

Smith, John

DOB: January 20th, 1984

MRN: Unarmed

Date: June 4th, 2022

Follow-up: in 1 week.

Diagnosis: unilateral primary osteoarthritis, right knee (m17.11)

Work Duty: Full duty

Chief Complaint: Right knee pain

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 occasional dull, achy pain to his right knee. He states the symptoms have been present since June 5th, 2022, at mild to severe level intensity and developed gradually. He denies any injury. He states symptoms are worse with weightbearing, and walking and get better with rest. He denies any radiating symptoms. He has not received treatment for this issue in the past. He has not taken any medications to help with this issue.

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 pleasant 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:

- Normal

The patient has tenderness to palpation at:

- Right Knee Anteromedial Joint Line
- Right Knee Posteromedial Joint Line
- Right Knee Medial Joint Line

The patient has no tenderness at:

- Right Knee Posterolateral Joint Line
- Right Knee Anterolateral Joint Line

Range of motion:

- Right Knee Flexion 25°-110° Left Knee Flexion 0°-140°

Strength:

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

The patient has a positive:

- McMurray on the Right Knee
- Pain with Varus Stress on the Right Knee
- Pain with Valgus Stress on the Right Knee
- Pain with Flexion on the Right Knee
- Pain with Extension on the Right Knee

The patient has a negative:

- Patellofemoral Grind on the Right Knee
- Apleys Distraction on the Right Knee
- Flexión Pinch on the Right Knee
- Ober on the Right Knee

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

1. Unilateral primary osteoarthritis, right knee (M17.11)

Plan: John Smith presents signs and symptoms consistent with: unilateral primary osteoarthritis, right knee (m17.11)

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 week.

Work Duty:

Full duty