

Diane Garcia

From: Carol Aguilar
Sent: Tuesday, February 20, 2024 4:48 PM
To: Diane Garcia
Subject: ANDERSON-NO FILMS
Attachments: ANDERSON.pdf

Please mail to patient

Tamara Anderson
6730 Tullamore Dr
COLORADO SPRINGS CO 80923

Thank you,

Carol Aguilar
Medical Records Tech
Panorama Orthopedic & Spine Center
660 Golden Ridge Rd
Golden, CO 80401
mrecsrequests@panoramaortho.com
720-497-6690
303-274-7345 Direct
720-497-6734 Fax

RCVD-2/20/24

PANORAMA
Orthopedics & Spine Center

MAILED RECORDS-2/21/24-CA

MEDICAL RECORDS FAX #- 720-497-6734

MEDICAL RECORDS EMAIL: mrecsrequests@panoramaortho.com

MEDICAL RECORDS PHONE #- 720-497-6690

PLEASE ALLOW UP TO 30 BUSINESS DAYS TO OBTAIN RECORDS

SENT LINK-2/20/24-CA

RELEASE OF INFORMATION FORM
AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION
PURSUANT TO 45 CFR 164.508

PATIENT NAME: Tamara Anderson DATE OF BIRTH: 8-14-96 PHONE #: 720-882-1295

ADDRESS: 10730 Tullamarine DR CO, Colorado Springs 80923

RECORDS REQUESTING DATE(S) OF SERVICE REQUESTED: OCT THRU: NOW

RELEASE RECORDS TO: Self
Address/ Phone #/ & Fax #

IMAGING ON CD NEEDED: YES/ NO *MAIL CD / PICK UP CD / EMAIL IMAGE LINK (CIRCLE ONE)

EMAIL: anderson.tamara30@yahoo.com IMAGING LINK TO BE EMAILED TO PATIENT ONLY

Photo/Movies

WE ONLY EMAIL THE MEDSTRAT LINK FOR IMAGES WE DO NOT EMAIL MEDICAL RECORDS
ELECTRONIC IMAGE SHARING TO PROVIDERS THROUGH POWERSHARE ASK YOUR PROVIDER FOR THIS OPTION

PROVIDER POWERSHARE- YES/ NO PROVIDER LINK OR LOCATION: _____

All visit notes from 12/4/23 to present

PATIENT PICK UP AT LOCATION:

(CIRCLE ONE ONLY IF PICKING UP, WE WILL CALL WHEN READY FOR PICK UP)

GOLDEN

HIGHLANDS RANCH

ORCHARD PARK

660 GOLDEN RIDGE ROAD

1060 PLAZA DRIVE

14190 ORCHARD PKWY

SUITE 250

SUITE 200

WESTMINSTER, CO 80023

GOLDEN, CO 80401

HIGHLANDS RANCH, CO

80129

Revocation: I understand I may revoke this authorization at any time in writing. Cancellation of this authorization does not apply to any records previously released in reliance of this authorization. The maximum period for release of records without updated authorization is one year. A copy of this form is as valid as the original.

I understand that once my information is released under this authorization, my physician (s) and their employees cannot prevent the re-disclosure of that information.

Authorization: I authorize Panorama Orthopedics & Spine Center to release the information as marked above to the designated recipient(s).

PATIENT/ GUARDIAN SIGNATURE: T. Dr

DATE: 2-20-24

RELATIONSHIP TO PATIENT: _____

RECORDS FROM 11/01/2022 TO PRESENT
AVAILABLE ON MYCHART <http://epic.mycenturahealth.org>
ALL RECORDS PRIOR TO 11/01/2022 INCLUDING ALL
PHYSICAL THERAPY NEED TO BE REQUESTED BY
FILLING OUT THIS FORM.
FORM UPDATED 2023



Date of Service: 02/20/2024 07:00 AM

Name: Tamara Anderson

Date of birth: 08/14/1996

Location: Panorama Orthopedics PT Town Center

Visit Type: PT Daily

Rendering: Zenker, Ashley

Return to Physician: N/A

Provider Name **Reason**

Patrick McNair MD L knee

Start of Care: 02/08/2024

Total Visits: 4

Age: 27 years

Phone: 303-274-7332

Onset Date: 10/31/2023

PNBR: 533108

Sex: Female

Fax: 720-497-6733

Provider Phone

(303)-233-1223

Provider Fax

(303)-233-8755

Historian:

Canceled: 0

No shows: 0

Ordering Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Start Time: 7:00am

End Time: 7:56am

SUBJECTIVE:

Subjective Comments:

Pt presents to the clinic reporting feeling good overall and functional mobility cont to get easier. She has started to feel increased deep knee cap region pain w/ flexion based activities. She sees her physician for her p/o appt after today's session.

OBJECTIVE:

Comments:

L knee ROM: 0-115

Quad lag w/ SLR: 30 degrees

Treatment:

Therapeutic Exercise

Other

Side Group HEP Reps Sets Resist

Heel slides 2x10x3"
Ideal stretch 2x30"
Standing HR 3x10
Stair HS stretch 2x30"
SB gastroc stretch 2x30"
2-way hip x15 ea

Individual Time: 15

Therapeutic Activity

Other

Side Group HEP Reps Sets Resist

Pt ed: HEP, POC, prognosis,
anatomy, time line, precautions
Pt ed: crutch use

Individual Time: 8

Neuromuscular Re-Education	Side	Group	HEP	Reps	Sets	Resist
Other						
NMES: SAQ, 62 mA (some therapist assist)						
SLR x10						
Tandem on foam 3x20"						

Individual Time: 10

Manual Therapy	Side	Ant	Post	Comments
L quad stick massage				
Patellar mobs				

Individual Time: 8

Total Treatment Times:

Billable time: 41

Total time: 41

Modalities: Total Time: 15 mins.

Skin Check: Completed before and after therapy

Hot/Cold Therapy:

Vasopneumatic Device

Side: Left, Location: knee, Time: 15 mins.

ASSESSMENT:

Treating Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Rehab potential:

Good.

Impression:

Pt w/ good response to today's session w/ no adverse effects. Pt has improved from 102 to 115 degrees of flexion in 1 session, likely the cause of added knee cap region pain w/ flexion. She demos improvement in independence w/ NMES SAQ this date w/o needing therapist assist, but does demo notable quad lag at 30 degrees w/ lifts. Glute sets and HS sets progressed to gross LE strengthening in standing for cont promotion of higher level strength for future discontinuation of crutch use. LAQ trialed today w/ increased pain to lat knee, deferred and will try again next session. Incorporated balance on foam this date w/ good pt demo but notable fatigue during later in the intervention.

PLAN:

Goals

Short Term:

HEP: Patient will be independent and compliant with progressive Home Exercise Program to facilitate full rehabilitation potential.

Long Term:

HEP: Patient will be independent with advanced Home Exercise Program to prevent re-admission for the same condition.

Treatment Plan:

Patient will benefit from skilled PT intervention.

Treatment Plan Details:

closed kinetic chain, Core strengthening, Cryotherapy, cryotherapy, Graston, hip strengthening, Home program

instruction, Joint mobilizations, Kinesio taping, Knee PAAROM, LE stretching, lumbopelvic stabilization, neuromuscular re-education and soft tissue work.

Frequency and Duration:

Patient will be seen for Physical Therapy 2 times per week for 10 weeks, progressing towards meeting their long-term function goals.

Script 1	For: L knee		
	Active Script	Start Date: 02/08/2024	20 of 24 visits remaining
	Active Plan of Care	Start Date: 02/08/2024	20 of 24 visits remaining

Sign off:

Ashley Zenker

This document was electronically signed by: Ashley Zenker 02/20/2024 8:36 AM



Office Visit

Date of Service: 02/15/2024 07:00 AM

Name: Tamara Anderson

Date of birth: 08/14/1996

Location: Panorama Orthopedics PT Town Center

Age: 27 years

Phone: 303-274-7332

Onset Date: 10/31/2023

PNBR: 533108

Sex: Female

Fax: 720-497-6733

Visit Type: PT Daily

Rendering: Zenker, Ashley

Return to Physician: N/A

Provider Name **Reason**

Patrick McNair MD L knee

Provider Phone

(303)-233-1223

Provider Fax

(303)-233-8755

Start of Care: 02/08/2024

Historian:

Total Visits: 3

Canceled: 0

No shows: 0

Ordering Diagnosis:

Side Description

Encounter for other orthopedic aftercare

Code

Z47.89

Start Time: 6:58am

End Time: 8:05am

SUBJECTIVE:

Subjective Comments:

Pt presents to the clinic w/ reports of no pain and she is now using a single crutch.

OBJECTIVE:

Comments:

L knee ROM: 0-102

Treatment:

Therapeutic Exercise

Other

Side Group HEP Reps Sets Resist

Heel slides 2x10x3"

Banded gastroc stretch 2x30"

Ideal stretch 2x30"

Standing HR 3x10

Stair HS stretch 2x30"

Individual Time: 12

Therapeutic Activity

Other

Side Group HEP Reps Sets Resist

Pt ed: HEP, POC, prognosis,
anatomy, time line, precautions

Pt ed: crutch use

Individual Time: 8

Neuromuscular Re-Education

Other

Side Group HEP Reps Sets Resist

S/L SLR 1x10, 2x5
 HS sets 2x10x3"
 Glute sets 2x10x3"
 NMES: SAQ, 62 mA (some therapist assist)
 SLR x10

Individual Time: 20

Manual Therapy	Side	Ant	Post	Comments
L quad stick massage				
Patellar mobs				

Individual Time: 8

Total Treatment Times:

Billable time: 48
Total time: 48

Modalities: Total Time: 15 mins.

Skin Check: Completed before and after therapy

Hot/Cold Therapy:

Vasopneumatic Device

Side: Left, Location: knee, Time: 15 mins.

ASSESSMENT:

Treating Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Rehab potential:

Good.

Impression:

Pt w/ good response to today's session w/ no adverse effects. She shows cont improvement in L knee ROM and tolerance to straight leg placement on table. Introduced NMES today for improved quad activation w/ great return by pt but therapist assist needed to hold leg up in SAQ position for full 10 seconds. She was able to perform SLR on her own this date w/ 25-30 degree quad lag and a few trials needed to start activating movement to lift heel off of table. Added upright HS stretch and HR's this date to begin more intense relief of tension on post knee and activation of gastroc musculature w/ great return by pt. She leaves today's session feeling good.

