DATE	BATES	CLINIC / PROVIDER	DOCTOR	EVENT / PROCEDURE	SUMMARY / DIAGNOSES	IMPRESSION / RECOMMENDATIONS	
04/24/84	EJGH000027	EJGH	ER Doctor	Emergency Room	Fell, injured left elbow, x-ray normal	illegible	
03/11/91	EJGH000024	EJGH	ER Doctor	Emergency Room	Fell, injured right hand, x-ray normal	Normal Hand, discharge	
05/23/93	EJGH000020	EJGH	ER Doctor	Emergency Room	Jet Ski accident, fell off Jet Ski, injured left knee, left neck, head. X-ray of Knee is normal, Cspine series shows possible spasm	Discharged satisfactory	
04/21/95	EJGH000029	EJGH	ER Doctor	Emergency Room	Fell off bicycle, Left clavicle fracture, Head contusion, Back abrasions. References an earlier ankle fracture and being released from ortho care two weeks ago.	Discharged with pain meds, clavicle strap, instructions to follow up with Schackleton, MD following week	
08/29/98	EJGH000012	EJGH	ER Doctor	Emergency Room	MVA. Restrained driver. No LOC, Cervical Strain	Naprosyn, Follow up with PCP	
01/18/00	MRH000020	Holdiness, MD	Holdiness, MD	Office Visit	21 year old male complains of unable to get (illegible). History includes ADD, meds include	Illegible, no plan discerned	
02/09/00	MRH000018	LabCorp	Holdiness, MD	Comprehensive Metabolic Panel	Standard	Normal range	
07/10/03	EJGH000035	EJGH	ER Doctor	Emergency Room	Motorcycle accident. Contusion and strain left shoulder, abrasions, laceration of the left leg with suture repair.	Discharge to home, ice compresses, wound care, suture removal in 10 days, prescriptions for Percocet and Robaxin. Follow-up with Dr. Holdiness for recheck.	
05/08/06	MRH000021	Holdiness, MD	Holdiness, MD		Patient states went to get (illegible) on street (illegible, looks like "new year"	Lexapro, illegible	

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09/04/06	EJGH000179	EJGH	ER Doctor	Emergency Room	Illness: Dehydration, gastroenteritis The patient has vomiting and diarrhea. He states he passed out at home after having vomiting and having diarrhea. He has had fever and occasional cough. No sputum production. No dysuria. No blood in the vomit or the diarrhea. No recent travel. Denies any raw or unusual foods.CURRENT MEDICATIONS: Positive for being on HydroCut for the last 2 months to try to lose weight. No other medications.	CLINICAL IMPRESSION: 1. Gastroenteritis. 2. Dehydration. Discharged to home	

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06/15/07	EJGH000148	EJGH	ER Doctor	Emergency Room	HISTORY OF PRESENT ILLNESS: The patient is a 28-year-old male who was a restrained rear seat passenger in a vehicle. According to the paramedics, there was a right-sided T-bone. The patient states he was restrained. He complains of pain to his neck and to his lower back. INTERPRETATIONS: X-RAYS: The patient's C-spine and lumbar series were reviewed with Dr. Morales, and found to be negative. ED COURSE: He was given Stadol 2 mg and Phenergan 12.5 mg IM.	CLINICAL IMPRESSION: Cervical and lumbar strain. DISPOSITION/PLAN: 1. Call Dr. Holdiness or else Health Finders for referral to an orthopedist for recheck this week. 2. Return immediately if any problems. 3. Celebrex, Vicodin, and Flexeril, take as directed. Discharged to home	
07/19/07	MRH000007	Unknown Hospital. Possibly Touro, based on Holdiness records dated 07/27/07	Holdiness, MD	Emergency Department	Presents with complaint of electrical shock to left shoulder by a 110 or 220 volt current when crawling under a house doing repairs. Pt states he felt dazed for a second or two. Foot,-complete, l, trauma with pain Hand complete, l, trauma with pain Wrist complete, 1, trauma with pain all x-rays neg. clinic med consulted and arrived to ed to evaluate and admit	Left foot x-ray: Findings bipartite lateral sesamoid at the first metatarsophalangeal joint. Clinical correlation is required to assure that this does not represent a fractured sesamoid. Impression: Bipartite lateral sesamoid, first metatarsophalangeal joint.	

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07/20/07	MRH000011	Unknown Hospital. Possibly Touro, based on Holdiness records dated 07/27/07	Holdiness, MD	In-Patient	To be discharged today	Discharged	
07/25/07	EJGH000131	EJGH	ER Doctor	Emergency Room	Chest pain, unspecified. Catalog Type: Cardiology Activity Type: Echocardiogram Activity Type: General Lab	Discharge. Follow up for cardiology studies	
07/27/07	EJGH000122	EJGH	Outpatient	Outpatient	Cardiology Work-up Metabolic Work-up	Technically adequate study. Left ventricular chamber size is normal. Wall thickness is normal. Left ventricular wall motion is normal. There is normal left atrial, aortic root, right ventricular and right atrial size. Mitral valve motion is normal. Aortic valve is trileaflet and shows normal mobility. Pulmonic valve motion is normal. No pericardial effusion is seen. IVC is normal in size and collapses with inspiration indicating normal central venous pressure.	
07/27/07	MRH000005	Holdiness, MD	Holdiness, MD	Office Visit	Follow up after electrical shock on 07/19. Went to TOURO ER. mother wanted him to come to Dr. to be sure he is okay. Pyloric stenosis as a baby is referenced (narrow Duodenum)	Normal exam	

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05/01/08	MRH000021	Holdiness, MD	Holdiness, MD	Office Visit	Patient stepped on (illegible) on front porch (illegible)	NONE	
01/11/09	EJGH000070	EJGH	ER Doctor	Emergency Room	This is a 30-year-old male who comes to the emergency department with his mother. History comes from both the patient and his mother. The patient states he drinks alcohol on a daily basis. He told me he drinks 3-4 beers a night. He told the nurse he drinks approximately two six packs plus hard alcohol on a daily basis. He states he has been depressed and has told other people that he's had thoughts of harming himself. He denies that to me at present. He denies any specific complaint to me. EMERGENCY ROOM COURSE: The patient was monitored in the emergency department. He had labs drawn which showed a white count of 8, hemoglobin 15, hernatocrit 44. Tox screen showed an alcohol level of 0.10, otherwise negative. Chemistries were basically normal. The patient had a psychiatric nurse consult. Both she and I felt that the patient was depressed with possible	PAST MEDICAL HISTORY: Pertinent for the substance abuse. MEDICATIONS: Lexapro. ALLERGIES: No known allergies. SOCIAL HISTORY: Positive for alcohol use. IMPRESSION: 1. Alcohol abuse with depression. PLAN: The patient admitted for further evaluation.	

