**Patient Name:** FRANQUI, JIMMIE

**Date of Birth:** 06/06/2003

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 19 year-old right hand dominant male who was involved in a motor vehicle accident on 07/22/2022. Patient states that he was driving motorcycle, which was involved in head on collision at intersection and knocked unconscious. Patient reports head trauma and loss of consciousness. Patient injured Left Knee, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has not had injections.

The patient complains of left knee pain that is 2/10 with 10 being the worst.

The patient complains of right knee pain that is 5/10 with 10 being the worst, which is shooting and throbbing. Patient has pain with bending and has limited range of motion. Right knee buckles. Pain increases with bending and squatting, and improves with hyperextension.

**Past Medical History:**  
Asthma.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is working as a kitchen supervisor, which requires him to stand 5 hours a day.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet tall and weighs 270 pounds.  
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert, and oriented x3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left and Right Knee:**  
Right knee:  
Examination of the right knee revealed tenderness on palpation of the medial/lateral joint line. There was no effusion. There was no atrophy of the quadriceps noted. Medial McMurray's test was positive. Lachman’s test was +2 with firm endpoint. 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) and extension 0 degrees (0 degrees normal).  
  
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.

**Diagnostic Imaging:**  
08/04/2022 - MRI of the left knee reveals full thickness versus high-grade partial thickness tear involving the MCL. Prominent bone contusion involving the lateral femoral condyle. Limited examination due to motion artifact.  
08/04/2022 - MRI of the right knee reveals full thickness versus high-grade partial thickness tear of the ACL. Prominent bone contusions involving the distal femur and proximal tibia. Posterolateral corner injury. Full thickness versus high-grade partial thickness tears of the tibular collateral ligament, popliteus muscle and tendon and popliteofibular Iigament. Complex tears involving the body and posterior hem of the lateral meniscus. Flap tear involving the peripheral posterior horn/body junction of the medial meniscus. Large joint effusion. Patella alta. Lateral tracking of the patella.

**Assessment and Plan:**  
Diagnosis: 1. Medial collateral ligament tear, left knee  
 2. Anterior cruciate ligament tear, medial/lateral meniscus tear, right knee.  
Plan: Right knee arthroscopy and anterior cruciate ligament reconstruction.

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 verbally consents to the procedure.

The patient’s Left Knee, Right Knee were examined   
MRI of the Left Knee, 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 50% 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.**