

Thereafter, he was evaluated and it was felt that further reconstruction as related to the anterior cruciate ligament was definitely not indicated. On December 5, 2008, Mr. XXXX did undergo a total knee replacement arthroplasty performed by Dr. X., Thereafter, he did an extensive course of physical therapy, work hardening, and a work conditioning type program., At the present time, he does complain of significant pain and swelling as related to the right knee. He is unable to crawl and/or kneel. He does state he is able to walk a city block and in fact, he is able to do 20 minutes of a treadmill. Stairs are a significant problem. His pain is a 5 to 6 on a scale of 1 to 10., He is better when he is resting, sitting, propped up, and utilizing his ice. He is much worse when he is doing any type of physical activity., He has denied having any previous history of similar problems., CURRENT MEDICATIONS: , Over-the-counter pain medication., ALLERGIES: , NKA., SURGERIES: , Numerous surgeries as related to the right lower extremity., SOCIAL HISTORY: , He does admit to one half pack of cigarette consumption per day. He denies any alcohol consumption., PHYSICAL EXAMINATION: , On examination today, he is 28-year-old male who is 6 feet 1, weighs 250 pounds. He does not appear to be in distress at this time. One could appreciate 1-2/4 intraarticular effusion. The range of motion is 0 to a 110 degrees of flexion. I could not appreciate any evidence of instability medial, lateral, anterior or posterior. Crepitus is noted with regards to range of motion testing. His strength is 4 to 5 as related to the quadriceps and hamstring., There is atrophy as related to the

right thigh. The patient is able to stand from a seated position and sit from a standing position without difficulty.,RECORDS REVIEW:,1. First report of injury.,2. July 17, 2002, x-rays of the right knee were negative.,3. Notes of the Medina General Hospital Occupational Health, Steven Rodgers, M.D.,4. August 5, 2002, an MRI scan of the right knee which demonstrated peripheral tear of the posterior horn of the medial