PLAN:

Goals

Short Term:

HEP: Patient will be independent and compliant with progressive Home Exercise Program to facilitate full rehabilitation potential.

Long Term:

HEP: Patient will be independent with advanced Home Exercise Program to prevent re-admission for the same condition.

Treatment Plan:

Patient will benefit from skilled PT intervention.

Treatment Plan Details:

closed kinetic chain, Core strengthening, Cryotherapy, cryotherapy, Graston, hip strengthening, Home program instruction, Joint mobilizations, Kinesio taping, Knee PAAROM, LE stretching, lumbopelvic stabilization, neuromuscular re-education and soft tissue work.

Frequency and Duration:

Patient will be seen for Physical Therapy 2 times per week for 11 weeks, progressing towards meeting their

long-term function goals.

Script 1	For: L knee Active Script Active Plan of Care	Start Date: 02/08/2024 Start Date: 02/08/2024	21 of 24 visits remaining 21 of 24 visits remaining
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Sign off:

Ashley Zenker

This document was electronically signed by: Ashley Zenker 02/15/2024 9:34 AM



Date of Service: 02/13/2024 07:00 AM

Name: Tamara Anderson

Date of birth: 08/14/1996

Location: Panorama Orthopedics PT Town Center

Visit Type: PT Daily

Rendering: Zenker, Ashley

Return to Physician: N/A

Provider Name **Reason**

Patrick McNair MD L knee

Start of Care: 02/08/2024

Total Visits: 2

Age: 27 years

Phone: 303-274-7332

Onset Date: 01/22/2024

PNBR: 533108

Sex: Female

Fax: 720-497-6733

Provider Phone

(303)-233-1223

Provider Fax

(303)-233-8755

Historian:

Canceled: 0

No shows: 0

Ordering Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Start Time: 7:00am

End Time: 7:56am

SUBJECTIVE:

Subjective Comments:

Pt presents to the clinic reporting constant ache in L knee but has improved significantly from last week rated at 3/10 this morning. HEP is going well w/ no complaints.

OBJECTIVE:

Comments:

L knee ROM: 0-96

Treatment:

Therapeutic Exercise	Side	Group	HEP	Reps	Sets	Resist
Other						
Heel slides 2x10x3"						
Seated HS stretch 2x30"						
Banded gastroc stretch 2x30"						

Individual Time: 10

Therapeutic Activity	Side	Group	HEP	Reps	Sets	Resist
Other						
Pt ed: HEP, POC, prognosis, anatomy, time line, precautions						

Individual Time: 8

Neuromuscular Re-Education	Side	Group	HEP	Reps	Sets	Resist
Other						
Assisted SAQ 3x5						
S/L SLR 1x10, 2x5						

HS sets 2x10x3"
Glute sets 2x10x3"

Individual Time: 15

Manual Therapy	Side	Ant	Post	Comments
L quad stick massage				

Individual Time: 8

Total Treatment Times:

Billable time: 41

Total time: 41

Modalities: Total Time: 15 mins.

Skin Check: Completed before and after therapy

Hot/Cold Therapy:

Vasopneumatic Device

Side: Left, Location: knee, Time: 15 mins.

ASSESSMENT:

Treating Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Rehab potential:

Good.

Impression:

Pt w/ good response to today's session w/ no adverse effects. Pt shows great improvement in L knee flex w/ over 20 degree increase from last session after man tx to increase quad length. Continued session w/ look at quad activation w/ pt demos visually but had difficulty performing a SAQ w/o assist. 3x5 performed w/ therapist assist first two sets, pt able to minimally perform about 1 inch off the table. Encouraged to wear shorts in future sessions to perform e-stim. She cont to be unable to perform leg raise onto table, therapist assist needed. After HS stretching and ideal stretch, pt able to demo full L knee ext which she reports makes leg much more comfortable when resting on the table afterward. She leaves today's sessions feeling good w/ no reports of notable aggravation of pain.

PLAN:

Goals

Short Term:

HEP: Patient will be independent and compliant with progressive Home Exercise Program to facilitate full rehabilitation potential.

Long Term:

HEP: Patient will be independent with advanced Home Exercise Program to prevent re-admission for the same condition.

Treatment Plan:

Patient will benefit from skilled PT intervention.

Treatment Plan Details:

closed kinetic chain, Core strengthening, Cryotherapy, cryotherapy, Graston, hip strengthening, Home program instruction, Joint mobilizations, Kinesio taping, Knee PAAROM, LE stretching, lumbopelvic stabilization, neuromuscular re-education and soft tissue work.

Frequency and Duration:

Patient will be seen for Physical Therapy 2 times per week for 11 weeks, progressing towards meeting their long-term function goals.

Script 1

For: L knee

Active Script	Start Date: 02/08/2024	22 of 24 visits remaining
Active Plan of Care	Start Date: 02/08/2024	22 of 24 visits remaining

Sign off:

Ashley Zenker

This document was electronically signed by: Ashley Zenker 02/13/2024 10:02 AM



PANORAMA
Physical Therapy
Office Visit

Date of Service: 02/08/2024 07:00 AM

Name: Tamara Anderson

Date of birth: 08/14/1996

Location: Panorama Orthopedics PT Town Center

Age: 27 years

Phone: 303-274-7332

Onset Date: 01/22/2024

PNBR: 533108

Sex: Female

Fax: 720-497-6733

Visit Type: PT Daily

Rendering: Zenker, Ashley

Return to Physician: N/A

Provider Name **Reason**

Patrick McNair MD L knee

Provider Phone

(303)-233-1223

Provider Fax

(303)-233-8755

Start of Care: 02/08/2024

Historian:

Total Visits: 1

Canceled: 0

No shows: 0

Ordering Diagnosis:

Side **Description**

Encounter for other orthopedic aftercare

Code

Z47.89

Past Medical History and Medications have been reviewed and verified.

Start Time: 7:10am

End Time: 7:47am

SUBJECTIVE:

Prior Function:

Pain Scale:

Location

L knee

Low

3

High

8

Avg

6

Present Level of Functional Limitation:

Prior Function Comments:

LEFS: 9/80

Subjective Comments:

Pt is a 27 y/o female who presents to the clinic w/ c/o L knee pain s/p ACL recon w/ quad graft and par med men on 1/30. Couldn't repair meniscus so decided to debride it. Double crutch use w/ locked brace.

MOI: ACL torn for two years w/ no known onset, worse after slipping at work which caused the additional meniscus tear

Pain: After sx pain was intermittent but intense, got in an MVA on Monday which has made pain worse, no MRI performed yet, stabbing and constant ache that brings her to tears, 8/10 at worst

Agg: CPM, amb, stairs, getting comfortable in bed, sitting in a car

Eases: Pain meds but don't work well because they only last for two hours, icing

COLF/ difficulties: Sleeping downstairs, worker's comp

PLOF/ hobbies: Tissue processing technician and stands 10 hours in a lab, dancing, kickboxing

PMH: Thinks her other knee has some kind of tear in it too but not nearly as bad

Pt goals: Return to rec activities and work w/o pain and greater endurance

OBJECTIVE:

LE Exam:

Knee

ROM

02/08/2024 (PT Daily)

Flex LT	AROM 75°, w/Pain
Ext LT	AROM lacking 5°, w/Pain

Comments:

Redness, warmth, swelling, calf tenderness normal this point p/o
 MMT not performed on L knee d/t p/o status
 Unable to perform SLR

Treatment:

Therapeutic Exercise	Side	Group	HEP	Reps	Sets	Resist
Other						
Heel slides 2x10x3"						
Seated HS stretch 2x30"						
Ankle pumps 2x20						
Knee ext hang stretch 3x1'						

Individual Time: 8

Therapeutic Activity	Side	Group	HEP	Reps	Sets	Resist
Other						
Pt ed: HEP, POC, prognosis, anatomy, time line, precautions						
Pt ed: blood clot prevention and s/s						
Pt ed: WB progressions						

Individual Time: 15

Neuromuscular Re-Education	Side	Group	HEP	Reps	Sets	Resist
Other						
Quad sets 2x10x3"						

Individual Time: 2

Manual Therapy	Side	Ant	Post	Comments
Man assessment L knee				

Individual Time: 10

Total Treatment Times:

Billable time: 35

Total time: 35

HEP Reviewed
 Precautions reviewed

ASSESSMENT:

Treating Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Rehab potential:

Good.

Impression:

The patient presents s/p L ACL recon w/ quad graft and par med men on 1/30 with Dr. McNair. The severity of the patient's symptoms significantly interferes with the patient's ability to amb, stand, perform ADL's, sleep comfortably, and work. Also, contributing to the pain and functional limitation are the objective findings of impaired balance, flexibility, ROM deficits, gait, edema, and weakness in LE musculature. The patient will benefit

from skilled PT services to restore measures to WFL and to eliminate pain to allow patient to return to pain free, unrestricted ADLs.

PLAN:

Goals

Short Term:

Start Date	Updated	Goal	Function	Resp to Tx	Status	Wks
02/08/2024	02/08/2024	Right gait without assistive device FWB	ambulate without a limp			4
02/08/2024	02/08/2024	Patient to demonstrate knee flexion PROM to 120 degrees	ambulate without a limp, transfer sit to stand without pain, transfer sit to stand without limitation secondary to knee			4
02/08/2024	02/08/2024	Patient to demonstrate knee extension PROM to 0 degrees	ambulate without a limp			4
02/08/2024	02/08/2024	Patient to demonstrate 4-5 knee extension strength	ambulate without a limp, negotiate curbs without upper extremity support, ascend stairs in a reciprocal pattern with ass			4
02/08/2024	02/08/2024	Patient to demonstrate 4-5 knee flexion strength	ambulate without a limp, transfer sit to stand without pain			4

HEP: Patient will be independent and compliant with progressive Home Exercise Program to facilitate full rehabilitation potential.