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10/26/09	MRH000026	Holdiness, MD	Holdiness, MD	Office Visit	Illegible		
01/31/11	MRH000026	Holdiness, MD	Holdiness, MD	Office Visit	Patient has been on Lexapro, but last three months not working.	ADD - Stay on Ritalin Increase Lexapro Illegible	
06/21/11	MRH000022	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Illegible, no plan discerned	
11/07/11	DIS000003	Diagnostic Imaging	Holdiness, MD	CXR	Cough, congestion and "heavy feeling in chest" for several days.	Impression: No Consolidation, Pulmonary Edema, Or Other Acute Process Noted.	
11/07/11	MRH000022	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	
11/07/11	MRH000004	Diagnostic Imagin	Holdiness, MD	Chest X-ray	Normal	Normal	
04/24/12	SOS000005	Southern Ortho. Spec	Gregor J. Hoffman, M.D.	Office Visit **Note: There is a Dr.'s Note in the BB employment file, dated this day, excusing him from "twisting and Jumping" at work. This note does not appear in the records. What else might be missing?**	Present Illness: 33-year-old who twisted his left knee when he stepped in a hole 3 weeks ago. Also complaints of pain and swelling both knees. Comes and goes. Left worse than right. No specific trauma or injury. Left ankle tenderness the lateral malleolus mild swelling medial side clear mild limp. No gross instability. **Left ankle Fracture lateral malleolus mild Suspected medial meniscal tear left knee Suspected medial meniscal tear right knee with bipartite patella**	Plan: Options discussed. Continue activities as tolerated and supportive brace with boot on the left. Symptoms should resolve in about a month follow up as needed with regards to both of his knees observation at this point. Symptoms do not warrant further intervention at this time. Follow up as needed	

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05/23/12	EJGH000047	EJGH	ER Doctor	Emergency Room	HISTORY OF PRESENT ILLNESS: A 33-year-old states he fell, twisting his ankle, was seen by Orthopedics earlier, diagnosed as having a sprain and prescribed an appliance which the patient is not using. He states when he steps on his left heel, he has pain that radiates to his left buttocks. He has no recent injury. (fractured that ankle 3 wks prior to 04/24/12, approx. 04/03/12) HOSPITAL COURSE: A double wrap was ordered for the left ankle and crutches were ordered which the patient declined IMPRESSION: 1. Sprained ankle. 2. Paresthesias to the leg.	RECOMMENDATIONS: Recommended crutches. No weight bearing was recommended. To keep in double wrap or wear splint. Prescriptions for Clinoril Follow up 1 week. DISCHARGE ED Procedures and Charges Form 05/23/12 18:40 CDT	

DATE	BATES	CLINIC / PROVIDER	DOCTOR	EVENT / PROCEDURE	SUMMARY / DIAGNOSES	IMPRESSION / RECOMMENDATIONS	
05/23/12	SOS000007	Southern Ortho. Spec	Gregor J. Hoffman, M.D.	Office Visit **Note: There is a Dr.'s Note in the BB employment file, dated this day, excusing him from work until 05/28/2012This note does not appear in the records. What else might be missing?**	Present Illness: 33-year-old recently seen with a lateral malleolus fracture in April. Was doing well and then he slipped in the bathroom at Copeland's 5/22/12. Small avulsion at the distal fibula good position appears to be healing from previous fracture. No new fracture at the foot Impression: Left ankle sprain fibular fracture lateral foot sprain.	Plan: Place of ankle support provided to the patient. Return to work on Monday. Follow-up in about 2-3 weeks to check progress unless there is a problem	
06/05/12	SOS000009	Southern Ortho. Spec	Gregor J. Hoffman, M.D.	Office Visit	Present Illness: Still burning pain at the lateral aspect of the left ankle. Ultram has been somewhat helpful. He has returned to work. At work On a ladder is an aggravating factor. He has Had a difficult time Tolerating it. Mainly burning pain at the lateral aspect.	Plan: Because of his complaints and his requirements with work to the left ankle 1 cc of Depo Medrol and 1 cc of lidocaine was given under clean conditions. Patient tolerated procedure well. Hopefully this will help out some of his symptoms. Continue with Ultram Unable to take Mobic because of GI upset. Recheck 2 weeks unless there is a problem. Continue work as tolerated.	
06/19/12	SOS0000 10	Southern Ortho. S	Gregor J. Hoffman, M.D.	Office Visit	Present Illness: Having some numbness and tingling of the lateral side of the left foot. Previous injection helpful with regards to pain at the ankle Physical Examination: No instability mild restriction of inversion.	Plan: Home exercise program instructed. He needs a little more flexibility. Symptoms should continue to improve. Continue work as tolerated. Follow-up 3-4 weeks unless there is a problem.	
06/19/12	MRH000025	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	

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07/26/12	BJC000026	Bone & Joint	John Cazale, MD	First Office Visit	PHYSICAL EXAMINATION: Neurological examination reveals a little decrease in sensation over the lateral aspect of the foot, but there is no motor weakness. He has full range of motion of the ankle and foot. There is no swelling and there is no discoloration, There is some tenderness over the anterior talofibular ligament. X-RAYS: including stress x-rays. He definitely does have an increased talar tilt. It opens up. I spoke at length with him.	PLAN: Since he is having pain three months post-op, (?!?!?!) I think an MRI would be appropriate to make sure he does not have any cartilage injury. He is going to continue with the ankle brace. He is going to return to see me after we do get the MRI to make sure about we are dealing with. Everything has been explained in great detail.	
07/27/12	BJC000029	Bone & Joint	John Cazale, MD	Patient Information form	How did this happen? "I fell in a hole."	No mention of bathroom fall causing any issue.	

