**Patient Name:** DOUGLAS, ALWYN

**Date of Birth:** 12/08/1959

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

**History of Present Illness:**  
This is a 63 year-old right hand dominant male who presents for orthopedic follow-up evaluation. Patient states the injection was helping a little. Patient has noticed some weakness in his hip and also noticed some difference in his gait.

**WC injury details:**  
WC injury details \_\_\_\_\_\_\_ (Mechanism of injury to involved body parts / Patient is \_\_\_not working)

The patient complains of left knee pain that is rated at 5-6/10, with 10 being the worst. The left knee pain increases with going upstairs and improves with injection.

**Past Medical History:**  
Arm or leg weakness.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Folic acid, vitamin B12

**Allergies:**  
No known drug allergies

**Social History:**  
Nonsmoker.

**Physical Examination:**  
**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:** Antalgic gait

**Left Knee:**  
Examination of the knee revealed no tenderness on palpation. 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 & Varus stress test was stable. Range of motion Flexion \_\_ degrees(150 degrees normal ) Extension \_\_ degrees(0 degrees normal ) The calf touches the back of the thigh at \_\_ degrees of flexion (normal for the patient).

**Diagnostic Imaging:**  
Examination of the knee revealed tenderness on palpation of medial and lateral compartment. There was swelling noted in hypertrophic joint. 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 present. Valgus & Varus stress test was stable. Range of motion Flexion 120 degrees (150 degrees normal) Extension -5 degrees (0 degrees normal ) \_\_\_ no stability.  
  
12/09/2021 - MRI of the left knee reveals mild chondromalacia. Complex tear at the lateral meniscus with displaced portion. Smaller tear at the medial meniscus with probable displaced portion. Partial interstitial tear of the ACL. MCL sprain. Joint effusion. Abnormal bone marrow is noted of uncertain etiology. Hematologic evaluation is recommended including routine CBC.  
  
05/13/2022 - X-ray of the left knee reveals stable tricompartmental knee joint osteoarthrosis, severe in the lateral compartment.

**Assessment and Plan:**  
Diagnosis: 1. Internal derangement of left knee.  
 2. \_\_\_\_\_\_ exacerbation of tricompartmental arthritis.  
Recommend to continue physical therapy 2-3x/week x6 weeks.

The patient’s Left Knee was examined   
MRI of the Left Knee was reviewed.   
Patient is to return to the office with x-ray films to discuss.

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.**