

**John,Smith**

**DOB:** January 20th, 1984

**Date Of Encounter:** June 2nd, 2022

**MRN:** Unarmed

**Follow-up:**

**Diagnosis:** other meniscus derangements, unspecified medial meniscus, right knee (m23.303)

**Work Duty:** Full duty

**Chief Complaint:** Left knee pain

**History Of Presenting Illness**

John Smith presents today for follow up. Since last appointment, he has not been compliant with treatment plan. He states that since last visit, symptoms are the same, and grades his pain 0 to 10 out of 10 level intensity. The patient reports no improvement in symptoms since receiving injection at last visit. The patient admits to no trauma.

**Allergies:**

1. Sulfamethoxazole/Trimethoprim (Oral Pill) - Hives
2. SYNTHROID (Oral Pill) - Sun reaction
3. Levothyroxine (Oral Pill) - Testing reaction
4. LEVO-T (Oral Pill) - Levi reaction

**Medications:**

1. amLODIPine/Hydrochlorothiazide/Valsartan (Oral Pill) mg 1x Daily

**Physical Examination:**

John,Smith is an awake, alert and oriented male that appears his stated age. He has a pleasant demeanor. He is able to follow commands appropriately. He is in no acute distress.

**Vitals:**

Ht: 5' 6"

Wt: 130 lbs

BMI: 20.980257

BP: 120 / 80

Pulse: 70

RR: 14

CV: Regular rate and rhythm

Pulm: CTAB

**Skin:** none

**The Patient has tenderness to palpation at:**

- Right Knee
- Right Knee Lateral Joint Line
- Right Knee Medial Joint Line
- Plane

**Range of motion:**

- Right Knee Flexion/Extension 40°-130° Left Knee Flexion/Extension 0°-140°

**Strength:**

Right	Name	Left
5/5	Knee Flexion	5/5
5/5	Knee Extension	5/5
5/5	Hip Flexion	5/5
5/5	Hip Extension	5/5
5/5	Hip Abduction	5/5

**The patient has a positive:**

- McMurray on the Right Knee

**Assessment: John Smith is a 38 year old with:**

1. Other meniscus derangements, unspecified medial meniscus, right knee (M23.303)

**Plan:**

John Smith presents with signs and symptoms consistent with worsened Other meniscus derangements, unspecified medial meniscus, right knee, worsened Lateral epicondylitis, right elbow, worsened Lateral epicondylitis, right elbow, resolved Lateral epicondylitis, right elbow, improved Lateral epicondylitis, right elbow, and persistent Lateral epicondylitis, right elbow} Diagnosis, diagnostic studies, and treatment plans were reviewed with the patient at today's visit. Treatment plan includes:

- Cortisone - After review of risks and benefits including hypopigmentation and fat atrophy, decision made to proceed with injection. Expectations from injection were reviewed including temporary anesthesia followed by possible flare response from steroid. This can be managed with ice and non-steroidal medications. Response to injection is typically 1-3 days after injection. Intraarticular injection was performed to the right knee using a supralateral approach after sterile prep with a combination of 2.0 cc of Celestone and 8.0 cc of 2% Lidocaine.

Tennis elbow strap The patient is happy with the plan moving forward.

**Work Duty:**

Full duty