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07/31/12	BJC000014	Bone & Joint	Doctor's Imaging Ordered by Cazale, MD of Bone & Joint	MRI	There is normal fatty marrow signal intensity in the osseous structures about the ankle I with respect to the visualized portions of the distal tibia and fibula, the talus and I calcaneus as well as the visualized portions of the mid foot and proximal forefoot. There is no evidence for marrow edema nor osseous destructive changes. Small amount of fluid is noted in the ankle joint as well as in the retrocalcaneal bursa. The Achilles tendon and Plantar fascia are unremarkable. The sinus tarsi is unremarkable. The ankle mortise is intact. The anterior and posterior tibiofibular and talofibular ligaments as well as the superficial and deep components of the deltoid ligament and the calcaneofibular ligament are intact. The posterior tibialis, flexor digitorum longus and flexor hallucis longus as well as the peroneus longus and brevis, anterior tibialis, extensor hallucis longus and I extensor digitorum longus tendons	IMPRESSION MINIMAL FLUID IN THE ANKLE JOINT AS WELL AS IN THE RETROCALCANEAL BURSA	
07/31/12	Ochsner000264	Doctor's Imaging	Cazele, MD	MRI Left Ankle	Unremarkable	Minimal fluid in the ankle joint as well as in the retrocalcaneal bursa	

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08/06/12	BJC000024	Bone & Joint	John Cazale, MD	Office Visit	HISTORY: Robert *** was seen by me on August 6, 2012 in follow up. MRI of his ankle really is truly unremarkable. It does not reveal any significant acute tear of the ligaments. The bones are okay.	IMPRESSION: I think this represents just some chronic stretch injury to the lateral ligament of his ankle. I made him aware of the diagnosis. PLAN: He is going to return to see me in six weeks. If rolling the ankle is a recurrent problem, then he may need reconstruction of the lateral ligament of his left ankle.	
08/16/12	BJC000021	Bone & Joint	John Cazale, MD	Office Visit	HISTORY; Robert *** was seen by me on August 16, 2012 in follow up. He twisted his ankle yet again.	I am going to send him to Dr. Robert Treuting for possible reconstruction of the lateral ligament of the ankle, I spoke with him at length. I did give him a prescription for some Vicodin because of this flare up of pain.	

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08/22/12	Ochsner 000003	Ochsner	Treuting, MD	Office Visit	The patient is in for evaluation of a left ankle injury. He recently injured it back in May when he stepped in a hole. He self-treated with a plastic type ankle brace but after a couple weeks because of continued pain saw a podiatrist. The podiatrist treated him with a lace up type brace he follows with him or 3 times but it did not get better. He then went and saw another podiatrist at Metairie bone and joint who did stress x-rays and eventually an MRI scan and put him in a boot. He has been in the boot for about a week and states that his ankle is getting worse. He brings the x-rays from the clinic but he did not bring the MRI scan. He works as a plumber and has been having difficulty keeping up with that.	He has a chronic left ankle sprain with questionable instability and possible tears by his explanation of the MRI scan. My recommendation is for him to obtain the MRI scan and we will get him a follow-up with Dr. Treuting. He is to continue in the boot until then.	
08/30/12	Ochsner000005	Ochsner	Treuting, MD	Canceled appointment	Hurrican Isaac	Hurricane Isaac	
09/04/12	Ochsner000008	Ochsner	Treuting, MD	X-ray Left Ankle	He has a chronic left ankle sprain with questionable instability and possible tears by his explanation of the MRI scan.	My recommendation is for him to obtain the MRI scan and we will get him a follow-up with Dr. Treuting. He is to continue in the boot until then.	

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09/06/12	Ochsner000014	Ochsner	Treuting, MD	Office Visit	Mr. *** reports lateral sided ankle pain, which is worse with activity. He also reports shooting pains and numbness in the bottom of his foot. He has been in a fracture boot. He states his pain is somewhat controlled in the fracture boot. He states he had physical therapy from a friend who is a therapist at his house. He states he has received cortisone shot without much relief. He is currently taking narcotic pain medication for his symptoms.	Based on the MRI that he had in July, I really could not recommend any invasive treatment at this point. He does not demonstrate gross instability. My recommendation at this time would be to put him in a short-leg cast and on crutches to see if we can cool some of his symptoms down. We will have him return in four weeks. He did seek narcotic pain medicine today. I gave him a prescription for Vicodin and I will have him return to see me in four weeks as it is mentioned. RJT	
09/17/12	BJC000020	Bone & Joint	John Cazale, MD	No Show	No Show	No Show	
09/18/12	Ochsner000018	Ochsner	Treuting, MD	Telephone call to Dr.	Patient had a cast put on 9/6 and he is feeling no relief. Patient wants to know he needs to continue with the cast for the full 6 weeks or not. Patient says that he is still having the burning sensation in his leg.	Please call	
09/27/12	Ochsner000020	Ochsner	Treuting, MD	Telephone call to Dr.	Patient has been in a cast on his left foot for two and a half weeks and is still in a lot of pain. Patient would like to talk to someone about if this is normal or is something wrong.	Please call	