Long Term:

Start Date	Updated	Goal	Function	Resp to Tx	Status	Wks
02/08/2024	02/08/2024	Patient to demonstrate Romberg compliant surface eyes open for 30 seconds	Don and doff clothing, Step up or down curbs, Ambulate on uneven surfaces, Safely negotiate crowded environment,			12
02/08/2024	02/08/2024	Patient to demonstrate knee flexion AROM to 140 degrees	ambulate over uneven surfaces, negotiate stairs in a reciprocal pattern, transfer in/out of car without pain, tolerate s			12
02/08/2024	02/08/2024	Patient to demonstrate 5/5 knee extension strength	ambulate community distances independently, negotiate stairs in a reciprocal pattern, transfer sit to stand without pain			12
02/08/2024	02/08/2024	Patient to demonstrate 5/5 knee flexion strength	negotiate stairs in a reciprocal pattern, ambulate community distances independently, negotiate curbs without upper extr			12

HEP: Patient will be independent with advanced Home Exercise Program to prevent re-admission for the same condition.

Goals were reviewed/updated by the Licensed Therapist on today's encounter.

Treatment Plan:

Patient will benefit from skilled PT intervention.

Treatment Plan Details:

closed kinetic chain, Core strengthening, Cryotherapy, cryotherapy, Graston, hip strengthening, Home program instruction, Joint mobilizations, Kinesio taping, Knee PAAROM, LE stretching, lumbopelvic stabilization, neuromuscular re-education and soft tissue work.

Frequency and Duration:

Patient will be seen for Physical Therapy 2 times per week for 12 weeks, progressing towards meeting their long-term function goals.

Script 1	For: L knee		
	Active Script	Start Date: 02/08/2024	23 of 24 visits remaining
	Active Plan of Care	Start Date: 02/08/2024	23 of 24 visits remaining

Sign off:

Ashley Zenker

This document was electronically signed by: Ashley Zenker 02/08/2024 9:17 AM



Plan of Care

Please sign and return to (720)497-6733

Date of Service: 02/08/2024 07:00 AM

Name: Tamara Anderson

Date of birth: 08/14/1996

Location: Panorama Orthopedics PT Town Center

Age: 27 years

Phone: 303-274-7332

Onset Date: 01/22/2024

PNBR: 533108

Sex: Female

Fax: 720-497-6733

Rendering: Zenker, Ashley

Return to Physician: N/A

Provider Name	Reason	Provider Phone	Provider Fax
Patrick McNair MD	L knee	(303)-233-1223	(303)-233-8755

Insurance 1: Hartford Work Comp

Dear Patrick McNair MD,

As prescribed, your patient, Tamara Anderson, is participating in a treatment program at our center. The Plan of Care is outlined below.

Ordering Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Treating Diagnosis:

Side	Description	Code
	Encounter for other orthopedic aftercare	Z47.89

Frequency and Duration:

Patient will be seen for Physical Therapy 2 times per week for 12 weeks, progressing towards meeting their long-term function goals.

Start Date: 02/08/2024 **Visits Left:** 23

Treatment:

Patient will benefit from skilled PT intervention.

Treatment Plan Details:

closed kinetic chain, Core strengthening, Cryotherapy, cryotherapy, Graston, hip strengthening, Home program instruction, Joint mobilizations, Kinesio taping, Knee PAAROM, LE stretching, lumbopelvic stabilization, neuromuscular re-education and soft tissue work.

Goals

Short Term:

Start Date	Updated	Goal	Function	Resp to Tx	Status	Wks
02/08/2024	02/08/2024	Right gait without assistive device FWB	ambulate without a limp			4
02/08/2024	02/08/2024	Patient to demonstrate knee flexion PROM to 120 degrees	ambulate without a limp, transfer sit to stand without pain, transfer sit to stand without limitation			4

02/08/2024	02/08/2024	Patient to demonstrate knee extension PROM to 0 degrees	secondary to knee ambulate without a limp	4
02/08/2024	02/08/2024	Patient to demonstrate 4-/5 knee extension strength	ambulate without a limp, negotiate curbs without upper extremity support, ascend stairs in a reciprocal pattern with ass	4
02/08/2024	02/08/2024	Patient to demonstrate 4-/5 knee flexion strength	ambulate without a limp, transfer sit to stand without pain	4

HEP: Patient will be independent and compliant with progressive Home Exercise Program to facilitate full rehabilitation potential.

Long Term:

Start Date	Updated	Goal	Function	Resp to Tx	Status	Wks
02/08/2024	02/08/2024	Patient to demonstrate Romberg compliant surface eyes open for 30 seconds	Don and doff clothing, Step up or down curbs, Ambulate on uneven surfaces, Safely negotiate crowded environment,			12
02/08/2024	02/08/2024	Patient to demonstrate knee flexion AROM to 140 degrees	ambulate over uneven surfaces, negotiate stairs in a reciprocal pattern, transfer in/out of car without pain, tolerate s			12
02/08/2024	02/08/2024	Patient to demonstrate 5/5 knee extension strength	ambulate community distances independently, negotiate stairs in a reciprocal pattern, transfer sit to stand without pain			12
02/08/2024	02/08/2024	Patient to demonstrate 5/5 knee flexion strength	negotiate stairs in a reciprocal pattern, ambulate community distances independently, negotiate curbs without upper extr			12

HEP: Patient will be independent with advanced Home Exercise Program to prevent re-admission for the same condition.

Goals were reviewed/updated by the Licensed Therapist on today's encounter.

Medicare requires a physician signed Plan of Care be on file in the patient's chart. Please sign, date and fax this document to (720)497-6733 to certify the above Plan of Care. Thank you.

Comments:

Physician/Non-Physician Signature: _____ Date/Time: _____
Dr. Patrick McNair MD

Sincerely,
Ashley Zenker

This document was electronically signed by: Ashley Zenker 02/08/2024 9:17 AM

Name: Tamara Anderson

Date: 02/08/2024 07:00 AM

DOB: 08/14/1996

*Please contact office/clinician if additional information is needed.

Anderson, Tamara

MRN: CEUL2823159

Patrick Joseph McNair, MD
Physician
Specialty: Orthopedic Surgery

Progress Notes 
 Signed

Encounter Date: 12/4/2023



303-233-1223 PanoramaOrtho.com

Patient Name: Tamara Anderson**Date of Birth:** 8/14/1996**Medical Record #:** CEUL2823159**Date of clinic visit:** 12/04/2023**Primary care provider:** Julia Kathryn Atkins, MD

Chief Complaint

Chief Complaint

Patient presents with

- Left Knee - Pain

History of Present Illness

Tamara Anderson is a 27 y.o. female that is reporting to the clinic initial evaluation of her left knee. Tamara sustained an injury while at work where she slipped rotating her knee. Since then she has had persistent pain and swelling. It is my understanding that she has had a previous injury to her knee that she has been seen through the work comp team as well, which did not require surgery.

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

Allergies

Allergies

Allergen

- Amoxicillin
- Penicillin

Reactions

- Anaphylaxis
- Anaphylaxis

Medications

Current Outpatient Medications:

- etonogestrel (NEXPLANON SDRM), by subdermal route., Disp: , Rfl:
- FLUoxetine (PROzac) 40 MG capsule, Take 40 mg by mouth daily., Disp: , Rfl:
- trazODone (DESYREL) 100 MG tablet, Take 100 mg by mouth., Disp: , Rfl:

Previous Medical / Surgical / Family / Social History

Past Medical History:

Diagnosis	Date
• Anemia	
• Anxiety	
• Depression	
• Pneumonia	

Past Surgical History:

Procedure	Laterality	Date
• NO PAST SURGERIES		

History reviewed. No pertinent family history.

Social History

Socioeconomic History

• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

• Smoking status:	Former
Packs/day:	3.00
Years:	10.00
Additional pack years:	0.00
Total pack years:	30.00
Types:	Cigarettes
• Smokeless tobacco:	Never
• Tobacco comments:	
	<i>quit june 2018</i>

Substance and Sexual Activity

• Alcohol use:	Yes
Comment: occ	
• Drug use:	Yes
Types:	Cocaine, Designer/Club, Hallucinogens, Marijuana, Narcotics, Sedatives, Opiates, Amphetamines
Comment: Patient refuses answer.	

Other Topics

• Sexual activity:	Defer
Other Topics	Concern

Social History Narrative

• Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Review of Systems

I completed a 10-point REVIEW OF SYSTEMS and is negative with the exception of those items previously documented in the HPI, chart and staff notes. As is my standard practice, ALL pertinent positives and negatives from the ROS are documented in the chart.

Physical Exam

Left knee mild effusion. Range of motion 0-1 35. Pain at max flexion. Medial joint line tenderness positive medial Murray's no lateral joint test negative lateral McMurray's. She has a negative Lachman striate positive Lachman positive pivot shift. PCL, MCL, and LCL are all stable to provocative ligament testing.

Quad volume is essentially symmetric.

5 out of 5 dorsiflexion plantarflexion EHL. Intact sensation to superficial as well as deep peroneal distribution tibial nerve distribution. Capillary fill is less than 3 seconds.

Diagnostic Studies

Results for orders placed or performed in visit on
12/04/23

XR Knee 3 View Left

Narrative

4 views left knee.

Indications: Trauma.

Findings: No evidence of any joint space narrowing of the medial compartment, lateral compartment, or patellofemoral compartment. No soft tissue or osseous abnormalities identified.

Impressions: No acute or chronic pathology identified.

Please note I also reviewed an MRI that was recently done. The MRI certainly shows a medial meniscus tear with parameniscal cyst. There is no significant articular wear to the medial compartment, lateral compartment, or patellofemoral compartment. While the radiologist comments that the ACL is intact to my independent evaluation, the ACL is chronically disrupted.

Assessment and Plan

1. Left knee pain

Tamara is a 27-year-old female who has a complex medial meniscus tear which certainly be causing some of her pain. In addition to that she has a chronic ACL disruption.

Speak with Tamara I think she will continue to have medial joint line pain as long as that medial meniscus is left inteneded to. I recommend surgery for partial medial meniscectomy versus meniscal repair depending on intraoperative findings. At that same time I think she needs to have her ACL reconstructed. Talked about ACL reconstruction auto versus allograft. At her young age I certainly would recommend autologous quad tendon grafting. Tamara will go home and think further about it but we will start the

scheduling process for her. I will also reach out to her primary work comp team to let them know that my findings are different than the radiologist.

Surgical Discussion

Procedures

Medical Decision Making

PAST MEDICAL RECORDS: A search through past medical records and medications was made. Relevant findings are outlined in the history of present illness and documented in the patients chart, otherwise the findings are not relevant to this visit.

I completed an Independent visualization of Images, Tracings, Specimens and Results.

