

**Patient Name:** Robert Davis  
**Date of Birth:** 12/3/1965  
**Date of Visit:** 08/01/2024  
**Referring Physician:** George Stephen MD  
**Medical Record Number:** 6540981468

**Chief Complaint:**

Persistent knee pain and difficulty walking following meniscus surgery.

**History of Present Illness:**

The patient is a 59-year-old male with a history of derangement of the meniscus due to an old tear or injury, diagnosed as meniscus tear. The patient underwent knee arthroscopy on 05/01/2022 for partial meniscectomy. Postoperatively, the patient engaged in physical therapy, focusing on strengthening exercises and range of motion. Despite adherence to the rehabilitation protocol, the patient reports ongoing pain, swelling, and instability in the knee, particularly with weight-bearing activities. The patient expresses difficulty ambulating without assistance and is requesting a wheelchair for improved mobility and to prevent further strain on the knee.

**Past Medical History:**

Hypertension  
Obesity  
Knee injury with prior arthroscopy  
Gait abnormality

**Medications:**

Metformin - 500 mg Daily twice  
Amlodipine - 10 mg oral dose  
Diovan - 80 mg bedtime

**Allergies:**

Penicillin

**Review of Systems:**

Musculoskeletal: Persistent knee pain and swelling.  
Neurological: No numbness or tingling.  
Cardiovascular: No chest pain or palpitations.  
Respiratory: No shortness of breath or cough.

**Social History:**

**Occupation:** Farmer

**Activity Level:** Previously active; currently limited due to knee issues.

**Smoking:** No

**Alcohol Use:** No

**Living Situation:** Living with family

### **Vital Signs:**

Blood Pressure: 159/89 mm

Heart Rate: 110 Bpm

Respiratory Rate: 24 breath per minute

Temperature: 98.6 F

Oxygen Saturation: 91%

### **Physical Examination:**

**Inspection:** Mild to moderate swelling noted over the knee joint.

**Palpation:** Tenderness along the joint line; no warmth or erythema.

**Range of Motion:** Active range of motion limited due to pain; passive range of motion full.

**Strength:** Quadriceps and hamstring strength 3/5 on the affected side.

### **Special Tests:**

McMurray's Test: Negative.

Apley's Compression Test: Negative.

Lachman's Test: Negative.

Anterior Drawer Test: Negative.

**Gait:** Antalgic gait; requires assistance for ambulation.

### **Imaging:**

#### **MRI of the Right Knee:**

Findings consistent with chronic meniscal tear.

No evidence of ligamentous injury.

No significant chondral defects.

### **Primary Diagnosis:**

Chronic derangement of the meniscus due to old tear or injury, status post knee arthroscopy

### **Secondary Issues:**

Postoperative pain and swelling.

Functional limitations and decreased mobility.

### **Prognosis:**

With appropriate management, including mobility aids and continued rehabilitation, the patient is expected to experience gradual improvement in function.

## Treatment & Plan

### **Treatment Recommendations:**

#### **Mobility Assistance:**

Provide a wheelchair with appropriate leg support to facilitate non-weight-bearing mobility. Educate the patient on proper wheelchair use and safety precautions.

#### **Physical Therapy:**

Continue with a structured rehabilitation program focusing on strengthening exercises, range of motion, and proprioception.

Consider modifying the therapy protocol to address current functional limitations.

#### **Pain Management:**

Continue with prescribed analgesics as needed.

Consider adjunctive treatments such as ice application, elevation, and compression to manage swelling.

#### **Follow-Up:**

Schedule a follow-up appointment in 09/01/2024 to assess progress and adjust the treatment plan as necessary.

#### **Patient Education:**

Discussed the importance of adhering to the rehabilitation program and using mobility aids as prescribed.

Provided information on joint protection techniques and activity modification to prevent further strain on the knee.

#### **Referrals:**

Referred to a physical therapist for continued rehabilitation.

#### **Monitoring Parameters:**

Monitor for signs of increased swelling, instability, or persistent pain.

Instructed to seek medical attention if symptoms worsen or new symptoms develop.

**Signature:**

Dr. Emily Rodriguez

MRN5875269231

8/1/2024