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10/04/12	Ochsner000024	Ochsner	Treuting, MD	Office Visit	He reports that he has had no improvement in his pain with the cast on. His cast is removed today. There is no obvious swelling at this time. He is still somewhat hypersensitive to palpation and guarded with motion.	My plan if his symptoms were not improved was to repeat an MRI since he has had further injury since his last MRI. I am going to go ahead and order an MRI today. He continues to take two or three Vicodin today. I gave him a refill on his medication today. I am going to have him return to see me with the results of the MRI. RJ	
10/11/12	Ochsner000028	Ochsner	Treuting, MD	Office Visit	I have treated him with cast immobilization for about four weeks after which time he did not report any improvement, so I repeated an MRI today because of another injury after his last MRI. The MRI today shows some mild thickening of the anterolateral ligaments, but no other pathology. Mr. *** continues to report severe pain in the anterolateral aspect of his ankle. I reviewed the MRI myself and the ligaments appear to be intact, but there is some mild increased signal anterolaterally. At this point, I really would not recommend any invasive treatment.	If we were to do anything surgically at this point, I think it would be to perform an arthroscopic evaluation. Prior to doing this, though I would like to put him through a course of therapy focusing on peroneal tendon strengthening, proprioception and any pain relieving modalities that could be offered. I am going to see how he does with that, and I will have him return in about eight weeks. If he has not improved, we might consider an arthroscopic evaluation.	
10/16/12	MCS000072	Movement Sci. Center	Jacob McKenzie	Initial Evaluation	Initial evaluation sheet references "See Ortho Net"	Find out what OrthoNet is. Does it have more info?	

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10/17/12	MCS000071	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	Gait limited weight bearing, see log	What Log?	
10/18/12	MCS000070	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Atrophy, Mild edema, improved mobility		
10/22/12	MCS000068	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	Out of cast for two weeks, Use of crutch today, responding well. Improved WB tolerance		
10/24/12	MCS000067	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/ManiManip and ankle brace	Tried standing without boot yesterday, felt pain for one hour, zero swelling or residual pain, responding well		
10/30/12	Ochsner000038	Ochsner	Treuting, MD	Telephone call to Dr.	Patient calling to get an authorization for a refill for his Vicodin. Patient had called his pharmacy and they are waiting for the authorization from your office.	please call	
11/02/12	MCS000063	Movement Sci. Center	Randy Hernandez	Ther ex/Joint MOB/Mani Manip	Numbness in toes, Boot 65-70% of the day, FDN next session		
11/05/12	MCS000062	Movement Sci. Center	Randy Hernandez	Ther ex/Joint MOB/Mani Manip	Better movement but still unable to put weight, FDN next session		
11/07/12	MCS000061	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	Numbness concerning, "foot is on fire" Significant decrease in numbness		
11/12/12	MCS000059	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Occassional tingling on top of foot, Improved motion with RX, needs to increase WB tolerance		
11/14/12	MCS000058	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Walking more without boot, needs to increase strength		

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11/16/12	MCS000057	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	"feels like it's getting better", Responding well		
11/20/12	MCS000056	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	Still transitioning into brace, Toes tingle, lower leg weak, pain with WB though "definitely feeling		
11/20/12	MRH000025	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	
11/27/12	MCS000055	Movement Sci. Center	Randy Hernandez	Ther ex/Joint MOB/Mani Manip	Dropped pot on foot last night, needles and tingling in foot,		
11/28/12	MCS000054	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	ASO (brand) brace/boot today, use of cane, zero tingling in foot, needs greater time out of the boot		
11/30/12	MCS000053	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	6 months since injury, 3 months since work, no more tingling, Still painful @ distal Fib		
12/03/12	MCS000052	Movement Sci. Center	Seth Holloway	Ther ex/Joint MOB/Mani Manip	decreased WB, the rest is illegible		
12/05/12	MCS000051	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	MD visit tomorrow. Pain with percussion on distal fib		

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12/06/12	Ochsner000041	Ochsner	Treuting, MD	Office Visit	I had an MRI done after the last injury which only revealed some mild thickening of his anterolateral ligaments, but no other pathology. I suggested that he go through a course of physical therapy and he has been going on therapy now for the last several weeks. He reports he is making progress. He still requires the fracture boot, but he reports that the tingling in his foot has resolved. On exam, there is no swelling. He has good motion of the ankle. He has good strength of his peroneus brevis tendon and there is no gross instability.	I am encouraged that he is improving, but he still has atypical pain. I am going to have him complete his course of therapy. I am going to have him return to see me in eight weeks.	
12/07/12	Ochsner000044	Ochsner	Treuting, MD	Telephone call to Dr.	Patient needs a doctor's note for work stating how much more recovery time he needs and if he will be able to go back at full strength when he is cleared.	Please call	
12/11/12	MCS000049	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Saw MD, not happy with bone healing, gave shots, needs surgery		
12/13/12	MCS000048	Movement Sci. Center	Randy Hernandez	Ther ex/Joint MOB/Mani Manip	MD says no have (illegible)		
12/17/12	MCS000047	Movement Sci. Center	Jacob McKenzie	Ther ex/Joint MOB/Mani Manip	needs greater strength, 50-60 % overall		

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12/28/12	Ochsner000046	Ochsner	Treuting, MD	Telephone call to Dr.	Please call patient on Monday	Please call	
12/31/12	MCS000044	Movement Sci. Center	Seth Holloway	Ther ex/Joint MOB/Mani Manip	Listed as checked in, visit listed as canceled		
12/31/12	Ochsner000048	Ochsner	Treuting, MD	Telephone call to Dr.	Pt. retunring missed call	Please call	
01/03/13	Ochsner000053	Ochsner	Treuting, MD	Office Visit	He has had an MRI after his last inversion injury and the MRI did not show any obvious structural abnormalities other than some mild thickening of the anterolateral ligaments, which one might see with ankle sprains. On exam, he has not demonstrated any gross instability. I ordered some therapy after the last visit and he reports he only went to a couple of visits, but the therapy itself was causing more pain than good. He today describes lateral ankle and hindfoot pain that is somewhat burning in nature. His pain is worse with weight bearing.	I am not sure what else to offer Mr. *** at this point other than a diagnostic arthroscopic evaluation of his ankle. I explained to him that we may or may not find anything that could be causing pain with the scope. He understands this and wishes to proceed. We will set this up as an outpatient. RJT	
01/04/13	Ochsner000057	Ochsner	Treuting, MD	Order	Arthroscopy	Left Ankle	
01/10/13	Ochsner000058	Ochsner	Treuting, MD	Note	Medication note		

