**Patient Name:** COLON, VICTOR

**Date of Birth:** 06/24/1959

**Date of Service:** 01/24/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation.

Patient complains of left knee pain that is 6-9/10 pain with difficulty in activities of daily living. Pain gets worse when working.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Left hip surgery 2 years ago, right hip surgery 16 years, left knee surgery in 2017.

**Past Accident/Injuries:**  
None.

**Daily Medications:**  
Percocet 10/325, Xanax 0.5 mg

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall, weighs 207 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 right knee revealed tenderness medial and lateral meniscus. There was effilsion. There was no atrophy of the quadriceps noted. 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 130 degrees(150 degrees normal ) Extension -5 degrees (0 degrees normal ) The calf touches the back of the thigh at 130 degrees of flexion (normal for the patient). Palpable medial McMurray's.

**Diagnostic Imaging:**  
05/12/21 Left knee MRI revealed oblique tear posterior horn and body medial meniscus. Grade 2 sprain of ACL and grade 1 sprain of MCL. Mild to moderate tricompartmental articular chondrosis most pronounced medially. Small joint effusion and small Baker’s cyst. Several loose bodies posteriorly larges lies within the Baker's cyst.

**Assessment and Plan:**  
Diagnosis: Medial meniscus tear, left knee.  
Recommend left knee arthroscopy on 02/25/22.

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 and will be scheduled on 02/25/22.

The patient’s Left Knee was examined   
MRI of the Left Knee was reviewed.   
The patient at the present time is advised to get medical clearance.  
Patient is to return to the office in 2 months.

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.**