John, Smith

DOB: January 20th, 1984

Date Of Encounter: June 4th, 2022

MRN: Unarmed

Follow-up: The patient will follow up in 1 month.

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

Work Duty: Full duty

Chief Complaint: Right knee pain

History Of Presenting Illness

John Smith presents today for follow up. Since last appointment, he has been compliant with treatment plan including rest, ice, compress and elevate. He states that since last visit, symptoms are the same, and grades his pain 0 to 4 out of 10 level intensity. The patient reports improvement in symptoms since receiving injection at last visit, and states that it was helpful for 4 months 2 weeks 2 days. The patient admits to 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. XANAX XR (Oral Pill) mg PRN

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' 11" Wt: 144 lbs BMI: 20.08173 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
- Right Knee Medial Joint Line
- Right Knee Lateral Joint Line

Range of motion:

- Right Knee Flexion/Extension 15°-130° Left Knee Flexion/Extension 0°-140°
- Right Knee Flexion/Extension 15°-130° Left Knee Flexion/Extension 0°-140°
- Right Knee Flexion/Extension 10°-125° Left Knee Flexion/Extension 0°-140°

Strength:

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

The patient has a positive:

- Pain with Flexion on the Right Knee
- Pain with Extension on the Right Knee

Assessment: John Smith is a 38 year old with:

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

Plan:

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

- NSAIDS
- Tylenol
- Rest, ice, compress, elevate
- 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. After a sterile prep, intraarticular injection was performed to the right knee using ultrasound guidance, with a combination of 2.0 cc of Celestone and 8.0 cc of 2% Lidocaine.
- Tru Pull
- Hinged knee brace

The patient will follow up in 1 month. The patient was provided with Tru Pull, and Hinged knee brace. The patient is happy with the plan moving forward.

Work Duty:

Full duty