clinical setting.

ASSESSMENT:

1. Joint effusion, left ankle.
2. Ankle impingement, left ankle.
3. Calcaneal spur, left ankle.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle 3 days/week.
6. Recommend steroid injections with pain management for left ankle. The patient refuses due to side effects.

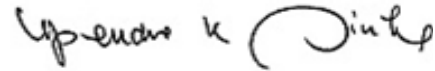
7. The patient will continue PT for 4 weeks and if there is no improvement, will offer intervention.
8. Follow up in 4 weeks.

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.

AFFIRMATION: Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.

Mellita Shakhmurov, PA-C

MS/AEI



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Board Certified Orthopedic Surgeon