November 20, 2024

RE:  Mr. Nehomar Carrasquel  
DOB:  02/29/1980   
DOA:   11/19/2024

                                                         INITIAL COMPREHENSIVE MEDICAL EVALUATION  
  
CHIEF COMPLAINT: left knee and left ankle pain.

HPI:

The patient is a 44-year-old male, right hand dominant, who presents to the office for an orthopaedic evaluation complaining of left knee and left ankle pain that started after a motorcycle accident on 11/19/2024.  The patient was making deliveries on his motorcycle and wearing a helmet when a car rear-ended him, causing him to be struck on the left side while he was waiting at a red light.  The patient did not lose consciousness.  EMS and police did not arrive.  The patient did not go to the hospital.  The patient denies any recent history of left knee and left ankle pain. The patient has no history of prior trauma.  The patient was asymptomatic prior to the accident.  Current symptoms include pain, limited and painful range of motion, and difficulty sleeping on the left side.  The patient has been taking over-the-counter medication without significant relief.  The patient has no physical therapy.  The patient has a chief complaint of left femur pain.

Left knee pain is 8/10, described as an intermittent pain.  The patient has stiffness and weakness.  There is no swelling noted.  The patient has difficulty bending, kneeling and squatting.  The patient has difficulty rising from a chair and difficulty going up and down stairs.  
Left ankle pain is 5/10, described as an intermittent pain, located over the lateral aspect.  There is no swelling noted.  Pain is worse with standing, walking and climbing.  
  
GAIT:  The patient ambulates with no assistive devices.

ADL: #ADL

Occupation:

Medication: The patient is not taking any medication at this time.

ROS:

Past Medical History: Non-contributory.   
Past Surgical History: Non-contributory.   
Social History: The patient does not smoke. The patient does not drink alcohol. The patient denies any recreational drug use.  
Allergies: N.K.D.A.   
Family History:

Vital:

EXAMINATION:

General: No acute distress. Well developed. Alert and oriented.  
HEENT: NC/AT.   
Neck: Supple.  
Cardiovascular: No cyanosis or edema.   
Respiratory: No labored breathing.

Psych: Mood and affect are appropriate.

PHYSICAL EXAM:

LEFT KNEE EXAM  
Effusion is 1+.  
Alignment is neutral.  
No ecchymosis.  
Tenderness to palpation over the anterolateral thigh.  
  
Range of motion is 0-110 degrees (Normal ROM of knee is 0-140 degrees).  
Pain with deep flexion.  
  
Negative patellar grind test.  
Positive medial- and lateral-sided McMurray test.  
  
Ligament Testing:  
Stable to varus stress and stable to valgus stress at full extension.  
Stable to varus stress and stable to valgus stress at 30 degrees of flexion.  
Negative Lachman test and negative anterior drawer test.   
Negative posterior drawer test.  
Pivot shift test is unequivocal.  
Negative patellar apprehension.  
Negative J-sign.  
  
Neurovascular exam is intact distally.  
Sensation is intact.  
Palpable pedal pulses.  
  
LEFT ANKLE EXAM  
Inspection:  
Skin is intact.  No swelling, no effusion, and no erythema noted.  
Gait is painful.  
  
Tenderness to palpation:  Lateral aspect.  
Achilles:  Negative.  
Medial Malleolus:  Negative.  
Lateral Malleolus:  Negative.  
Syndesmosis:  Negative.  
Posterior Tibial Tendon:  Negative.  
Base of 5th Metatarsal:  Negative.  
Peroneal Tendons:  Negative.  
ATFL:  Negative.  
CFL:  Negative.  
  
Range of Motion:  
Dorsiflexion 15 degrees (Normal dorsiflexion is 20 degrees).  
Plantar flexion 35 degrees (Normal plantar flexion is 50 degrees).  
  
Special Test:  
Anterior drawer:  Negative.  
Thompson squeeze:  Negative.  
  
Neurovascular exam is intact distally.  
Sensation is intact.  
Pulses:  Brisk capillary refill, palpable DP and PT.

ASSESSMENT:

The patient is a 44-year-old male complaining of left knee and left ankle pain. that is secondary to the motorcycle accident on 11/19/2024.

Internal derangement, left knee - M23.92

Pain, left knee - M25.562

Left anterolateral thigh contusion

Pain, left ankle - M25.572

Sprain, left ankle - S93.402A

PLAN:

1. All treatment options discussed with the patient.
2. Start anti-inflammatory medications p.r.n.
3. Start physical therapy of the left knee and left ankle.
4. MRI ordered of the left knee, left femur, and left ankle.
5. X-ray ordered of the left knee, left femur, and left ankle.
6. Follow-up once MRIs and x-rays are completed.
7. Refer to podiatry for left ankle.

WORK STATUS: The patient is not working.

DEGREE OF DISABILITY: 100% temporarily disabled.

#Note1 #Note2 #Note3

Based on the patient's history and my clinical examination, I can state with a reasonable degree of medical certainty that the accident mentioned above was the component producing cause of the patient's injuries and symptomatology.