**Patient Name:** KERR, PATRICK

**Date of Birth:** 03/16/1985

**Date of Service:** 12/27/2021

**History of Present Illness:**  
This is a 36 year-old right hand dominant male who was involved in a motor vehicle accident on 12/04/2020 . Patient states that he was a restrained driver of a vehicle, which was involved in a front end collision. He states that he hit a car in front while trying to make a left turn by cutting off. Patient injured right knee in the accident. Patient complains of back pain after the accident. The patient is here today for orthopedic evaluation. Patient has tried a year of PT.

The patient complains of right knee pain that is 8/10, with 10 being the worst. Pain is sharp in nature that comes and goes. The right knee pain increases with walking, sitting. Pain radiates up and down, from knee to toe.

**Past Medical History:**  
Noncontributory. Patient sees Dr. Johal.

**Past Surgical History:**  
Left hand surgery in 2011.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 8 inches tall weighs 194 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 Knee:**  
Examination of the knee revealed no tenderness on palpation. Range of motion Flexion 130 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: 1. Intrameniscal tear body of the medial meniscus (tear in meniscus)  
 2. 5 x 4 x 3 cm septated Baker's cyst.  
Plan: Right knee arthroscopy on first Monday in February.

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 and will be scheduled on first Monday in February.

The patient’s Right Knee was examined   
The patient at the present time is advised to continue PT for 6 weeks.  
Patient is to return to the office in 2 months 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.**