**Patient Name:** DIMARCO, CARMINE

**Date of Birth:** 05/03/1971

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

**History of Present Illness:**  
This is a 51 year-old right hand dominant male who was involved in a motor vehicle accident on 05/25/2021. Patient states that he was a restrained driver of a vehicle which was involved in a rear end collision. Patient injured Right Hip, Right Knee in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right hip pain, which is dull in nature. Right hip pain increases with movement. Right hip pain improves with resting.

The patient complains of right knee pain that is 10/10, with 10 being the worst, which is sharp in nature. The right knee pain radiates into right hip. Right knee pain increases with movement. Right knee pain improves with resting.

**Past Medical History:**  
High blood pressure, \_\_\_\_hyperlipidemia.

**Past Surgical History:**  
Hernia surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Simvastatin, metoprolol, hydrochlorothiazide.

**Allergies:**  
Penicillin.

**Social History:**  
Social drinking, Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall weighs 311 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

**Right Hip:**  
\_\_\_\_\_\_Examination observation and palpation of the hip is positive for pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Range of motion reveals flexion \_\_ (100 degrees normal)with pain at end range of motion; extension \_\_ (30 degrees normal) with pain at end range of motion ;abduction \_\_ (40 degrees normal) with pain at end range of motion; adduction \_\_ (20 degrees normal) with pain at end range of motion; internal rotation \_\_ (50 degrees normal)with pain at end range of motion; external rotation \_\_ ( 40 degrees normal) with pain at end range of motion. Muscle strength is \_\_/5.

**Right Knee:**  
Examination of the knee revealed tenderness on palpation at medial joint line and lateral joint line. There was no effusion. 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 test was positive. Varus stress test was negative. Range of motion Flexion 120 degrees(150 degrees normal ) Extension 0 degrees(0 degrees normal ).

**Diagnostic Imaging:**  
11/12/2021 - MRI of the right knee reveals intrameniscal tear of anterior horn of the lateral meniscus. Anterior subcutaneous soft tissue swelling and edema consistent with recent trauma or bursitis, in an appropriate clinical setting. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.  
11/12/2021 - MRI of the right hip reveals severe osteoarthritic changes.

**Assessment and Plan:**  
Diagnosis: 1. Lateral meniscus tear, right knee.  
Recommend right knee arthroscopy.

The patient’s Right Hip, Right Knee were examined   
MRI of the Right Hip, Right Knee were reviewed.   
Patient is to return to the office 2 weeks postop.

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.**