**Identifying Data:**

Full Name: W.W.

Sex: Male

DOB: XX/XX/1982

Race/Nationality: African American

Primary Language: English

Address: Queens, NY

Date & Time: 10:00AM 09/19/22

Location: CitiMed JFK

Source of Information: Self

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** middle back, left knee, left ankle, left foot pain, follow up

**HPI:**

W.W., 40 y/o male, no reported PMHx, presents for a follow up regarding his middle back, left knee, left ankle, and left foot pain secondary to an injury sustained on duty 8 months prior. His original mechanism of injury was slipping and falling onto a metal grate causing him to land onto the concrete ground on his left side. He denied head trauma, LOC, or prior injuries to the affected body parts.

Today, he rates his left knee pain 2/10, intermittent, worse-with movement, non-radiating, and achy. Originally rated 9/10 and sharp. The pain is exacerbated by going up/down stairs, bending down, carrying heavy objects, prolonged standing and walking. His middle back pain and left foot/ankle pain is now resolved which was originally rated 8/10 pain with last pain episodes in March 2022. He wears a knee brace daily, is using lidocaine 5% patches every other day, and taking OTC Ibuprofen 200mg two tablets 2x/week, with relief.

Denies numbness, tingling, weakness in extremities, vision changes, chest pain, sob, bowel/ bladder changes, nausea, vomiting, diarrhea, fever, abdominal pain. Patient ambulates to the office without any assistive devices.

Patient is being followed by Podiatry. He saw Dr. Shah on 2/03/22, advised physical therapy, and prescribed left ankle brace. He was seen on 3/31/22, advised physical therapy and use of left ankle brace.

Patient is being followed by Orthopedics who he has been seeing every 4-6 weeks since May 2022. Orthopedics advised the patient to begin physical therapy and receive a left knee arthroscopy which was performed 8/15/22 with subsequent surgical follow up on 8/19/22. Patient denies any surgical complications and reports increased mobility and decreased pain since receiving the arthroscopy.

Patient is cleared for full duty as of today, 9/19/22.

**Past Medical History:**

* Denies PMHx

*Immunizations*

* Up to date on childhood vaccinations
* SARS-CoV-2 (3 doses of Pfizer)

**Past Surgical History:**

* Right middle finger amputation (2008) secondary to traumatic crush injury on duty
* Left knee arthroscopy 08/15/22

**Current Medications:**

* OTC Ibuprofen 200mg 2 tablets 2x/week
* Lidocaine 5% patch applied every other day
* NKDA, no environmental/food allergies

**Family History:**

* Mother – Living, 67 y/o, breast ca 2012
* Father – unknown
* Brother – living, 43 y/o, healthy

**Social History:**

* Habits – Social alcohol use, 2 beers 1-2x/month. Never smoker. No reported illicit drug use
* Travel – Denies recent travel
* Occupation – American Airlines mechanic
* Marital History – Divorced
* Diet – No dietary restrictions. Reports eating standard American diet
* Sleep – Denies snoring. Sleeps 8-9 hours per night. Feels well rested
* Exercise – Denies routine exercise but reports physical labor at work
* Sexual History – Denies sexual activity, no history of STIs

**Review of Systems:**

* General
  + Denies weakness, fatigue, weight loss, loss of appetite**,** fever/chills/night sweats
* Skin, hair, nails
  + Denies lacerations, rash, pruritis, pigmentations, moles, change in hair distribution.
* Neck
  + Denies neck pain, swelling/lumps, stiffness, or decreased ROM
* Pulmonary System
  + Denies dyspnea, cough, wheezing, hemoptysis, cyanosis, orthopnea, or PND
* Cardiovascular System
  + Denies chest pain, known murmur, palpitations, irregular heartbeat, or syncope
* Gastrointestinal System
  + Denies decreased appetite, intolerance to specific foods, N/V/Constipation, abdominal pain,diarrhea, dysphagia, pyrosis, flatulence, jaundice, changes in bowel habits, hemorrhoids, rectal bleeding/blood in stool.
* Nervous System
  + Denies weakness, loss of strength, changes in cognition/mental status, changes in memory, seizures, headache, loss of consciousness, & ataxia
* Musculoskeletal System
  + **Admits pain and stiffness in the left knee**
* Peripheral Vascular System
  + Denies intermittent claudication, coldness/trophic changes, varicose, or color change
* Hematologic System
  + No Hx of DVT/PE, anemia, or lymph node enlargement
* Psychiatric
  + Denies Hx of depression/anxiety, or other psychiatric illnesses

