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MORENO, Miguel (id #1000685703, dob: 08/02/2002)

### Medical Records - CONFIDENTIAL

FROM: AR - OrthoArkansas, PA

Dewayne T 3001 Twin Rivers Drive, ARKADELPHIA, AR 71923-4219 Phone: (501) 500-3500

Fax: (870) 230-1094

TO: SIKANDAR MURAD MD

802 N UNIVERSITY, LITTLE ROCK, AR 72205 Phone: (501) 291-2322

Fax: (888) 388-5166

Attention: Layla

Name: MORENO, MIGUEL

DOB: 08/02/2002

Date Range: 01/01/2023 to 07/06/2023

This document contains the following records of the patient:

Encounters and Procedures

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7/6/2023 10:19:08 am EDT
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MORENO, Miguel (id #1000685703, dob: 08/02/2002)

## **Encounters and Procedures**

Clinical Encounter Summaries

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OrthoArkansas • 3001 Twin Rivers Drive, ARKADELPHIA AR 71923-4219 MORENO, Miguel (id #1000685703, dob: 08/02/2002)

Encounter Date: 06/30/2023

**Patient** 

Name

MORENO, MIGUEL (20yo, M) ID#

Appt. Date/Time 06/30/2023 02:50PM

1000685703

DOB 08/02/2002 Service Dept.

Midtown Clinic

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Provider

KATHERINE STALLINGS, PA

Insurance

Med Primary: AETNA (POS II) Insurance #: W271648751

Policy/Group # : 086865303100002

Referring Provider Name: MURAD, SIKANDAR, MD

Prescription: check now

Chief Complaint

Left knee pain

Patient's Care Team

Referring Provider (Primary Insurance): MURAD, SIKANDAR, MD: 802 NORTH UNIVERSITY, LITTLE ROCK, AR 72205, Ph (501) 291-2322, Fax (888) 388-5166

Primary Care Provider: SIKANDAR MURAD MD: 802 N UNIVERSITY, LITTLE ROCK, AR 72205, Ph (501) 291-2322,

Fax (888) 388-5166 NPI: 1003875501

Patient's Pharmacies

KROGER DELTA 627 (ERX): 8824 GEYER SPRINGS RD, LITTLE ROCK, AR 72209, Ph (501) 565-7584, Fax (501) 565-5094

Vitals

**Ht:** 5 ft 7 in 06/30/2023 02:39

Wt: 236 lbs 06/30/2023

BMI: 37 06/30/2023 02:45 pm

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02:45 pm

Allergies

NKDA

Medications

Reviewed Medications

ibuprofen 06/30/23 entered

600mg As needed for pain

Problems

Reviewed Problems

Derangement of knee - Onset: 07/05/2023, Left

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

What was the date of your most recent tobacco screening?: 06/30/2023

What is your level of alcohol consumption?: None

What is your level of caffeine consumption?: Occasional

**Illicit Drug Use** 

Do you currently use any of the following illicit DRUGS?: None

**Diet and Exercise** 

What is your exercise level?: Occasional

**Education and Occupation** 

Are you currently employed?: Yes

What is your occupation?: Splash super pools welding

Surgical History

Reviewed Surgical History

Screening

None recorded.

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HPI

Miguel is a 20-year-old male presenting to the clinic for left knee pain that has been present for roughly 1 to 2 months status post playing basketball. He believes that he injured his knee when he jumped up to rebound a ball and when he landed felt a "pop". He states that he was able to stand and walk on his leg after this incident, however, he did experience increased pain, swelling, and instability. His pain is rated a 2 out of 10 and described as aching and sharp. He has not had any injections, physical therapy, or advanced imaging performed.

Subjective:

Miguel Moreno is a 20 year old male who presents to discuss concerns about their Knee, that began on 05/28/2023.

