

Employee: Anderson, Tiffany

Company: SJ Mosquito & Vector Control

Patient ID: 549-23-5133

Injury Date: 06/19/2008

WC Chart

Invoice # 35043 ✓

Treatment Date: 07/15/2008

Page 1

CHIEF COMPLAINT: Tiffany states that on June 19, 2008, while working for SJ Mosquito & Vector Control, she injured the right leg while she was climbing up and down the bed of the truck for two days.

HISTORY OF PRESENT ILLNESS: This is a follow-up visit for Tiffany Anderson, a 37 year-old Pesticide Applicator, whose primary complaint is pain, stiffness and swelling located in the right leg. She describes it as "throbbing" pain and "burning" pain. She considers it to be unbearable. Tiffany says that it seems to be present on a constant basis and varies with her activity levels. She has noticed that it is made worse by walking. It is improved with PT. Her pain level is 10/10. Patient states she has noticed no improvement since last visit. Current Treatment: Medication (Prescription). She is taking Ibuprofen and is unsure if its helping reduce her symptoms. Patient denies numbness/tingling sensations She states she is currently not working because her employer cannot accommodate her work restrictions. Physical Therapy. She states the physical therapy has helped to improve her symptoms.

REVIEW OF SYSTEMS: General Health: Good. Constitutional: Negative for fever, malaise. Eyes: Negative for recent change in vision. Cardiovascular: Negative for chest pain, heart trouble. Respiratory: Negative for cough, shortness of breath, wheezing. Gastrointestinal: Negative for abdominal pain, diarrhea, heartburn, nausea. Genitourinary: Negative for kidney disease. Musculoskeletal: Negative for joint pain, joint stiffness, joint swelling. Neurological: Negative for headache. Psychiatric: Negative for anxiety, depression, difficulty sleeping. Hematologic: Negative for blood disorder, anemia.

PAST, FAMILY AND SOCIAL HISTORY: Major Surgery: None. Marital Status: She is currently not married. Employment Status: She is currently employed in a full time position. Other Employment: None.

CURRENT MEDICATIONS: Ibuprofen and Birth Control Pills

ALLERGIES: None Known

PHYSICAL EXAMINATION:

General: She appears to be in good general health. Gait is slightly antalgic due to intermittent right knee joint swelling. There is no sign of pain while at rest. She appears to have pain with movement of the right knee.

Right Knee: Bruising is absent. Deformity of the knee is not present. Iliotibial band palpation causes no pain. Joint crepitus is absent. Joint effusion is present. Movement of the knee causes pain with full flexion and extension; she is unable to kneel or squat due to pain and swelling right knee joint. Patellar tendon is tender. Prepatellar bursa is tender. Quadriceps appears weaker on the right when compared to the left. Range of motion is limited with full extension and flexion. Scarring is not present. The knee is stable. Tenderness to palpation is present in the popliteal space. Mc Murray's test is negative.

DIAGNOSIS: 1. Knee effusion, Right (719.06). 2. Anterior Cruciate Ligament Sprain, Right (844.2).

MEDICAL DECISION MAKING: This is a follow up visit for this medical condition. Overall, the patient's medical condition appears to be worsening. Current treatment includes medications, physical therapy and a home exercise program. I've directed Tiffany to continue physical therapy. I have prescribed the therapist to provide evaluation and treatment. I expect the duration of this therapy to be two weeks. The frequency of therapy treatments should be three times a week. Patient will be taking PT script off-site in Lodi. Knee brace prn. RTC 1 week.

PRESCRIPTIONS: Tiffany has been prescribed the following: (RX1) Propoxyphene/APAP Dosage 650 mg. Dispense: 10 Instructions: One tablet every four hours as needed for pain. Refills: None. She has been instructed in

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WC Chart

Invoice # 35043

Treatment Date: 07/15/2008

Page 2

medication use and side effects. She has been instructed of the impact medication (Propoxyphene/APAP) has on driving and machine operation.

MEDICAL CAUSATION: Based on the available information, this appears to be a work-related condition.

WORK STATUS: MODIFIED work duties.

WORK RESTRICTIONS: No squatting, kneeling or crawling. No climbing ladders. Wear splint/brace as directed. No prolonged standing or walking.

Mike Dixon, PA-C
Donald Rossman, M.D.

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