Smith, John

DOB: January 20th, 1984

MRN: Unarmed Date: June 4th, 2022

Follow-up: in 1 month.

Diagnosis: bucket-handle tear of medial meniscus, current injury, right knee, initial encounter

(s83.211a)

Work Duty: Full duty

Chief Complaint: Right knee pain, and buckling

History Of Presenting Illness:

John Smith is a very pleasant 38 year old, left-hand dominant male who works as an engineer. He comes in today complaining of constant buckling and sharp, sore, tender pain to his right knee. He states the symptoms have been present since June 1st, 2022, at moderate to severe level intensity and developed suddenly. He admits to injury: "tweaked knee skateboarding.". He states symptoms are worse with pivoting, weightbearing, and walking and get better with ice, rest, and medication. He denies any radiating symptoms. He has not received treatment for this issue in the past. He has taken the following medications to help with this condition: Ibuprofen (Oral Pill) 600 mg TID

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 (Oral Pill) - 5 mg 1x Daily

Past Medical History:

- 1. Anxiety
- 2. COPD/Emphysema
- 3. Seizure disorder

Past Surgical History:

• Carpal tunnel release

Family History:

Mother's Conditions: blood clots

Fathers's Conditions: heart disease, and stroke Grand Parents Conditions: cancer, and stroke

Siblings Conditions: heart disease

Social History:

Occupation: Engineer Martial Status: single

Smokes: No Drinks: No

Hand Dominance: left

Review of Systems:

General: fever or chills, and trouble sleeping

Neurological: tingling

Skin: none

Hematologic: none

Musculoskeletal: muscle or joint pain, and back pain

Endocrine: none **Psychiatric:** none

Physical Examination:

General Examination: John Smith is an awake, alert and oriented male. He appears stated age. He has a pleasent demeanor. He is able to follow instructions. He is in no acute distress. Gait is antalgic.

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 Exam positive for:

• Edema



The Patient has tenderness to palpation at:

- Positive to the right Knee Anteromedial Joint Line
- Negative to the right Knee Anterolateral Joint Line
- Positive to the right Knee Posteromedial Joint Line
- Plane042 85
- Right medial collateral ligament 003

Range of motion:

• Right Knee Flexion 25°-105° Left Knee Flexion -10°-140°

Strength:

Right	Name	Left
5/5	Knee Flexion	5/5
4/5	Knee Extension	5/5

The patient has a positive:

• McMurray on the Right Knee

The patient has a negative:

• Patellofemoral Grind on the Right Knee

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

1. Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter (\$83.211A)

Plan: John Smith presents signs and symptoms consistent with: bucket-handle tear of medial meniscus, current injury, right knee, initial encounter (s83.211a)

Diagnosis and treatment plan was reviewed with the patient at today's visit. Treatment plan includes:

- NSAIDS
- Tylenol
- Rest, ice, compression, elevation
- 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.
- Hinged knee brace

The patient will follow up in 1 month.

Work Duty:

Full duty