Patrick Joseph McNair MD

12/04/23 at 5:38 PM MST

Electronically signed by Patrick Joseph McNair, MD at 12/4/2023 5:45 PM

Initial Visit on 12/4/2023 *Note shared with patient*

Additional Documentation

Vitals: Ht 167.6 cm (5' 6") Wt 81.6 kg (180 lb) BMI 29.05 kg/m² BSA 1.91 m²

Flowsheets: Assessment

SmartForms: AMB NEU HAND DOMINANCE

Orders Placed

XR Knee 3 View Left (Resulted 12/4/2023)

Medication Changes

As of 12/4/2023 3:12 PM

None

Visit Diagnoses

Primary: Left knee pain M25.562

Rupture of anterior cruciate ligament of left knee, initial encounter S83.512A

Complex tear of medial meniscus of left knee as current injury, initial encounter S83.232A

Anderson, Tamara

MRN: CEUL2823159

Angela Lynn Waples, PA-C
Physician Assistant
Specialty: Physician Assistant

Progress Notes 
Signed

Encounter Date: 1/10/2024



303-233-1223 PanoramaOrtho.com

Patient Name: Tamara Anderson
Date of Birth: 8/14/1996
Medical Record #: CEUL2823159
Date of clinic visit: 01/10/2024
Primary care provider: Julia Kathryn Atkins, MD

Chief Complaint

Left knee ACL tear, medial meniscus tear - pre-operative appointment

History of Present Illness

Tamara Anderson is seen today for re-evaluation of her knee. The patient reports no changes in symptoms. She continues to have pain and instability at her left knee since her last visit, and is awaiting approval for surgery. She has continued to work, but cannot wear her brace when she is in the core. She is able to wear it in other areas, and does feel it gives her stability.

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

Allergies

Allergies

Allergen

- Amoxicillin
- Penicillin

Reactions

- Anaphylaxis
Anaphylaxis

Medications

Current Outpatient Medications:

- etonogestrel (NEXPLANON SDRM), by subdermal route., Disp: , Rfl:
- FLUoxetine (PROZAC) 40 MG capsule, Take 40 mg by mouth daily., Disp: , Rfl:
- traZODone (DESYREL) 100 MG tablet, Take 100 mg by mouth., Disp: , Rfl:

Previous Medical / Surgical / Family / Social History

Past Medical History:

Diagnosis

- Alcoholism /alcohol abuse
Self diagnosis
- Anemia
- Anxiety
- Depression
- Pneumonia

Date

Past Surgical History:

Procedure	Laterality	Date
• NO PAST SURGERIES		

Family History

Problem	Relation	Age of Onset
• Alcohol abuse	Father	

Social History**Socioeconomic History**

• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

• Smoking status:	Former
Packs/day:	0.50
Years:	10.00
Additional pack years:	0.00
Total pack years:	5.00
Types:	Cigarettes
• Smokeless tobacco:	Never
• Tobacco comments:	<i>quit june 2018</i>

Vaping Use

- Vaping Use:

Never used

Substance and Sexual Activity

• Alcohol use:	Not Currently
Comment: A lot	
• Drug use:	Not Currently
Types:	Amphetamines, Cocaine, Designer/Club, Hallucinogens, Marijuana, Narcotics, Opiates, Sedatives
Comment: Patient refuses answer.	
• Sexual activity:	Not Currently
Partners:	Male
Birth control/protection:	Implant
Comment: My mans deployed	

Other Topics

- Not on file

Concern

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not on file
Housing Stability: Not on file

Review of Systems

I completed a 10-point REVIEW OF SYSTEMS and is negative with the exception of those items previously documented in the HPI, chart and staff notes. As is my standard practice, ALL pertinent positives and negatives from the ROS are documented in the HPI.

Physical Exam

Left Knee Exam:

Inspection: Skin intact, no gross deformity and no rashes. Mild Effusion, no ecchymoses

Palpation: Tender over medial joint line

Neurovascular: Intact sensation to superficial, deep peroneal and tibial nerve distributions. Capillary refill is brisk and less than 3 seconds.

Range of motion:

Extension: 0

Flexion: 130

Stability:

Anterior drawer test: positive

Posterior drawer test: negative

Lachman test: positive

Strength:

Normal tone without spasticity

Dorsiflexion: 5/5

Plantarflexion: 5/5

EHL: 5/5

Special tests:

McMurray's test: positive

Diagnostic Studies

No results found for any visits on 01/10/24.

Assessment and Plan

1. Rupture of anterior cruciate ligament of left knee, subsequent encounter
2. Complex tear of medial meniscus of left knee as current injury, subsequent encounter

Today I have reviewed the previous MRI results with the patient at length. Conservative and surgical treatment options were discussed. Surgical intervention was recommended at her last visit, we do continue to feel that Tamera requires left knee surgery. She will require **left knee arthroscopy with ACL reconstruction using quad tendon autograft, partial medial meniscectomy versus meniscal repair**. Risks, benefits, postoperative course were discussed in detail. We did review the differences and postoperative restrictions with meniscectomy versus meniscal repair, and she understands to be nonweightbearing 6 weeks if she does have a meniscal repair done. We reviewed her ACL graft options,

and she does wish to proceed with a quad tendon autograft. We also discussed the potential for failure of meniscal repair, as well as the healing properties of meniscal tissue.

Regarding work, she states she is has to be able to stand and work without her brace. Do not feel that she would be able to stand and work without her brace for 2 to 3 months postoperatively, and if she has a meniscal repair could be up to 4 months postoperatively. This is dependent on her recovery and her strength postoperatively. She does stand on her feet her entire shift and does quite a bit of walking.

We will submit her left knee surgery for approval and see her back postoperatively. She can continue to work up until the time of surgery

Procedures

Procedures

Medical Decision Making

PAST MEDICAL RECORDS: A search through past medical records was made. Relevant findings are outlined in the history of present illness and documented in the patients chart, otherwise the findings are not relevant to this visit.

I completed an Independent visualization of Images, Tracings, Specimens and Results.

Angela Lynn Waples, PA-C

01/10/24 at 4:45 PM MST

Electronically signed by Angela Lynn Waples, PA-C at 1/10/2024 4:53 PM

Office Visit on 1/10/2024 *Note shared with patient*

Additional Documentation

Vitals: Ht 167.6 cm (5' 6") Wt 81.6 kg (180 lb) BMI 29.05 kg/m² BSA 1.91 m²

Orders Placed

Schedule Surgery Request

Medication Changes

As of 1/10/2024 2:42 PM

None

Visit Diagnoses

Primary: Rupture of anterior cruciate ligament of left knee, subsequent encounter S83.512D
Complex tear of medial meniscus of left knee as current injury, subsequent encounter S83.232D



660 Golden Ridge Rd #110
Golden Colorado 80401 US
Phone: 303-963-1500

OPERATIVE REPORT

PATIENT NAME: ANDERSON, TAMARA
DATE OF BIRTH: 08/14/1996 (27)
GENDER: Female

SURGEON: Patrick McNair, MD
DATE OF SURGERY: 01/30/2024
MRN: 125304

PREOPERATIVE DIAGNOSIS: 1)Left knee ACL tear 2) left medial meniscus tear

POST OPERATIVE DIAGNOSIS: Same as well as lateral tibial plateau articular cartilage wear with instability.

PROCEDURE: 1) Exam underesthesia left knee
2) diagnostic arthroscopy of left knee
3) operative arthroscopy of left knee to include ACL reconstruction utilizing autologous quad tendon graft
4) partial medial meniscectomy
5) chondroplasty lateral tibial plateau

ANESTHESIA: General anesthetic plus regional block performed by the anesthesia service to assist with postoperative pain management as well as quarter percent Marcaine with epinephrine injected in the knee joint preoperatively

ASSISTANT: Angie Waples, physician assistant certified

ESTIMATED BLOOD LOSS: Approximately 30 cc

ANTIBIOTICS: 2 g cefazolin given approximate 30 minutes prior to surgical initiation

Tourniquet TIME: 40 minutes at 250 mmHg

IMPLANTS: Arthrex

SURGICAL FINDINGS: Exam anesthesia positive Lachman positive pivot shift stable MCL, LCL, PCL. Diagnostic arthroscopy reveals ACL disruption. Also identifies a complex medial meniscus tear nonrepairable. And grade 2 articular cartilage lesion to the weightbearing surface of the lateral tibial plateau with articular instability.

Next post ACL reconstruction isometric ACL excellent uptake attention. Post post partial meniscectomy probably 60% of the posterior body resected. Next post chondroplasty lateral tibial plateau no further articular disability no exposed bone.

COMPLICATIONS: None

INDICATIONS: The patient was seen and examined by me in the office. Please refer to my office notes for detailed information. I visited with the patient today and went over the surgical consent and the surgical procedure in detail. Operative risks and benefits were discussed including the risks of anesthesia, infection, injury of normal structures, failure to relieve symptoms, worsening of symptoms, need for further surgery, and additional risks. All questions were answered. The patient agreed to proceed with the scheduled procedure.

DESCRIPTION OF OPERATION: After informed consent was verified patient was surrendered to a regional block performed by the anesthesia service to assist with postoperative pain management. Following that the patient was brought to the operative surrendered to a general anesthetic. Once on the appropriate anesthesia postoperative table in the supine manner. All bony problems well-padded. Tourniquet was placed high in the left thigh. The left lower extremity the compartments of the tourniquet and perineum utilizing U-Drape. The left lower extremities then position the arthroscopic leg holder.

Left lower extremity then under local prep and infiltration quarter percent Marcaine with epinephrine into the knee joint.

Following that the left lower extremity 1 alcohol 5 a ChloraPrep abrasion was standard draping

With appropriate prep and drape completed IV amoxicillin anesthesia obtained surgical consent and site verified as was initiation mechanical DVT prophylaxis and then started by surgical procedure.

Starting first standard anterior medial and anterolateral infrapatellar arthroscopic portals were created lateral portal scopic cannula placed the cannula 30 degree arthroscope was position the joint was insufflated with arthroscopic fluid. At this time a standard diagnostic arthroscopy of the left knee was then performed to include evaluation suprapatellar pouch medial lateral gutters patellofemoral joint medial compartment lateral compartment as well as intra notch findings stated above in brief ACL disruption complex medial meniscus tear articular cartilage wear to the lateral tibial plateau.



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Golden Colorado 80401 US
Phone: 303-963-1500

OPERATIVE REPORT

This time with a diagnostic arthroscopy confirming the above findings we temporally terminated the arthroscopy turned our attention to graft harvest.

