**Patient Name:** MALAVE, MAYLING

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

**Date of Service:** 04/25/2022

**History of Present Illness:**  
The patient is seen here for postoperative follow-up evaluation. The patient had right knee arthroscopy on 04/04/22. Patient states that physical therapy is helping.  
  
The patient complains of right knee pain that is rated at 5/10 with 10 being the worst, which is intermittent in nature. Knee pain increases with upstairs and prolonged sitting and improves with rest.

Right Knee

**Past Medical History:**  
Arthritis.

**Past Surgical History:**  
Right knee arthroscopy.

**Past Accident/Injuries:**

**Daily Medications:**  
None

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

**Social History:**  
Noncontributory.

**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 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 125 degrees (150 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: Meniscus tear, right knee.  
Plan: PT.

The patient’s Right Knee was examined   
MRI of the Right Knee was reviewed.   
Patient is to return to the office PRN.

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.**