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01/21/13	Ochsner000062	Ochsner	Treuting, MD	Pre Op	Robert is a 34 y.o. male here today for a pre-operative visit in preparation for a left ankle arthroscopy to be performed by Treuting on 1/23/13. he was last seen and treated in the clinic on 1/3/13. he has since seen their primary care for optimization of the chronic health concerns. There has been no significant change in their past medical or orthopedic status since the previous visit. No fever, chills, malaise or unexplained weight change	Pre, peri, and post-operative procedure and expectations were discussed. Questions were answered. The patient has been educated and is ready to proceed with surgery. Approximately 30 minutes was spent discussing surgical outcomes, plans, procedures, pre, pen, and post-operative expectations and care. The patient will contact us if they have any questions, concerns, and changes in their medical condition prior to surgery	
01/23/13	Ochsner000087	Ochsner	Treuting, MD	Arthoscopy for diagnostic purposes	MRI has not shown any obvious structural abnormalities other than some mild thickening of the anterolateral ligaments. This gentleman has had continued anterolateral pain that is not improving with time. I offered him an arthroscopic evaluation of his ankle to see if there were any significant structural abnormalities that we are not seeing on the MRI or picking up on physical exam.		
01/31/13	Ochsner000188	Ochsner	Treuting, MD	Canceled appointment	canceled appointment	canceled appointment	

DATE	BATES	CLINIC / PROVIDER	DOCTOR	EVENT / PROCEDURE	SUMMARY / DIAGNOSES	IMPRESSION / RECOMMENDATIONS	
02/01/13	Ochsner000191	Ochsner	Treuting, MD	Telephone call to Patient	I asked Mr. *** the follow-up questions pertaining to the nerve block study. He reported no muscle weakness, numbness or radiating pain. His block lasted approximately 24 hours.	This completes his participation in the study.	
02/04/13	Ochsner000194	Ochsner	Treuting, MD	Post Op Evaluation	Mr. *** is here today for a post-operative visit after a PROCEDURE: Left ankle arthroscopy with limited debridement. by Dr. Treuting on 1/23/13. he reports that he is doing well. Pain is controlled. he is still taking pain medication. he denies fever, chills, and sweats since the time of the surgery. Physical exam: Post op dressing taken down. Incision is clean, dry and intact. Sutures removed without difficulty.	Plan: Therapy. Follow up with Dr. Treuting in 6 weeks. No work until that appt.	
02/06/13	MCS000041	Movement Sci. Ce	Seth Holloway	Ther ex/Joint MOB/Mani Manip	Surgery, Dr. Teutring, scope, 6 weeks (illegible) surgery, 75% (illegible) post op		
02/14/13	MCS000039	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Pain at lateral Malleolus, tight muscle,decreased pain at lateral ankle		
02/15/13	MCS000038	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	"I want to get out of boot", Improved after manual		

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02/18/13	MCS000037	Movement Sci. Ce	Lindsay Abell	Ther ex/Joint MOB/Mani Manip	Sore this morning, walked without boot this weekend, improved mobilty, pt did not bring shoe for L foot, adding resistance exercises		
02/20/13	MCS000036	Movement Sci. Ce	Seth Holloway	Ther ex/Joint MOB/Mani Manip	Feels better but decreased weight bearing out of boot.		
02/22/13	MCS000035	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Pain lateral ankle, with WB, worse than before surgery		
02/25/13	MCS000034	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Pain in ankle worse than last week, Walked all day Saturday		
02/25/13	Ochsner000197	Ochsner	Treuting, MD	Telephone call to Dr.	Patient is calling because he is having a lot of pain in his ankle. Patient had sx on 1/23/13 and he would like to speak to someone regarding this matter.	Please call	
02/27/13	MCS000033	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Pain at lateral Malleolus, MD said continue PT, bone soreness likely due to S/P bone shaving		
03/01/13	MCS000032	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	MD visit next week		
03/05/13	MCS000031	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Per MD: Okay to Dry Needle as long as 1 foot from incision, able to wear shoes today, improved gait		
03/08/13	MCS000029	Movement Sci. Center	Seth Holloway	Ther ex/Joint MOB/Mani Manip	pain with WB, Tob/Fib tape		

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03/12/13	MCS000028	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	"felt pretty good over the weekend, tape helped." Minimal weight bearing, responding well to gait training		
03/15/13	MCS000027	Movement Sci. Center	Seth Holloway	Ther ex/Joint MOB/Mani Manip	Pain with WB, but overall feels pretty good, decreased stiffnessm improved mobility following		
03/18/13	Ochsner000199	Ochsner	Treuting, MD	Follow-up	Mr. *** returns today. It has been eight weeks since his left ankle arthroscopy and debridement. He has been going to physical therapy since I last saw him. He reports he is making progress. He still reports of a lot of soreness on the anterolateral aspect of his ankle. He reports that he is no longer taking pain medication and is only using ibuprofen. On exam, today, there is no swelling. He still has some tenderness over the anterior distal fibula. He has good stability of the ankle. He has good strength of his peroneal tendons. I am going to let him complete his course of therapy.	I do not think he is ready to return to full-time work on his foot at this time, but I think in four weeks he should be ready. I am going to have him return to see me at that time for final check.	
03/19/13	MCS000026	Movement Sci. Ce	Lindsay Abell	Ther ex/Joint MOB/Mani Manip	MD told him he doesn't need surgery, rec'vd steroid shot yesterday		