This time with the knee flexed at 90 degrees approximately 3 cm incision was created from the superior pole of patella proximally midline. Skin subcutaneous tissue was sharply vital monopolar cautery visualized hemostasis obtained. Dissection was taken down to the quadriceps tendon peritenon. The peritenon was entered and the full width of the quad tendon was found. Following that A 9 mm dual blade Arthrex guide the quad tendon was scarred. Following that the quad tendon was then released the proximal pole the patella proximally for approximately 70 mm. Once fully released up to the proximal segment was then transected proximally lysing the Arthrex cigar cutting technique

At this time with the quad tendon was taken to the back table and prepared breast felt felt to be a 9 mm graft

At the quad tendon harvest site the peritoneum was then closed with #1 Vicryl. The subcutaneous tissues closed with 2-0 Vicryl

At this time now with a quad tendon now being prepared on the back table to my attention back to the the knee joint. Again with the scope through the lateral portal utilizing a hand-held biter and motorized shaver we proceeded with preparation for the intracondylar notch. At this time due to bleeding the leg was elevated and the tourniquet was inflated.

At this time with the tourniquet inflated now it proceeded back to the intercondylar notch. The native ACL was debrided from its femoral origin of the tibial attachment. A minimal lateral notchplasty was performed with a motorized bur.

At this time with the intracondylar notch and prepared I turned my attention the medial compartment. The medial meniscus tear was probed verified the

Handle biter and motorized shaver a partial medial meniscectomy was performed. Please note this is a rather extensive complex medial posterior body tear. The extent really when it is quite peripheral. So the vast majority the posterior body has been resected. The remaining meniscus is well contoured in shape. There does remain some hoop stress support but minimal.

At this time with a partial medial meniscectomy completed at term attention of the lateral tibial plateau. Lateral compartment is a bit tight. I being said the articular injury was easily probed verified the knee was in a handle biter motorized shaver a chondroplasty lateral tibial plateau was performed with completion which was no further articular instability and no exposed bone

So at this time now with the medial meniscus addressed in the lateral articular cartilage tibial plateau injury addressed and turned my attention back to the intercondylar notch.

Starting first the ACL tibial tunnel was created. This was done utilizing the Arthrex retrodrill guide. The appropriate location for the guide was found guidepin was placed in the isometric location. Osseous depth of approximately 42 mm. Once the guidepin was placed in the Arthrex 9.5 mm retrodrill was attached and the tibial tunnel of 42 mm was created

The tendon of the tibial tendon. Return attention the femoral socket.

The 6 mm off the back guide with the knee in a hyperflexed position the guidepin was placed osseous depth of approximately 33 mm. Following that a 9 mm Arthrex low-profile reamer was brought in and the femoral socket of 22 mm was created.

With the femoral socket. The tibial tunnel created we then passed the graft and sealing the notch once in the notch seen in the femoral tunnel into the femoral tunnel was secured with the Arthrex RT tight rope system.

This tender at the femoral socket secured max potential pull across the graft the knee was cycled the asymmetry was verified. Following that the knee was flexed to 30 degrees, next tension pulled across the graft, and an Arthrex 9 mm retroscrew was used to secure the tibial tunnel.

This time now with the ACL reconstruction completed the graft was probed excellent uptake attention was confirmed. The knee was placed through range of motion felt to be full and captured.

This time out the ACL reconstruction completed partial medial meniscectomy completed and chondroplasty lateral tibial plateau completed the knee was reinspected no further pathology addendum 5 4 and that the scopic fluid was evacuated to the medial aspect and she was removed the portals were closed sterile dressings were applied 4 x 4 cast padding and Ace bandage hinged knee brace. Patient was then awoken and taken recovery in stable condition.



660 Golden Ridge Rd #110
Golden Colorado 80401 US
Phone: 303-963-1500

OPERATIVE REPORT

Postoperative plan discharge home today with p.o. pain medicines. Weight-bear as tolerated. Range of motion as tolerated utilizing CPM to assist. Aspirin 325 twice daily for 21 days for DVT prophylaxis.

DISCHARGE INSTRUCTIONS: Discharge instructions were given to the patient and reviewed by the nurse. A prescription for an appropriately prescribed pain medication was given. The patient has been instructed to follow up during the time frame indicated on the discharge sheet. The patient was discharged when discharge criteria was met.

Patrick McNair, MD
Dictation Complete: 11 Feb 2024 15:06 MST

Anderson, Tamara

MRN: CEUL2823159

Angela Lynn Waples, PA-C

Physician Assistant

Specialty: Physician Assistant

Progress Notes 

Signed

Encounter Date: 2/5/2024



303-233-1223 PanoramaOrtho.com

Patient Name: Tamara Anderson**Date of Birth:** 8/14/1996**Medical Record #:** CEUL2823159**Date of clinic visit:** 02/05/2024**Primary care provider:** Julia Kathryn Atkins, MD

Assessment and Plan

Assessment:

6 days status post Left knee scope w/ACL reconstruction using quad tendon autograft, PMM, CP lateral tibial plateau with Dr. McNair

MVC this morning - evaluated at Sky Ridge ED today with negative x-rays

Plan:

No signs of infection and no signs of DVT upon exam today.

1. Dissolvable sutures were used and the patient was instructed to keep steri-strips in place until 2 weeks post-op. May submerge wounds in pool, tub or hot tub after post-op day 14, if incisions healed completely.
2. I reviewed the op note with patient and all questions were answered. She declined to review scope pictures today, and they are available to her through the portal. She will review on her own and we can answer questions next visit if needed
3. Continue use of ice, elevation and anti-inflammatory medication if not medically contraindicated.
4. TED hose replaced with Surgi-grip.
5. Start physical therapy for the knee per ACL protocol.
6. Work Restrictions: Sedentary desk job only. No stairs or ladders. No squatting, crawling or kneeling.
7. Wean from crutches as tolerated.
8. Brace for ambulation until weaned by PT and when able to perform a good SLR.
9. Discontinue and return CPM machine when 120° of motion achieved.
10. Continue Aspirin 325 mg BID x 3 weeks for DVT prophylaxis
11. Schedule follow up appointment in 2 weeks, to recheck her swelling and range of motion. I'd like to recheck her earlier than usual given her MVC today.

Chief Complaint

Chief Complaint

Patient presents with

- Left Knee - Post-op

History of Present Illness

Tamara Anderson is a 27 y.o. female that is reporting to the clinic status post the above surgery on 1.30.24. Patient is having increased pain and is tearful today, as she was rear-ended on her way to the clinic this morning. She was a restrained passenger and reports her brace was locked at the time of impact. She was evaluated and xrayed at Sky Ridge, and reports having a sharp increase in pain today. Tamara was doing well until the MVC and has been using the CPM as ordered. She denies numbness, weakness, fevers or chills and shortness of breath.

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

Allergies

Allergies

Allergen

- Amoxicillin
- Penicillin

Reactions

- Anaphylaxis
- Anaphylaxis

Medications

Current Outpatient Medications:

- acetaminophen (TYLENOL) 500 MG tablet, Take 2 tablets (1,000 mg) by mouth every 6 hours as needed for mild pain., Disp: , Rfl:
- aspirin 325 MG EC tablet, Take 1 tablet (325 mg) by mouth 2 times a day for 21 days., Disp: , Rfl:
- etonogestrel (NEXPLANON SDRM), by subdermal route., Disp: , Rfl:
- FLUoxetine (PROZAC) 40 MG capsule, Take 40 mg by mouth daily., Disp: , Rfl:
- methocarbamol (ROBAXIN) 500 MG tablet, Take 1.5 tablets (750 mg) by mouth every 6 hours as needed for muscle spasms for up to 10 days., Disp: 30 tablet, Rfl: 0
- miscellaneous medical supply misc, Ted Hose, Disp: 1 each, Rfl: 0
- ondansetron (ZOFTRAN-ODT) 4 MG disintegrating tablet, Dissolve 1 tablet (4 mg) on tongue every 4 hours as needed for nausea or vomiting for up to 7 days., Disp: 12 tablet, Rfl: 0
- oxyCODONE (ROXICODONE) 5 MG immediate release tablet, Take 1-2 tablets (5-10 mg) by mouth every 4 hours as needed for severe pain for up to 7 days. Max Daily Amount: 60 mg, Disp: 42 tablet, Rfl: 0
- trazODone (DESYREL) 100 MG tablet, Take 100 mg by mouth., Disp: , Rfl:

Previous Medical / Surgical / Family / Social History

Past Medical History:

Diagnosis

- Alcoholism /alcohol abuse
Self diagnosis
- Anemia
- Anxiety
- Depression
- Pneumonia

Date

Past Surgical History:

Procedure

- NO PAST SURGERIES

Laterality

Date

Family History

Problem

Relation

Age of Onset

- Alcohol abuse

Father

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Former
- Packs/day: 0.50
- Years: 10.00
- Additional pack years: 0.00
- Total pack years: 5.00
- Types: Cigarettes
- Smokeless tobacco: Never
- Tobacco comments:
quit june 2018

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Not Currently
Comment: A lot
- Drug use: Not Currently
 Types: Amphetamines, Cocaine, Designer/Club, Hallucinogens, Marijuana, Narcotics, Opiates, Sedatives
Comment: Patient refuses answer.
- Sexual activity: Not Currently
 Partners: Male
 Birth control/protection: Implant
Comment: My mans deployed

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Review of Systems

Pertinent positives noted in HPI

Physical Exam

General: Well appearing no acute distress

Psychiatric: Mood and affect appropriate

Extremity: Left LE: + Hinged knee brace

Incisions C/D/I without signs of erythema or drainage, steri-strips overlying incisions
moderate effusion - WNL. Calf non tender to palpation

Neurovascularly intact

Moderate tenderness over the quad and tibia

Diagnostic Studies

No results found for any visits on 02/05/24.

