**Patient Name:** JENKINS, FRANCINE

**Date of Birth:** 10/30/1972

**Date of Service:** 08/29/2022

**History of Present Illness:**  
This is a 50 year-old right hand dominant female who was involved in a slip and fall accident on 02/05/2022. Patient states that she was slipped in ice outside apartment building. Patient injured Left Knee, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2 months of PT with minimal relief. Patient had left knee injection x2 and right knee injection x1.

The patient complains of bilateral knee pain more than 10/10, with 10 being the worst, which is sharp and constant in nature. Pain is all around the knee bilaterally. Pain wraps around the knee. Knee pain increases with movement, climbing stairs.

**Past Medical History:**  
Asthma.

**Past Surgical History:**  
Bilateral axillary lymph node dissection, tonsillectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Doxepin, Percocet

**Allergies:**  
Tramadol, Motrin, aspirin

**Social History:**  
Patient smokes for 15 years. Drinks socially.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 290 pounds, BMI 46.8  
**General Appearance:** Patient is a well-developed, well-nourished female in no acute distress. Awake, alert,   
and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left and Right Knee:**  
Examination of the left 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. McMurray test is positive on lateral left knee. 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 120 degrees with pain (150 degrees normal ) Extension 0 degrees (0 degrees normal )   
  
Examination of the right 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. McMurray test is positive on medial right knee. 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 110 degrees with pain (150 degrees normal ) Extension 0 1degrees (0 degrees normal )

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: 1. Avascular necrosis, right knee medial meniscus tear, left knee medial meniscus tear.  
Plan; Recommend bilateral knee x-rays.

The patient’s Left Knee, Right Knee were examined   
The patient at the present time is advised to return with imaging films.  
Patient is to return to the office in 1 week.

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.**