**Patient Name:** DOBBINS, IKWAAN

**Date of Birth:** 09/28/1979

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 43 year-old right hand dominant male who was involved in a motor vehicle accident on 4/04/2000 . Patient was a front seat passenger with seat belt on and was sleeping when the accident occurred. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 8 months of PT and it had helped

The patient complains of right knee pain that is 10/10, which is constant. The right knee pain is associated with numbness. Right knee pain increases with anything. Right knee pain improves with medication.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Oxycodone.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet 1 inches tall   
**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 Knee:**  
Examination of the knee revealed tenderness on palpation at lateral and medial 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 syndrome was present. Valgus & Varus stress test was stable. Range of motion Flexion 100 degrees(150 degrees normal ) Extension 5 degrees(0 degrees normal )

**Diagnostic Imaging:**  
08/20/2020- MRI of the right knee reveals complex tears in the body and posterior horn of the medial meniscus and anterior horn of the lateral meniscus. 11mm erosive/osteochondral lesion of the patellar apex. Markedly increased T2 signal in infrapatellar fat pad consistent with infrapatellar fat pad injury, although an underlying Hoffa disease is not excluded. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting. Approximately 7 x  
5 x 4 cm Baker’s cyst. The extensor mechanism, ACL, PCL and the collateral ligaments are intact.

**Assessment and Plan:**  
Plan: Recommend right knee arthroscopic surgery.

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 Right 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’s Right Knee was examined   
MRI of the Right Knee was 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.**