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03/25/13	MCS000023	Movement Sci. Ce	Lindsay Abell	Ther ex/Joint MOB/Mani Manip	Trouble walking, still limping, can't shovel with left foot first	Shovel what?	
03/27/13	MCS000022	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Felt better after last Rx, no longer getting bone pain, FDN, Responding well		
03/28/13	MCS000021	Movement Sci. Ce	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Feels a littlle sore from yesterday, improved mobility		
03/28/13	MRH000024	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	
04/05/13	MCS000018	Movement Sci. Center	William Beaudreau	Ther ex/Joint MOB/Mani Manip	Ankle is feeling better, responding well		
04/11/13	MCS000017	Movement Sci. Center	Randy Hernandez	Ther ex/Joint MOB/Mani Manip	Increased ankle mobility and strength		
04/15/13	Ochsner000201	Ochsner	Treuting, MD	Canceled appointment	canceled appointment	canceled appointment	
04/17/13	MCS000015	Movement Sci. Center	Lindsay Abell	Ther ex/Joint MOB/Mani Manip	MD visit Monday, pain severe last 4-5 days, walking a lot, spent the weekend at French Quarter Fest, Hd improved ROM but no change in pain with WB		
04/19/13	MCS000014	Movement Sci. Center	Lindsay Abell	Ther ex/Joint MOB/Mani Manip	Did a lot of walking, feels a little better, 4/10 pain at rest, significant improvement in WB, ROM and strength		
04/19/13	MCS000075	Movement Sci. Center	Lindsay Abell	Progress Note	Pt has made significant progress towards full WB, strength deficits and pain limit him, would benefit from continued Outpatient PT	This is the only day for which a progress note is available	

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04/22/13	Ochsner000205	Ochsner	Treuting, MD		Mr. *** returns today. It has been eight weeks since his left ankle arthroscopy and debridement for a mild anterolateral ankle impingement lesion. He was to return today to see if he be able to return to work. He reports some continued pain and states over the last few weeks, he has developed a new pain. He reports intermittent shooting pains that began in the lateral aspect of his foot and extend up his leg and sometimes all the way up to his back. He does not report any new injury. He does not report any history of back problems. As I mentioned, he underwent a left ankle arthroscopy in January as a result of continued pain after previous ankle sprains. Preoperative workup included plain x-ray and MRI and plain x-rays were normal and an MRI that was done in October only revealed some mild sprains of the anterior and posterior talofibular ligaments, which would	So at this point from a structural standpoint, I did not know how to explain Mr. ***'s continued symptoms. I am not sure how to correlate his new symptoms with what has been done or injuries to his ankle. I am going to go ahead and order EMG nerve conduction studies to see if there is any identifiable source of this neurogenic pain that he is having. We will call him with the results. If there are any findings, we will make appropriate referrals. Otherwise, there is no need to return to see me.	

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04/30/13	Ochsner000211	Ochsner	Treuting, MD	Office Visit	Neurogenic pain of lower extremity EMG nerve conduction study performed	Normal Study	
05/02/13	Ochsner000216	Ochsner	Treuting, MD	Office Visit	Continued pain with no obvious structural abnormality to explain pain. See previous clinic note	Referral to pain management for evaluation.	
05/08/13	Ochsner000218	Ochsner	Treuting, MD	Telephone call to Dr.	Pt would like a release letter so he can go to a back pain management doctor. His insurance was cancelled and he currently doesn't have insurance.	Please call	
05/27/13	SOS0000 11	Southern Ortho. S	Field Ogden, MD	Office Visit	History of Present Illness: The patient is a 34 year old male who presents with complaints of left ankle sprain with previous avulsion 5/22/2012. He was referred by Dr. Trueting. He has history of left ankle arthroscopy to "scrape scar tissue." He has pain lateral ankle, He walks with a cane. Surgical History: Patient has history of Arthroscopy Left Ankle.	Impression: LEFT SPRAIN OF ANKLE NEC LEFT JT DERANGEMENT NEC-ANKLE LEFT SPRAIN CALCANEOFIBULAR Plan: Ankle: Continued left ankle instability and pain after arthroscopy and anterior decompression: Recommended physical therapy for gait training proprioception iontophoresis and ankle stabilization exercises. Follow-up with me in 5-6 weeks to see how he is doing.	

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05/30/13	SOS000016	Southern Ortho. S	Holly Javier, PT	Evaluation	History: Pt. with injury in May 2012 with twisting of L ankle in yard. Pt. wtih fx L ankle in Aug 2012 with slip on water in bathroom. Pt. with surgery early Feb. 2013 of L ankle scope from another Dr. Pt. has not worked since injury as plumber requiring amb., bending, squatting, and lifting. pt . limited with eisieua ct. of fishing and hunting. Pt. amb. wtih cane Incorrect hand.	Purple indicates untrue statement The fracture was present before this slip and fall The Plf returned to work 05/28/2012	
06/05/13	SOS000017	Southern Ortho. S	Lara Heyliger, MPT	Physical Therapy	Ankle: Pt states he was trying to cut grass on Sunday and rolled ankle again States he was wearing brace at the time States he has increased pain today due to rolling ankle this weekend	Impression: LEFT JOINT PAIN-ANKLE FOOT Plan: Ankle: Improved gait pattern after gait training Needs improvement: gait pattern, ram and strength cont poc	
06/05/13	Ochsner000219	Ochsner	Treuting, MD	Canceled appointment	canceled appointment	canceled appointment	

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06/07/13	SOS000019	Southern Ortho. S	Lara Heyliger, MPT	Physical Therapy	Patient received therex to improve strength, ROM, flexibility and stability of L ankle. Gait training with SC for decreased toe out, decreased step length, decreased speed with gait 10% Pulsed US done to L lateral ankle to decrease pain. Addition of BAPS board and heel raises to improve ROM and strength. L ankle PROM and mobs done to improve ROM and functional mobility. CP ended session to decrease pain and soreness.	Plan Ankle: No do increase in pain with additional therex. End range pain with all PROM today but patient was able to tolerate moderate aggressiveness with PROM. Patient was strongly advised to not cut the grass or do any kind of taxing activity in order to allow the ankle to respond to therex and prevent further injury. Continue to monitor and progress as tolerated to reach goals. Continue PT POC.	
06/13/13	SOS000020	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Ankle: Patient continues to c/o pain at L ankle. He reports that "nothing is helping." Pt. in pain and attempted to call Dr. Patient received therex to improve strength, ROM, flexbility and stability of L ankle. Pt. instructed Dr. Ogden's note read to be aggressive and pt. aware of need to ice if sore.Gait training with decreased cadence and better. CP ended session to decrease pain and soreness.	Internal: Plf doesn't follow instructions Doesn't complete session	

