**Patient Name:** BUHLER (CASE 2), JOYCE

**Date of Birth:** 07/13/1957

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 60 year-old female who was involved in a fall accident on 01/15/22. Patient avoided fork lift causing her to buckle her knee. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has a history of right knee arthroscopy in 2005 and had intraarticular injection on \_\_\_\_\_05/14/22.

The patient complains of right knee pain that is 9/10 with 10 being the worst, which is sharp and shooting in nature. Pain increases with going up and downstairs and improves with medication.

**Past Medical History:**  
High blood pressure and lupus.

**Past Surgical History:**  
Hysterectomy and gallbladder removal.

**Past Accident/Injuries:**

**Daily Medications:**  
Zolpidem, Aripiprazole, Sertraline, Clopidogrel, Xanax, Myrbetriq. Pain medication.

**Allergies:**  
Penicillin\_\_\_\_\_, aspirin, nuts, bees, \_\_\_\_\_all ant

**Social History:**  
Noncontributory.

**Physical Examination:**  
**General Appearance:** Patient is a well-developed, well-nourished female in no acute distress. Awake, alert, and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is antalgic on right side.

**Right Knee:**  
Examination of the knee revealed tenderness to palpation of the medial joint line. There was swelling. There was no effusion. There was no atrophy of the quadriceps noted. Unable to \_\_\_\_\_ McMurray's. Lachman’s test was negative. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was not present. Valgus & Varus stress test was stable. Range of motion: Flexion 110 degrees (150 degrees normal), extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
02/14/2022 - MRI of the right knee reveals complex medial meniscal tear. Extensive full-thickness cartilage loss in the medial compartment. Mild cartilage loss in the lateral and patellofemoral compartments. Smalj joint effusion. Pes anserine bursitis.

**Assessment and Plan:**  
Diagnosis: Medial meniscus tear, right knee.  
Plan: Schedule \_\_\_\_\_arthroscopy. Needs clearance.

The patient has failed conservative management which has included physical therapy, oral medications, and injections. 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 shoulder arthroscopy, acromioplasty, subacromial decompression, debridement of rotator cuff versus possible rotator cuff repair, biceps tenotomy versus tenodesis 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 Right Knee was examined   
MRI of the Right Knee was reviewed.   
The patient at the present time is advised to get \_\_\_\_\_medical clearance.

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.  
  
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.**