Procedures

Procedures

Angela Lynn Waples, PA-C
02/05/24 at 3:20 PM MST

Electronically signed by Angela Lynn Waples, PA-C at 2/5/2024 3:31 PM

Office Visit on 2/5/2024 *Note viewed by patient*

Orders Placed

None

Medication Changes

As of 2/5/2024 5:19 PM

None

Visit Diagnoses

Primary: Orthopedic aftercare Z47.89

Rupture of anterior cruciate ligament of left knee, subsequent encounter S83.512D

Complex tear of medial meniscus of left knee as current injury, initial encounter S83.232A

Anderson, Tamara

MRN: CEUL2823159

Brian Christopher Morgan, PA-C
Physician Assistant
Specialty: Physician Assistant

Progress Notes 
Signed

Encounter Date: 2/20/2024



303-233-1223 PanoramaOrtho.com

Patient Name: Tamara Anderson

Date of Birth: 8/14/1996

Medical Record #: CEUL2823159

Date of clinic visit: 02/20/2024

Primary care provider: Julia Kathryn Atkins, MD

Assessment and Plan

Tamara Anderson is a 27 y.o. female presenting for postop visit.

Assessment:

Status post left knee arthroscopic ACL reconstruction with quadriceps autograft partial medial meniscectomy chondroplasty of lateral tibial plateau date of surgery 1/30/2024

Plan:

Patient is doing: Better. Patient sustained injury during an MVA and x-rays were negative at the hospital. Her range of motion has improved and she is working with physical therapy. Still does have some extensor lag but her swelling and pain seems to be improved from prior visit.

- No signs or symptoms of postoperative complications noted.
- Activity limitations and allowances were reviewed.
- HEP/PT : Panorama physical therapy at Surgeon John Stiles. Still continue bracing for ambulation until she is able to perform straight leg raise without extensor lag
- Bracing/immobilizer instructions reviewed as indicated
- Follow-up: 4 weeks with Dr. McNair

To Merrick comes in today for reevaluation following a MVA 6 days following her surgery. Overall she is doing better today she has improved range of motion and her swelling seems to be down with some ongoing ecchymosis. Did not get the sense that there is any major issues with her knee however we will need to continue evaluate in 1 month's time we will have her continue physical therapy until then and see how she is doing at her next visit. She was given a prescription for Robaxin today on a refill. If she needs any further pain medication refills would likely do tramadol.

Chief Complaint

Chief Complaint

Patient presents with

- Left Knee - Post-op

History of Present Illness

Tamara Anderson is a 27 y.o. female that is reporting to the clinic for postop visit. Patient underwent the above procedure on 1/30/2024

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

Allergies

Allergies

Allergen

- Amoxicillin
- Penicillin

Reactions

- Anaphylaxis
- Anaphylaxis

Medications

Current Outpatient Medications:

- acetaminophen (TYLENOL) 500 MG tablet, Take 2 tablets (1,000 mg) by mouth every 6 hours as needed for mild pain., Disp: , Rfl:
- aspirin 325 MG EC tablet, Take 1 tablet (325 mg) by mouth 2 times a day for 21 days., Disp: , Rfl:
- etonogestrel (NEXPLANON SDRM), by subdermal route., Disp: , Rfl:
- FLUoxetine (PROZAC) 40 MG capsule, Take 40 mg by mouth daily., Disp: , Rfl:
- miscellaneous medical supply misc, Ted Hose, Disp: 1 each, Rfl: 0
- traZODone (DESYREL) 100 MG tablet, Take 100 mg by mouth., Disp: , Rfl:
- methocarbamol (ROBAXIN) 750 MG tablet, Take 1 tablet (750 mg) by mouth every 6 hours as needed for muscle spasms for up to 10 days., Disp: 30 tablet, Rfl: 0
- methocarbamol (ROBAXIN) 750 MG tablet, Take 1 tablet (750 mg) by mouth every 6 hours as needed for muscle spasms for up to 10 days., Disp: 30 tablet, Rfl: 0

Previous Medical / Surgical / Family / Social History

Past Medical History:

Diagnosis

- Alcoholism /alcohol abuse
Self diagnosis
- Anemia
- Anxiety
- Depression
- Pneumonia

Date

Past Surgical History:

Procedure

- NO PAST SURGERIES

Laterality

Date

Family History

Problem

- Alcohol abuse

Relation
Father

Age of Onset

Social History

Socioeconomic History

- Marital status:
Spouse name:
- Not on file
- Number of children:
- Not on file
- Years of education:
- Not on file
- Highest education level:
- Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Former
- Packs/day: 0.50
- Years: 10.00
- Additional pack years: 0.00
- Total pack years: 5.00
- Types: Cigarettes
- Smokeless tobacco: Never
- Tobacco comments:
quit june 2018

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Not Currently
Comment: A lot
- Drug use: Not Currently
Types: Amphetamines, Cocaine, Designer/Club, Hallucinogens, Marijuana, Narcotics, Opiates, Sedatives
Comment: Patient refuses answer.
- Sexual activity: Not Currently
Partners: Male
Birth control/protection: Implant
Comment: My mans deployed

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Review of Systems

I completed a 10-point REVIEW OF SYSTEMS and is negative with the exception of those items previously documented in the HPI, chart and staff notes. As is my standard practice, ALL pertinent positives and negatives from the ROS are documented in the HPI.

Physical Exam

Operative extremity Neurovascular exam intact

Surgical incisions/portals healing uneventfully without signs of infection

No evidence of DVT

Left lower extremity: Surgical incisions clean dry intact no signs of any erythema drainage or Steri-Strips in place. Moderate knee joint effusion. Range of motion full extension to 85 degrees on exam today. Patient states she is able to get to 115 at physical therapy. No tenderness palpation of the calf neurovascular intact.

Diagnostic Studies

No results found for any visits on 02/20/24.

Procedures

Procedures

Medical Decision Making

Electronically signed by Brian Christopher Morgan, PA-C at 2/20/2024 10:50 AM

Office Visit on 2/20/2024 *Note shared with patient*

Orders Placed

None

Medication Changes

As of 2/20/2024 10:47 AM

	Refills	Start Date	End Date
methocarbamol			
Unchanged: methocarbamol (ROBAXIN) 750 MG tablet	0	2/9/2024	2/19/2024
Take 1 tablet (750 mg) by mouth every 6 hours as needed for muscle spasms for up to 10 days. - oral			
Added: methocarbamol (ROBAXIN) 750 MG tablet	0	2/20/2024	3/1/2024
Take 1 tablet (750 mg) by mouth every 6 hours as needed for muscle spasms for up to 10 days. - oral			

Visit Diagnoses

Primary: Orthopedic aftercare Z47.89

Rupture of anterior cruciate ligament of left knee, initial encounter S83.512A

XR Knee 3 View Left: Patient Communication

 Released Not seen

XR Knee 3 View Left

Status: Final result

PACS Images

(Link Unavailable) Show images for XR Knee 3 View Left

Study Result

Narrative & Impression
4 views left knee.

Indications: Trauma.

Findings: No evidence of any joint space narrowing of the medial compartment, lateral compartment, or patellofemoral compartment. No soft tissue or osseous abnormalities identified.

Impressions: No acute or chronic pathology identified.

Imaging

XR Knee 3 View Left (Order: 220932130) - 12/4/2023

Result History

XR Knee 3 View Left (Order #220932130) on 12/4/2023 - Order Result History Report

Signed by

Signed	Time	Phone	Pager
Patrick Joseph McNair, MD	12/04/2023 17:41	303-233-1223	

Reason for Exam

Priority: Routine

Pain
Dx: Left knee pain [M25.562 (ICD-10-CM)]
Comments: PA 45, Lat, Sunrise

Exam Information

Status	Exam Begun	Exam Ended
Final	12/04/2023 15:14	12/04/2023 15:21

Order Report

 Order Details

Collection Information

Specimen ID: XR231204007259

Risk Scores

No risk assessment data

External Results Report

There is an external results report available.

 Encounter

View Encounter

Orders Requiring a Screening Form

2/20/24, 4:45 PM

Anderson, Tamara (MRN: CEUL2823159) DOB: 8/14/1996

Procedure	Order Status	Order ID	Accession Number	Form Status
XR Knee 3 View Left	Completed	220932130	XR231204007259	Created

IR Procedure Log

IR Procedure Documentation

Printable Result Report

Result Report

Charges

No log ID found

Supplies

Name	ID	Temporary	Type	Charge Code Description	Charge Code	Quantity
No information to display						



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Dr. McNair Contact Information

Clinical Liaison: Brad Weems

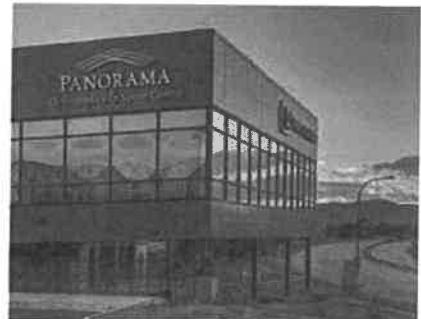
Physician Assistant: Angie Waples PA-C and Brian Morgan, PA-C