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06/17/13	SOS000022	Southern Ortho. S	Field Ogden, MD	Office Visit	Continued global tenderness about the ankle with significant tenderness over the ATFL and CFL. No gross instability appreciated. Good end point to anterior drawer testing.	Ankle: Continued subjective instability with pain left ankle and no MRI evidence of abnormalities: Reiterated my recommendation for therapy. I don't think that there is any surgical indications at this point and in fact that be concerned about making his pain worse. Patient voiced understanding of this. Follow-up with me in clinic in 4-6 weeks.	
06/18/13	SOS000024	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Patient received ther ex to improve strength, ROM, flexibility and stability of L ankle, US pulsed to L medial and lateral ankle. Gait training with decreased cadence and better. focus on knee flexion with high marching on treadmill. 10% Pulsed US done to L lateral ankle to decrease pain. CP ended session to decrease pain and soreness	Plan Ankle: Continue PT POC progressing toward established goals.	
06/20/13	SOS000026	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Patient received ther ex to improve strength, ROM, flexibility and stability of L ankle. Gait training and focus on knee flexion. 10% Pulsed US done to L lateral ankle to decrease pain CF ended session to decrease pain and soreness.	Plan Ankle: Continue PT POC progressing toward established goals.	

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06/25/13	SOS000027	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Patient received ther ex to improve strength, ROM, flexibility and stability of L ankle. Gait training and focus on knee flexion. 10% Pulsed US done to L lateral ankle to decrease pain CF ended session to decrease pain and soreness.	Plan Ankle: Continue PT POC progressing toward established goals.	
06/27/13	SOS000029	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Pt, fell Friday coming out of house and to urgent care and swollen. Swelling down. Pt. limping due to more pain in ankle per pt	Plan Ankle: Continue PT POC progressing toward established goals.	
06/28/13	Tulane000021	Tulane	Rodriguez	Office visit	INSPECTION: Left ankle is tender to palpation over the ankle mortise. He has a significant anterior drawer. He is tender to palpation over the anterior talofibular and calcaneofibular ligaments. He has healed portal sites. There is significant swelling noted. He is also exquisitely tender to palpation over the peroneal tendons. There does not appear to be any sublimation of the peroneals, but there is swelling and tenderness to palpation along the course of the	1. Ankle pain Diagnostic Imaging: MRI ANKLE LEFT WITHOUT CONTRAST 03720 I believe that his peroneal tendons, possibly may have a tear. In addition, I am concerned about instability of the ankle. This may be the cause of peroneal tendinitis. We will see him back after the magnetic resonance imaging has been completed. Additionally, we will obtain the operative summary from Dr. Treuting's office.	

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06/28/13	Tulane000033	Tulane Hospital	Rodriguez	Radiology	Left Foot 3 Views Left, - Ankle Ap/Lat/Obl	Impression: 1. 4 mm mineral density anterior to suistalar joint may reflect an ossicle or osteophyte. 2. Small ossicle distal to fibula may be post-traumatic. 3. Irregular mineral density anterior and medial to the calcaneus, which may represent an **os calcis secundarium.**	
07/15/13	DIS000004	Diagnostic Imaging		MRI Lower Ext./Joint	From client questionnaire: Surgery in February, Scope. Giving out, rolling, Fx August 2012, can't put wait.	Impression: 1. Minor peroneal tenosynovitis 2. Likely chronic partial thickness injury-sprain of the distal anterior tibiolibular ligament. 3. Moderate tibiotalar joint effusion. Synovitis. 4. No osteochondritis dissecans is evident, but I suspect there is at least minor chondromalacia of the medial aspect of the tibiotalar joint involving both the tibial plafond and the talar dome without subchondral bone plate edema.	
07/16/13	MRH000024	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	

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07/30/13	Tulane000017	Tulane Hospital	Rodriguez	Office visit	Mr. *** returns today following magnetic resonance imaging of the left ankle. He continues to have severe discomfort in his left ankle, He says that he has done therapy without benefit.	Procedure: physical therapy evaluation and treatment pt 3 x a wk x 6wks eval and tx for peroneal tendonitis. I would like to change therapy that he has been doing. If he proves to be refractory to this regimen, then we will proceed with operative intervention. We will start with an evaluation under anesthesia followed by repeat ankle arthroscopy, and likely exploration of the peroneal tendons with likely lateral ligament reconstruction	
07/30/13	ORC000049	Orthoptic Rehab	Rodriguez, MD	Referal to PT	From Tulane to Orthoptic	PT 3 X A wk X 6wks Eval And Tx for Peroneal Tendonitis	
08/02/13	SOS000031	Southern Ortho. S	Holly Javier, PT	Physical Therapy	Patient discharged from physical therapy with goals partially met	Discharged: 07/22/2013	
08/06/13	ORC000043	Orthoptic Rehab	Porche, PT	New Pt. Evaluation, Ther Ex, Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	

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08/07/13	ORC000042	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	
08/09/13	ORC000041	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	
08/12/13	ORC000040	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	
08/14/13	ORC000039	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	

