QTC MEDICAL SERVICES

CAREY STABLER

New Bern Clinic 2713 Neuse Boulevard Building C, Suite 2 New Bern, North Carolina 28560

RE:

DOE: December 27, 2001

SSN:

This is an examination of the joints.

Medical records are available and reviewed for this examination.

A. HISTORY OF JOINT CONDITION:

- The veteran has some pain, stiffness and occasional swelling in the right knee.
- 2. He has had multiple surgeries to the right leg for fracture of the distal tibia and fibula.
- 3. He can get flare-ups of the right knee with long standing, long driving and with strenuous activity. This usually causes swelling and pain, and he avoids this as best as possible and he also wears a brace which keeps down problems with the knee.
- The veteran wears a brace all of the time on the right knee when he is up.
- 5. This veteran initially hurt his distal tibia and fibula in an automobile accident in New Brunswick County North Carolina. He was hospitalized initially in Brunswick County where he had surgery. He was in the hospital

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approximately four days and then went to the hospital at Camp Lejeune and he was operated on again at Camp Lejeune. He had two more operations at Portsmouth Naval Hospital in Virginia, and he had surgery again in 1992 at the Fayetteville Veterans Administration Hospital. In 1999 he had a cyst removed from his leg at Fayetteville Hospital.

- No dislocations.
- 7. No inflammatory arthritis.

SOCIAL HISTORY:

The veteran is not working. He has the usual occupation as a barber, but he states that he is not working because of his leg, knee, and back conditions.

UPPER EXTREMITIES:

The dominance of the upper extremities is noncontributory.

PROSTHESES:

The veteran has no prostheses.

B. MUSCULOSKELETAL EXAMINATION:

KNEE JOINTS:

- 1. The veteran has full extension of the right knee. He has limitation of flexion at 90 degress.
- 2. There is no significant pain with these movements today.
- 3. There is no fatigue, weakness or lack of endurance.

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4. He has no painful motion, edema, effusion, no instability, including McMurray test and drawer sign. There is no weakness, redness, heat, abnormal movement or crepitation.

- 5. Weightbearing is fair. He uses a cane and he wears a brace.
- 6. He has no ankylosis.
- 7. He has no shortening.
- 8. No inflammatory arthritis.
- 9. No prostheses.

RANGE OF MOTION	NORMAL	RIGHT	LEFT
Flexion	0°-140°	0°-90°	0°-140°
Extension	0°	0°	0°

There is limited range of motion of the right knee, without pain. Left knee has normal range of motion. There is no weakness, fatigue or lack of endurance, bilaterally.

C. **DIAGNOSTIC STUDIES:**

Right Tibia and Fibula Series. Old healed fractures of the mid and distal shaft of the fibula and distal shaft of the tibia of the right lower extremity. Status post open reduction of the tibial injury utilizing an intramedullary rod that has been removed.

Right Knee Series. Moderate posttraumatic arthritic changes right knee. Mild patellar chondromalacia.

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D. DIAGNOSES:

1. Fracture distal tibia and fibula, right leg. Status post post-operative open reduction of the right tibia and fibula.

 For the right knee claimed condition. The diagnosis is posttraumatic arthritis, right knee, patellar chondromalacia.

COMMENTS:

The recurrent nature and severity of the veteran's service connected residuals of fracture of the right tibia and fibula with no significant right knee involvement and some deformity of the right leg.

The range of motion studies showed normal extension, flexion 90 degrees of the right knee. There is no subluxation or any instability noted to the veteran's right knee on this examination.

Disability secondary to the knee condition is slight to none.

Fracture of the tibia and fibula have resulted in slight to no knee disability.

The veteran's medical and employment history demonstrate that he has right leg, knee and back problems, which he claims give him disability where he is unable to work in his usual capacity as a barber. He has some residual deformity of the right leg.

There was no disability found of the right knee at this examination.

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What is the degree of functional loss, if any, resulting from pain undertaking motion, weakened movement, excess fatigability, inability or painful motion.

There is none found on this examination.

Does your assessment as to whether the veteran's serviceconnected residuals of fracture of the tibia, fibula, with the right knee involvement produce a marked interference of employment?

The assessment would indicate the veteran should be able to be gainfully employed.

Submitted by,

CAREY STABLER, M.D. GENERAL MEDICINE

DATE OF DICTATION: December 27, 2001

CS:TJWP/sdd

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01/18/2002 DEPARTMENT OF VETERANS AFFAIR REGIONAL OFFICE 251 NORTH MAIN STREET WINSTON-SALEM, NC 27155

VETERAN'S NAME: #

SSN :

ACCOUNT NUMBER : 9354.3.4

APPOINTMENT : 12/27/2001 01:40 pm

PHYSICIAN MEDICAL SUPPORT SYSTEMS, INC.

(1402)

SPECIALTY: Diagnostics

SERVICE DATE	PROCEDURE CODE	DESCRIPTION	AMOUNT
12/27/200 12/27/200	73564R 73590R	RIGHT KNEE, COMPLETE TIBIA & FIBULA(LEG) RIGHT	\$33.82 \$27.64
		Total:	\$61.46

Thank you.

MEDICAL SUPPORT SYSTEMS, INC. dba East Coast Imaging Associates, It Wilmington, N.C. 28403 Films Submitted by Medical Support Systems, Inc.

Date: 12-27-01

Name:

Acct:

9354

Referring

Physician: QTC Clinic - New Bern

RIGHT TIBIA AND FIBULA TWO VIEWS: Two views of the tibia and fibula reveal old healed fractures involving the mid and distal shaft of the fibula and distal shaft of the tibia. There is residual cortical deformity from offset. There is evidence of previous surgical intervention with utilization of an intermedullary rod immobilizing the tibial injury. The rod has been removed.

RIGHT KNEE FOUR VIEWS: Four views of the knee reveal moderate degenerative or posttraumatic arthritic changes of the knee joint. There is no joint effusion but there is evidence of mild patellar chondromalacia.

- IMPRESSION: 1. OLD HEALED FRACTURES OF THE MID AND DISTAL SHAFT
 OF THE FIBULA AND DISTAL SHAFT OF THE TIBLA OF THE
 RIGHT LOWER EXTREMITY. STATUS POST OPEN
 OPEN REDUCTION OF THE TIBIAL INJURY UTILIZING AN
 INTRAMEDULLARY ROD THAT HAS BEEN REMOVED.
 - 2. MODERATE POSTTRAUMATIC ARTHRITIC CHANGES RIGHT KNEE. MILD PATELLAR CHONDROMALACIA.

Joseph Fischer, M.D. (signed)
RADIOLOGIST

JF/sb