Direct Phone Extension: 720-497-6620

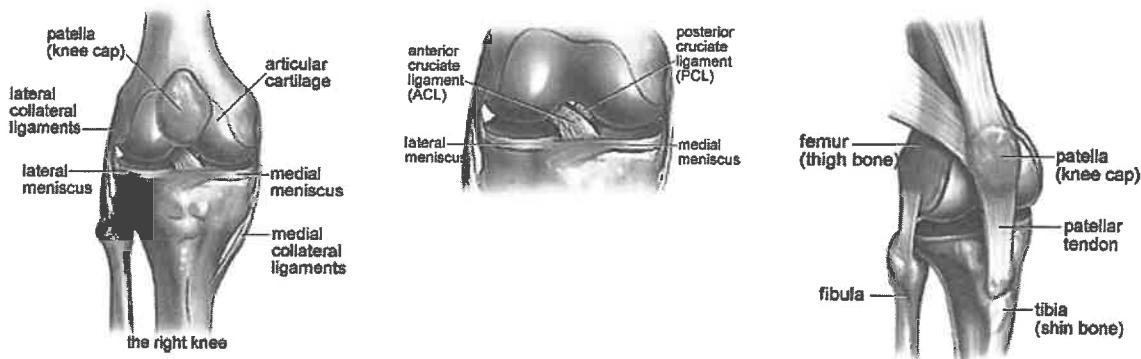
Direct Fax Number: 720-497-6773

Patient Communication Email: drmcnairpc@panoramaortho.com

Dr. Patr
1060 Plaza Dr. #201
Highlands Ranch, 8012



Diagrams

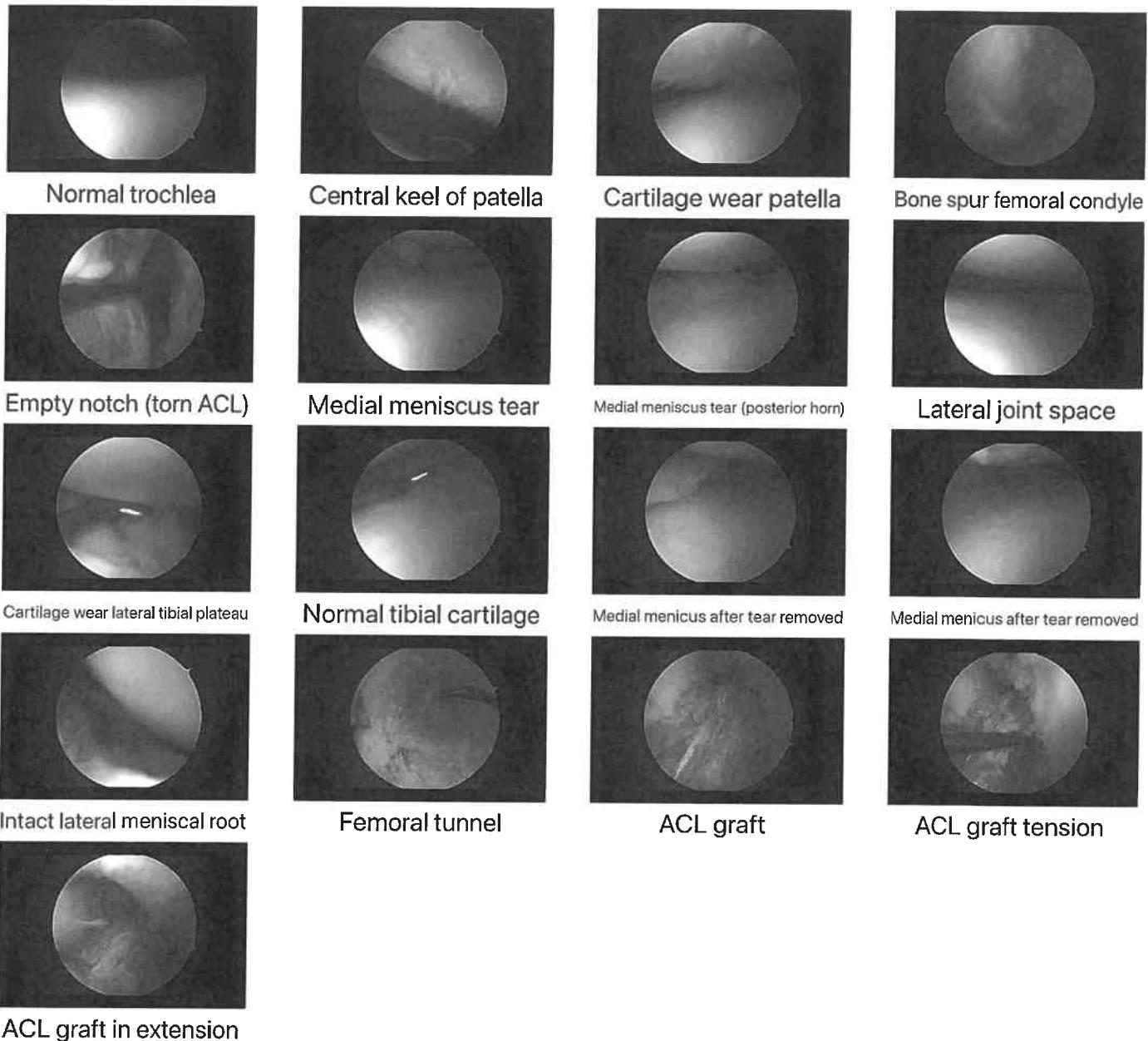


Empty notch (torn ACL)



ACL graft

Surgery Images



Post Operative Instructions

1. Dissolvable sutures were used and you should keep steri-strips in place until 2 weeks post-op. Ok to submerge wounds in pool, tub or hot tub after post-op day 14, if incisions healed completely.
2. Continue use of ice, elevation and anti-inflammatory medication if not medically contraindicated.
3. TED hose will be replaced with Surgi-grip at first post op visit.
4. Start physical therapy for the knee per ACL protocol. Bring the attached ACL protocol to your therapist on your first PT visit.
5. Work Restrictions: Sedentary desk job only. No stairs or ladders. No squatting, crawling or kneeling.
6. Wean from crutches as tolerated.
7. Brace for ambulation until weaned by PT and when able to perform a good Straight leg raise.
8. Discontinue and return CPM machine when 120° of motion achieved.
9. Begin Aspirin 325mg twice daily for 3 weeks post op for blood clot prevention

ACL Reconstruction

Left knee arthroscopy with ACL reconstruction using quad tendon autograft, partial medial meniscectomy and chondroplasty lateral tibial plateau

Helpful Websites

Panorama

<http://www.panoramaortho.com>

ACL Reconstruction

<http://www.orthoiillustrated.com/knee/tears#AnteriorCruciateLigamentACLTear>

Documents

PJM Pain Management

[Post Op Pain Managment PJM.pdf](#)

ACL PT Protocol

[ACLProtocolFINAL.pdf](#)

Post-Operative Pain Management Recommendations

If you received a Nerve Block prior to your surgery:

- Begin taking your pain medication at the latest as prescribed the night of your surgery even if you are not in pain and your block is still in effect.
 - When your block does wear off (usually after 18-24 hours) it is much easier to tolerate if you have been taking your pain medication as prescribed. It can be very difficult to catch up on your pain control if you get behind and can result in severe pain
 - **Do not try to wean down on your pain medication until your block has completely worn off**

Narcotic Pain Medication: Take these medications as prescribed using the lowest effective dose

- Oxycodone 5mg tablets: Take 1-2 tablets by mouth every four hours
 - You may take Tylenol (acetaminophen) with this medication
- Dilaudid 2mg tablets: Take 1-2 tablets by mouth every four hours
 - You may take Tylenol (acetaminophen) with this medication
- Norco (Hydrocodone/Acetaminophen): Take 1-2 tablets by mouth every four hours
 - You may not take additional Tylenol with this medication

Non-Narcotic Pain Medications (over the counter): These medications should be taken alongside your narcotic pain medications and can help to reduce narcotic usage

- Tylenol (acetaminophen/APAP): If you are taking Oxycodone or Dilaudid you should take Tylenol around the clock as directed on the bottle. There are multiple formulations so please follow the dosing guide on the bottle.
 - You may not take Tylenol if you have been prescribed Norco (hydrocodone/APAP). This already has Tylenol in the medication
- Non-Steroidal Anti-inflammatory Medications (NSAIDs):
If you have undergone Rotator Cuff Repair you may take NSAIDs for initial pain control for the first 72 hours after surgery, do not take them beyond this point, it can affect the healing of your rotator cuff repair
 - Advil/Motrin (Ibuprofen): Take as directed on bottle if medically cleared to do so
 - Aleve (Naproxen): Take as directed on bottle if medically cleared to do so
- Aspirin: You may be prescribed Aspirin for Blood Clot (DVT) prevention. Take 325mg (1 full strength tablet) Twice daily for 21 days
 - You may take 1 dose of Ibuprofen in between Aspirin doses

Sample Post-Operative Pain Medication Schedule

12:00 AM – Oxycodone 5-10mg, Acetaminophen 1000mg

4:00 AM – Oxycodone 5-10mg, Ibuprofen 600-800mg (Substitute Aspirin 325mg if prescribed for DVT prophylaxis)

8:00 AM – Oxycodone 5-10mg, Acetaminophen 1000mg

12:00 PM – Oxycodone 5-10mg, Ibuprofen 600-800mg

4:00 PM – Oxycodone 5-10mg, Acetaminophen 1000mg

8:00 PM – Oxycodone 5-10mg, Ibuprofen 600-800mg (Substitute Aspirin 325mg if prescribed for DVT prophylaxis)

12:00 AM – Oxycodone 5-10mg, Acetaminophen 1000mg



GRAFT:

Associated procedures: ACL reconstruction

Phase I-Preoperative Phase

Milestones:

1. Full Extension
2. Flexion to at least 120 deg
3. No extensor lag during SLR
4. Aggressive quad strengthening-improve the quad index to >90%, (the ratio of involved-side quadriceps strength to unininvolved-side quadriceps strength) to greater than 90% prior to surgery
5. Diminish inflammation, swelling, and pain. Patient education to prepare for surgery

Treatment:

- Improve ROM: Passive knee extension to 0 and passive knee flexion to tolerance
- Therapeutic Exercises: Ankle Pumps, 4 Way Straight leg raises, Quad sets and CKC exercises.
- Modalities: Electrical Muscle Stimulation to quadriceps during voluntary quadriceps exercises
- Neuromuscular/Proprioception Training: Eliminate quad avoidance, gait Retro stepping drills and closed kinetic chain exercises
- Cryotherapy: Ice 20 min of every hour, elevate leg with knee in full extension

Patient Education

Review postoperative rehabilitation program

Phase II: Early Postoperative (Week 1)

1-2 visits

Milestones:

1. Knee active/passive ROM, 0° to 90°
2. Active quadriceps contraction with superior patellar glide

Treatment:

- Increase ROM: Heel drags, patellar mobilization, gait training, NMES
- Home exercise program: supine wall slides, self-patellar mobilizations 30 to 50 times per day, quadriceps set, and straight leg raise 3 × 10 repetitions (3 times per day)

Early Postoperative (Week 2)

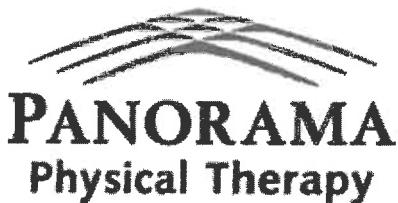
3-4 visits

Milestones:

1. Knee flexion greater than 110°
2. Walking without crutches
3. Use of seated stepper without difficulty
4. Walking with full knee extension
5. Reciprocal stair climbing
6. Straight leg raise without a knee extension lag

Treatment:

- Step-ups in pain-free range
- Portal/incision mobilization as needed (if skin is healed)
- Seated stepper, wall squats/sits
- Unlock brace once to 90° of flex once pt is able to SLR without extensor lag



- Prone hangs or heel prop if lacking full extension
- Patellar mobilization
- Continue isometric hamstring and quadriceps exercises.

