**Patient Name:** BERRIOS, JUAN

**Date of Birth:** 05/03/1958

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 63 year-old right hand dominant male who was involved in a motor vehicle accident on 03/17/21. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision and left \_\_\_\_\_knee hit the steering wheel. Patient injured Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which helped. Patient received 1 intraarticular injection, which helped to relieve pain for a couple of weeks.

Patient complains of left knee pain that is 10/10 with 10 being the worst, which is sharp, dull, and throbbing in nature. The left knee pain increases with walking and improves with ice.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 8 inches tall, weighs 244 pounds.  
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert,   
and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left Knee:**  
Examination of the knee revealed tenderness on palpation of the medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. McMurray's test was positive on medial left knee. Lachman’s test was negative. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was present. Valgus & Varus stress test was stable. Range of motion: Flexion 110 degrees (150 degrees normal), extension -10 degrees (0 degrees normal).

**Diagnostic Imaging:**  
05/29/2021 - MRI of the left knee reveals tricompartmental arthrosis preferentially affecting the medial and patellofemoral compartments. Focus of avascular necrosis spanning 3.6 cm within the proximal tibial diaphysis. Degenerative complex tearing of the medial meniscus with attenuated and macerated meniscal remnant. Full-thickness chondral loss with bone to bone apposition medial tibiofemoral compartment. There is a full-thickness fissuring and full-thickness chondral defect involves the patella apex and central trochlea.

**Assessment and Plan:**  
Diagnoses: Medial meniscus tear and patellofemoral syndrome, left knee.   
Plan: Left knee medial meniscectomy.

The patient has failed conservative management which has included physical therapy, oral medications. The MRI was reviewed with the patient as well as the clinical examination findings. I have gone over all treatment options with the patient. At this time, I have discussed the benefits and risks of Left knee arthroscopy, chondroplasty, synovectomy, partial vs total meniscectomy and all other related procedures with the patient. I answered all their questions in regards to the procedure. The patient verbally consents to the procedure.

The patient’s Left Knee was examined   
MRI of the Left Knee was reviewed.

Causality: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient. Patient is considered 100% temporarily disabled.  
  
In response to the required COVID-19 mandates the following precautions have been taken. Doctors and Medical Assistants wore masks and gloves; examination rooms are completely disinfected after each use. Patient was required to wear a mask. Temperature scan was administered prior to examination. No more than 10 people were permitted in the waiting room at any time as this is the max that can be achieved while still maintaining six (6) feet social distancing guidelines. Only the patient was permitted in the examination room.



**L Sean Thompson, M.D.**