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08/16/13	ORC000038	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Physical Therapy Pain - Ankle & Foot - Joint 719.4-7 Diagnosis: Weakness - Muscle 728.87 Functional Comments: Patient with significant antalgic gait with hip ER during stance phase.	Patient needs improved ROM, strength, possible modalities, function. Should respond very well to PT	
08/20/13	Tulane000014	Tulane Hospital	Rodriguez	Office visit	Mr. *** returns today for repeat clinical cheek. He reports continued instability in the ankle. He has been doing therapy.	We will proceed with left ankle examination under anesthesia, ankle arthroscopy and peroneal tendon exploration with lateral ligament reconstruction. He reports the physical therapy did not help and that he continues with pain and giving way.	
08/20/13	ORC000037	Orthoptic Rehab	Porche, PT	Communication with Rodriguez, MD	Physical Therapy Pain- Ankle & Foot Joint 719.47 Diagnosis: Weakness - Muscle 72837	Mr. *** has been attending therapy regularly and has been struggling. He has a lot of "pain", and he is really focused on surgery at this time. He has attended therapy, and is able to tolerate treatment, but he is not reporting improvement as of yet. I think there also may be some symptom magnification going on. I will await your recommendations regarding his care once you receive this update and visit with him, If you have any questions, please let me know. Thanks.	
08/28/13	Tulane000047	Tulane Hospital	Rodriguez	Order for Scope	Scope Left ankle, lateral ligament	Scheduled for 09/16/2013	
09/10/13	Tulane000040	Tulane Hospital	Rodriguez	pre-admission	standard	Standard	
09/10/13	MRH000003	Tulane Hospital	Holdiness, MD	CBC/urinalysis	Normal	Normal	

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09/16/13	Tulane000037	Tulane Hospital	Rodriguez	PROCEDURES: 1. Left ankle arthroscopy with microfracture of 8 x 5 mm osteochondral defect of the talar body 2. Modified Brosfrom-Gould lateral ligament reconstruction 3. Peroneal tendon tenolysis	PREOPERATIVE DIAGNOSIS: 1. Left ankle instability with left peroneal tendonitis.	POSTOPERATIVE DIAGNOSES: 1. Left ankle instability 2. Left peroneal tendonitis 3. Osteochondral defect of medial talar dome	
09/27/13	Tulane000011	Tulane Hospital	Rodriguez	Office visit	History of Present Illness: post op left Brostrum and arthroscopy 12 days out, doing well, no complaints.	Treatment 1. Other orthopedic aftercare doing well post op, will leave sutures in place, will return next week for nurse visit and have sutures removed, place in cast and remain non-weight bearing.	
10/08/13		Tulane Hospital	Rodriguez	Office visit	History of Present Illness: Mr. Robert returns today following left ankle lateral ligament reconstruction. He is now two weeks postoperative. Well healed.	Treatment 1. Other orthopedic aftercare Start Lortab Tablet, 10-500 MG, 1 tablet as needed, Orally, every 8 hrs, 6o, Refills. We will go ahead and take the sutures out today, Return to clinic in one month. He be placed into a non-weight bearing short leg cast	
11/05/13	ORC000035	Orthoptic Rehab	Rodriguez, MD	Referal to PT	From Tulane to Orthoptic	Pt 3 x a wk x 6 wks eval anf tx lateral ligament reconstruction, no baps, no inversion	

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11/11/13	ORC000027	Orthoptic Rehab	Porche, PT	Evaluation	Patient underwent left lateral ankle reconstruction on 9/16113; Referred to PT upon last visit with Dr. Rodriguez. Under precautions currently for no inversion; Sore and currently NW13, Eager to improve;	Questionnaire: Pt. blames pain on fall in Copelands. No mention of stepping in the hole (as appears in other records and which happened first). Pt. States he is having severe difficulty with ADLs including sitting, standing, rolling over in bed, getting in and out of cars, lifting objects.	
11/13/13	ORC000026	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function, Increased time on bike tolerated well.	Functional Comments: Non-functional gait Pt states manual massage really helps with sensation and pain	
11/15/13	ORC000025	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function, Increased time on bike tolerated well.	Functional Comments: Non-functional gait Pt states manual massage really helps with sensation and pain	
11/18/13	ORC000024	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor.	Non-functional gait, P: states manual massage really helps with sensation and pain. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery.	

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11/20/13	ORC000023	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot pt states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt to fast. Pt states he feels no pain when walking in AG at 20% WB.	
11/22/13	ORC000022	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot pt states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt to fast. Pt states he feels no pain when walking in AG at 20% WB.	
11/25/13	ORC000021	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot. Pr states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt too fast. Pt states feeling good today	

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11/27/13	ORC000020	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot. Pr states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt too fast. Pt states feeling good today	
11/27/13	MRH000023	Holdiness, MD	Holdiness, MD	Office Visit	Illegible	Lexapro, illegible	
11/29/13	ORC000019	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot. Pr states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt too fast. Pt states feeling good today	

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12/05/13	ORC000018	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Functional Comments: Non-functional gait. Pt states he has been elevating and icing ankle at home often. He states feeling better than before surgery. Pt states doctor would like him to start putting wt as tolerated in foot. Pr states sometimes with wt in foot he has pins and needles.	Discussed with pt importance of not putting too much wt too fast. Pt states feeling good today	
12/06/13	ORC000016	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	
12/09/13	ORC000015	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	
12/11/13	ORC000014	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	

DATE	BATES	CLINIC / PROVIDER	DOCTOR	EVENT / PROCEDURE	SUMMARY / DIAGNOSES	IMPRESSION / RECOMMENDATIONS	
12/13/13	ORC000013	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	
12/23/13	ORC000012	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	
12/26/13	ORC000011	Orthoptic Rehab	Porche, PT	Ther Ex & Whirlpool	Impairment Comments: Patient needs improved ROM, strength, possible modalities, function. No inv or BAPS as per doctor. MMT; PP 3/5 and DF 3/5, Increased 'WB of 50% on AG.	Functional Comments: Non-functional gait. Continued use of crutches. Pt is sec MD next week. See progress note attached. He states feeling better than before surgery. AG at 50% WB'ing w/o pain.	
01/06/14	MRH000023	Holdiness, MD	Holdiness, MD	Office note	Leigh Fava request records	N/A	