Early Postoperative (Week 3)

5 to 6 visits

Milestones:

1. Knee flexion ROM to within 10° of uninvolved side
2. Quadriceps strength greater than 60% of uninvolved side

Treatment:

- Tibiofemoral mobilizations with rotation for ROM if joint mobility is limited
- Progress to bike if 110° of flexion AROM is present. Duration (10-minute minimum)
- Begin balance and proprioceptive activities

PHASE III- INTERMEDIATE POSTOPERATIVE (WEEKS 4-8)

7 to 16 visits (If patient has 20 visit limit – decrease frequency during this phase)

Criteria to advance to Phase III:

Patient is able to D/C use of brace when no extension lag is present. Patient should be able to perform SLR without extension lag and have good quad control from 0-30 degrees.

Milestones:

1. Knee flexion should be within 10 degrees of uninvolved side.
2. Knee extension should be 0. If not consider Extensionater Rx.
3. Continue joint mobilizations to progress ROM (tibiofemoral rotational and patellar mobilizations)
4. Normalize gait pattern.
5. Initiate and progress neuromuscular and proprioceptive retraining exercises.
6. Continue isometric and progress isotonic exercises for HS, quadriceps, and gastroc/soleus. If HS graft was used hold isolated resisted hamstring strengthening until 8 weeks.

Treatment:

- Progress exercises working on normalizing gait pattern. (I.e. forward high knee walks, backward high knee walks, TM walking (forward/backwards))
- For endurance training PRE's should be performed 3-5 sets for 12 -15 reps.
- Neuromuscular and proprioceptive retraining (i.e. SL balance, DL balance on uneven surface)
- Continue using NMES for quad activation with exercises.
- Isometric and isotonic exercises: (i.e. Mini wall squats, Standing TKE with TB, step ups)
- Stretching of hip and LE chain. Initiate **aggressive HS stretching at 8 weeks.**
- Core stability for trunk and abdominals

PHASE IV (WEEKS 8-12)

16 to 20 visits

Criteria to advance to Phase IV:

Prior to entering phase IV patient should have a normal gait pattern, full AROM, and signs of trace to no effusion.

Milestones:

1. Start muscle strengthening and endurance exercises. Focus on SL strengthening.
2. Slowly increase weight with open and closed kinetic chain exercises.
3. Initiate dynamic stability neuromuscular training
4. Light plyometric exercises.



PANORAMA

Physical Therapy

5. By the end of 12 weeks patient should have >85% quad strength to unininvolved side.
6. Avoid dynamic valgus during strengthening and functional activities.

Treatment:

- Neuromuscular retraining and use of NMES for quad activation.
- Aerobic training: resistance as tolerated to stationary bike, elliptical machine @ 8 weeks.
- For hypertrophy training PRE's should be performed 3-4 sets for 10 -12 reps.:
- Eccentric control exercises for quadriceps.
- Initiate dynamic stretching program.

Phase V: Transition to Sport and Strengthening Phase (Weeks 12-16)

20-24 visits

Criteria for return to running program: good quad control, full extension, good SL balance and normalized gait pattern.

Milestones:

1. Knee flexion ROM equal to unininvolved side
2. Quadriceps strength greater than 80% of unininvolved side
3. Knee effusion trace or less

Treatment:

- Begin running progression (see running progression below); on treadmill or track with functional brace (if all milestones are met; may vary with physician, and physician has approved)
- Begin light double leg agility drills (no hopping or jumping)
- Strengthening should be focused on variables favorable to increase strength 3 - 4 sets of 6 - 10 reps 2 - 3 days / week
- Strength gain emphasis prior to transition to power training
- Initiate isolated hamstring strengthening at 12 weeks (hamstring graft)

RUNNING PROGRESSION

Criterion to initiate running program: Requires trace or less effusion, 80% or greater strength, and understanding of soreness rules*.

*Soreness Rules:

Soreness during warm up that continues	2 days off, drop down 1 level
Soreness during warm up that goes away	Stay at the level that led to the soreness
Soreness during warm up that goes away but redevelops during session	2 days off, drop down 1 level
Soreness the day after lifting	1 day off, do not advance program to next level (not muscle soreness)
No soreness	Advance 1 level per week or as directed by therapist

*Levels for Treadmill/Track:

- Level 1 0.1-mi† walk/0.1-mi jog, repeat 10 times Jog straights/walk curves (2 mi)
 - Level 2 Alternate 0.1-mi walk/0.2-mi jog (2 mi) Jog straights/jog 1 curve every other lap
 - Level 3 Alternate 0.1-mi walk/0.3-mi jog (2 mi) Jog straights/jog 1 curve every lap (2
 - Level 4 Alternate 0.1-mi walk/0.4-mi jog (2 mi) Jog 1.75 laps/walk curve (2 mi)
 - Level 5 Jog full 2 mi Jog all laps (2 mi)
 - Level 6 Increase workout to 2.5 mi
 - Level 7 Increase workout to 3 mi
 - Level 8 Alternate between running/jogging (2 mi)
- Increase speed on straights/jog curves every 0.25 mi
 - Progress to next level when patient is able to perform activity for 2 mi without increased



effusion/pain

- Perform no more than 4 times in 1 week and no more frequently than every other day. Do not progress more than 2 levels in a 7-day period.

Phase VI: Return to Activity Phase: 16-20 weeks

24-25 visits

Criteria to Enter Phase VI: Full range of motion, no effusion, and maintaining or gaining quadriceps strength >90%

Milestones:

1. Normalize neuromuscular control
2. Achieve maximal strength and endurance

* If Allograft or revision used-do not start plyometrics/agility/jogging training until 6 months post op

Treatment:

- Continue to progress from phase V activities
- Continue with progressive resistive strengthening
- Continue with running progression
- Advanced neuromuscular training/re-education
- Progress agility
- Initiate plyometrics
- Initiate eccentric control PREs for hamstrings (hamstrings graft)

*Transition to gym or HEP and follow up visit with PT every 2 wks for progression.

VII: Follow-up Return to Sport Training and Testing (6 Months to 1 Year

Postoperative, as directed by physician)

26-30 visits

Milestones:

1. Maintaining gains in strength (greater than or equal to 90% to 100%)
 2. Hop test 90% or greater
 3. Return-to-sport criteria (see below)
 4. Physician approval for full participation in sport
- Recommend changes in rehabilitation as needed. Progression may emphasize single-leg activities in gym, explosive types of activities (cutting, jumping, plyometrics, landing training)

Treatment:

- Conversion to power. Sport specific drills.
- Begin single leg jumping, progress agility, begin cutting.
- Jumping volume should be low to avoid joint irritation and focus on power. (2 -3 sets of 3 to 6 reps 2 -3 xs / week.

Testing:

Patient performs 2 practice trials on each leg for each hop sequence

Performs 2 measured trials on each leg for each hop sequence

Measured trials are averaged and compared (involved to unininvolved) for single, triple, and crossover hop

Measured trials are averaged and compared (uninvolved to involved) for timed hop

Passing criteria for return to sport:

- Greater than or equal to 90% on quadriceps MVIC and hop testing MVIC
- Patient is asked to volitionally extend the involved leg as hard as possible, while knee is maintained isometrically at 60° of knee flexion
- Side-to-side comparison (involved/uninvolved × 100 = % MVIC)



PRECAUTIONS

Patellar/Quadriceps tendon autograft technique

- Be aware of PF forces and possible irritation during progressive resistive exercises
- Treat patellofemoral pain if it arises: modalities, possible patellar taping
- Consider alteration of knee flexion angle to most comfortable between 45° and 60° for MVIC assessment and NMES treatments

Hamstring tendon autograft technique

- Begin Hamstring strengthening at 6 weeks postop and PROGRESS SLOWLY to patient tolerance

Partial meniscectomy

- No modifications required; progress per patient tolerance and protocol

Meniscal repair

- No ROM limits when not weightbearing / walking.
- Don't force flexion during the first 4-6 weeks, allow this to come naturally.
- Weight bearing in full extension, locked brace x 4 weeks. May remove or unlock brace when NOT walking.
- No closed chain flexion exercises beyond 90 degrees x 6 weeks EXCEPT light resistance exercise bike is OK
- Otherwise, follow procedure-specific physician protocol

Concomitant abrasion chondroplasty

- Weight bearing as tolerated with axillary crutches 3 to 5 days
- No modifications required; progress per patient tolerance and protocol

Concomitant microfracture (consider location and size of lesion for exercise-specific alterations)

- Follow procedure-specific physician protocol

Chondral repair (osteochondral autograft transfer system, autologous chondrocyte implantation, matrix-induced autologous chondrocyte implantation)

- Follow procedure-specific protocol if done concomitantly

Meniscal transplantation

- Follow procedure-specific protocol if done concomitantly

Medial collateral ligament injury

- Restrict motion to sagittal plane until weeks 4 to 6 to allow healing of MCL
- Perform PRE's with tibia in internal rotation during early postoperative period to decrease medial collateral ligament stress
- Consider brace for exercise and periods of activity if severe sprain and/or pain
- Non-repaired ROM restrictions: grade I, no ROM restrictions; grade II, 0° to 90° in week 1, 0° to 110° in week 2; grade III, 0° to 30° in week 1, 0° to 90° in week 2, 0° to 110° in week 3

Posterior cruciate ligament injury

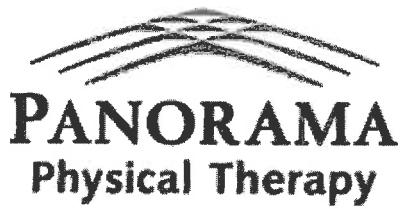
- Follow posterior cruciate ligament rehabilitation guidelines (not ACL protocol)

Posterolateral corner repair

- Minimize external rotation torques and varus stress (6-8 weeks)
- Avoid hyperextension
- No resisted knee flexion (12 weeks)

ACL revision

- Delay progression of running, hop testing, and agility drills by 4 - 8 weeks per physician order
- Crutches and immobilizer are used for 2 weeks following surgery.
- Return to sport testing and training initiated at 6 – 9 months per physician order. -- Otherwise, follow same milestones.



Allograft

- Delay progression of running, hop testing, and agility drills by 4 - 8 weeks per physician order
- Return to sport testing and training initiated at 6 – 9 months per physician order.
- Begin plyometric training at 6 months and progress slowly with goal of return to sports at 9-12 months post op.
- Otherwise, follow same milestones.