**Patient Name:** MALAVE, MAYLING

**Date of Birth:** 03/06/1968

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 54 year-old right hand dominant female who was involved in a motor vehicle accident on 06/15/21. The patient states she was the restrained driver of a vehicle which was involved in a rear end collision while completely stopped. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT without improvement of pain.

The patient complains of right knee pain that is rated at 6/10, with 10 being the worst, which is shooting in nature. The right knee pain increases with using stairs, getting up, and bending and improves with heat.

**Past Medical History:**  
Arthritis and hypertension.

**Past Surgical History:**  
Tubal ligament and D&C.

**Past Accident/Injuries:**

**Daily Medications:**  
Lisinopril.

**Allergies:**  
Benadryl, iodine, mushrooms.

**Social History:**  
No ETOH, nonsmoker. Patient is still working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall.  
**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

**Right Knee:**  
Examination of the knee revealed tenderness on palpation of the lateral joint line and medial compartment. There was no effusion. There was no atrophy of the quadriceps noted. McMurray's test was positive on medial/lateral right knee.  
 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 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
02/01/2022 - MRI of the right knee reveals complex tear involving the body and both horns of medial meniscus and anterior horn of lateral meniscus. Extrusion of the body of the medial meniscus. Intrasubstance signal in body and posterior horn of lateral meniscus. This may represents intrasubstance tear. Hyperintense signal involving the anterior cruciate ligament. This can represent mucoid degeneration or can be sprain, if there is history of injury. Quadriceps and patellar tendinosis. Mild synovial effusion. Medial collateral ligament bursitis. Mild-to-moderate changes of osteoarthritis in the knee joint. Chondromalacia patellae (grade II). Altered marrow signal intensity involving the distal femur and proximal tibia predominantly involving the medial compartment, suggestive of degenerative marrow edema, with cysts/geodes. Diffuse subcutaneous edema around the knee joint. Mild edema in the soft tissues posterior to the femur.

**Assessment and Plan:**  
Diagnosis: right knee medial and lateral meniscus tear.  
Plan: Medial and lateral meniscectomy, right knee.

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 Right Knee was examined   
MRI of the Right Knee was reviewed.   
The patient at the present time is advised to undergo MC.  
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.**