

HISTORY OF PRESENT ILLNESS

The patient is referred from Dr. Staci Cownover office for evaluation of left knee discomfort. She reports experiencing numbness in her left knee, which she describes as feeling different from the right knee. The onset of these symptoms was approximately 3 to 4 months ago, following a twisting injury sustained while climbing into bed. She has not experienced any trauma to the knee.

Currently, she experiences pain upon applying pressure or kneeling on the affected knee, although it is not painful at rest. She does not experience any back pain or radiating pain down her leg. She also reports having a variety of braces at home, including knee pads with 2 straps that are typically used for flooring work. She expresses concern about the potential worsening of her condition and seeks advice on what to expect in such a scenario. She recalls an incident where leaning on the knee resulted in a sensation akin to tearing, leading to significant pain.

REVIEW OF SYSTEMS

Negative for back pain or radiating pain down her leg.

PHYSICAL EXAM

Musculoskeletal:

Left knee: Numbness and paresthesias along the lateral aspect in the infrapatellar branch of the saphenous nerve distribution. No intra-articular effusion.

Full range of motion. Stable ligamentous exam.

RESULTS

Imaging

- X-ray of the left knee: Well maintained joint spaces. No obvious fracture seen.

ASSESSMENT AND PLAN

1. Neuropraxia of the infrapatellar branch of the saphenous nerve in the left knee:

A Medrol Dosepak has been prescribed to reduce inflammation and nerve irritation. Knee pads or a knee sleeve are recommended to cushion the area and avoid additional trauma. Activity modification is advised to prevent pressure on the affected knee. If symptoms do not improve, further evaluation with an MRI may be considered. Physical therapy may be beneficial to optimize knee function, improve flexibility, and strengthen the area. Over-the-

counter medications such as ibuprofen or Aleve, or prescription options like Celebrex or diclofenac, can be used to manage pain and inflammation.

Follow-up

Follow-up in 4 weeks to ensure improvement of symptoms.