Hand dominance: Right

Pain Location: Knee, Left-sided

Injury occurred: Playing basketball heard a pop

Quality of symptoms: Aching, Sharp

Pain scale (1-10): 2

Pain duration: 2 Months
Pain work related: no

Work status: Regular duty

Pain better with: Anti-inflammatory medication, Lying down, Rest, Sitting

Pain worse with: Standing

Prior Treatments (for reason for visit):

Previous Surgery: No Physical Therapy: No

Injections: No

Vitals:

Height: 5ft. - 7 in.

Vaccines:

Patient reports New Medications:

- ibuprofen 600mg frequency: As needed for pain

Blood thinners: no

Patient reports NO New Allergies.

Updates to Past Medical History: None

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Updates to Past Surgical History: None

Social History Abstract:

Smoking status: Never Smoker

Exercise: Occasional

ROS

#### ROS as noted in the HPI

Physical Exam

#### **EXAMINATION**

General: Well-developed, well-nourished male who is in no acute distress.

Psychiatric: He is awake, alert and interactive throughout the interview and examination. Mood and affect are appropriate for the clinic visit.

HEENT: He is normocephalic, atraumatic and his extraocular muscles are grossly intact.

Skin: Warm, dry and well perfused. No lesions, rashes or abrasions.

Cardiovascular: Dorsalis pedis and posterior tibialis pulses are 2+ and symmetric. Regular rate and rhythm by peripheral examination.

Neurologic: Distal motor and sensory examination is normal and symmetric in both lower extremities.

Gait: Normal gait pattern with no evidence of antalgia nor ataxia.

Musculoskeletal: Examination of the left knee shows no atrophy of the quadriceps. There is no effusion. Excellent quadriceps tone, bulk and recruitment. Range of motion is from 0° to 130° without crepitation. No pain with overpressure into deep flexion. Mild tenderness to palpation along the medial joint line. No tenderness along the lateral joint line. Normal patellar tracking and mobility without apprehension. No tenderness to palpation at the medial or lateral patellar facet.

Lachman: Negative
Anterior drawer: Negative
Posterior drawer: Negative
Valgus stress: Negative
Varus stress: Negative
Medial McMurray's: Negative
Lateral McMurray's: Negative

Dial Test: Negative

Hip: No pain with internal rotation or external rotation of the left hip.

**IMAGING** 

Standing 4 views of the left knee and 3 comparison views of the right knee were obtained today and personally reviewed. Well-maintained joint space and alignment. No evidence of acute fracture or dislocation.

#### Assessment / Plan

#### ASSESSMENT

Internal derangement of the left knee concerning for ligament versus meniscus versus cartilage injury.

#### PLAN

X-rays reviewed with Miguel today in the clinic. I offered to send him for an MRI of his left knee to better evaluate his injury as his mechanism of injury, pain, swelling, and instability do concern me for surgical lesion. He declined by offer for an MRI. We discussed more conservative treatments including physical therapy and an intra-articular steroid injection, however, he declined these treatment modalities as well. He would like to continue with watchful waiting and will return to the clinic as needed and as symptoms dictate. He is agreeable to this plan and voices no further concerns or complaints at this time. All questions answered prior to leaving clinic today.

#### 1. Pain in left knee

M25.562: Pain in left knee

KNEE - LEFT - 4 OR MORE VIEWS

Side: LEFT Views (X-RAY, KNEE): AP, Lateral, Tunnel, & Sunrise

#### 2. Overweight

E66.3: Overweight

LEARNING ABOUT HEALTHY WEIGHT

#### 3. Derangement of knee - Left

M23.92: Unspecified internal derangement of left knee

#### Return to Office

Patient will return to the office as needed.

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**Encounter Sign-Off** 

Encounter signed-off by KATHERINE STALLINGS, PA, 07/05/2023.

Encounter performed and documented by KATHERINE STALLINGS, PA Encounter reviewed & signed by KATHERINE STALLINGS, PA on 07/05/2023 at 12:46pm