**PHYSICAL EXAM**

Vital Signs:

BP: 126/76mmHg – sitting, L arm RR: 14 breaths/min Pulse: 88 bpm

T: 98.7F(oral) O2 SAT: 100% on room air

Height: 6’1 inches Weight: 220 lbs BMI: 29.0 kg/m2

**General appearance:** in no acute distress, well developed, well nourished. **Wearing left knee brace.**

**Head:** normocephalic, atraumatic

**Eyes:** PERRL and accommodation, EOMI

**Heart:** RRR, Normal S1, S2. No murmurs appreciated.

**Lungs:** Clear to auscultation bilaterally

**Chest:** non-tender

**Musculoskeletal:**

*Thoracic:* No erythema, edema, ecchymosis, deformity, or open wound. Non-tender to bilateral paravertebral muscles and spinal palpation.  
*Left knee:* No ecchymosis, edema, deformities. Nontender. No shin or calf tenderness. No instability. Full ROM with no discomfort. Flexion 140/140, Extension 0/0, with pain.  
*Left ankle:* No ecchymosis, edema, deformities. Nontender. No malleoli tenderness. Full ROM with no discomfort. Dorsiflexion 20/20, Plantar flexion 30/40, Inversion 30/30. Eversion 20/20 with pain. Able to wiggle all toes  
*Left foot:*  No ecchymosis, edema, deformities. No tenderness to posterior right ankle and calcaneus. No malleoli tenderness. Full ROM. Dorsiflexion 20/20, Plantar flexion 40/40, Inversion 20/30. Eversion 15/20. Able to wiggle all toes.

Neuro: alert & oriented x3, cranial nerves 2-12 grossly intact, gait normnal, sensory exam intact

Skin: no suspicious lesions, warm and dry. **Two well healed incisional scars over the left knee.**

Peripheral pulses: 2+ bilaterally

Psych: alert, oriented, cooperative with exam, speech clear,

**Imaging:**

Xray Thoracic (01/21/22): Intact thoracic vertebral bodies. The disc spaces are maintained. No soft tissue swelling.

Xray Left Knee (01/21/22): **Elevated position of the left patella raising the question of injury to the patella tendon**. No fracture. Effusion.

Xray Left Ankle (01/21/22): No fracture or dislocation. Soft tissue swelling. Plantar calcaneal spur.

MRI Thoracic (2/19/22): Intact thoracic vertebral bodies. Irregularity of the vertebral endplates of the T4/5 and T5/6 levels, with loss of signal intensity in the distal bulging of the annulus fibrosis of the discs. **Bulging of the annulus fibrosis of the T10/T11 disc**. Normal appearance of the thoracic cord.

MRI Left Knee (01/31/22): **Bone bruises in the medial femoral condyle, medial tibial plateau and patella. Nondisplaced tear of the posterior horn of the medial meniscus. Strain of the anterior cruciate ligament and medial collateral ligament.** Minimally elevated position of the patella; patella tendon is intact. **Chondromalacia patella. Knee effusion and Bakers cyst. Prepatellar and pretibial bursitis.**

MRI Left Ankle (01/31/22): Intact left ankle; **bone bruises in the calcaneus.** Intact ankle joint. **Tendinopathy of the flexor digitorum longus tendon and the posterior tibial tendon. Retrocalcaneal bursitis. Strain and partial tear of the anterior talofibular ligament; strain of the posterior talofibular ligament.**

MRI Left Foot (2/07/22): Intact left foot; **bone bruises at the bases of the fourth and fifth metatarsal bones.** Intact joint spaces. Soft tissue swelling overlying the dorsum of the foot laterally; no focal soft tissue lesion.

**Assessment:**

* Middle back pain (resolved)
  + Thoracic spine Intervertebral disc displacement
* Left knee pain
  + Medial meniscus tear (s/p arthroscopy)
  + Chondromalacia of patella (s/p arthroscopy)
  + Strain of anterior cruciate ligament (resolved)
  + Synovial (baker) cyst
* Left foot/ankle
  + Partial tear of anterior talofibular ligament
  + Strain of ATL and PTL ligaments (resolved)
  + Bone bruising at 4th & 5th metatarsals (resolved)

**Plan:**

* Continue to follow up with orthopedics for left knee injury
* Follow up with podiatry as needed for left foot/ankle injury
* Continue physical therapy 3x/week for left knee injury to decrease pain and increase strength/ROM
* Continue OTC Acetaminophen/Ibuprofen as needed for pain
* Apply Lidocaine 5% ointment to affected site once daily
* Return in 3-4 weeks for follow up