**Patient Name:** MANCZ, JOSEPH

**Date of Birth:** 02/04/1964

**Date of Service:** 05/17/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic post-op follow up evaluation of left knee. Patient is status post left knee arthroscopy on 04/25/22. Patient states that she is feeling better. He has not started PT for the knee.

Left Knee

**Past Medical History:**  
Hypertension, sexual difficulties.

**Past Surgical History:**  
Left ankle surgery in 1981, right shoulder surgery in 1983, left shoulder surgery in 2013, right knee surgery in 2015, neck discectomy and fusion in 2016. \_\_\_\_\_\_Right shoulder surgery on 07/02/2021.

**Past Accident/Injuries:**

**Daily Medications:**  
Naproxen 500 mg, oral steroid as prescribed, hydrochlorothiazide 10 mg, testosterone 100 mg, Tylenol, lisinopril.

**Allergies:**  
No known drug allergies

**Social History:**  
Smokes 1 pack per day.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet 4 inches tall, weighs 300 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 Knee:**  
Examination of the knee revealed postoperative change, well healed portal sites with swelling, \_\_\_\_\_active bleeding. No tenderness on palpation. No sign of infection. 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 120 degrees (150 degrees normal), extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
04/09/2021 - MRI of the right shoulder reveals rotator cuff tendinopathy with f?indings suggestive of near full-thickness to full-thickness tear of the anterior superior rotator cuff. Moderate acromioclavicular joint osteoarthritis, small subacromiai spur and mild f?luid in the subacromial/subdeltoid bursa.  
04/09/2021 - MRI of the left knee reveals advanced tricompartmental osteoarthritis of the knee with a joint effusion containing numerous interarticular bodies and a Baker’s cyst containing an intro-articular body. Tearing of both the medial and lateral menisci as discussed above. Distal quadriceps and patellar tendinopaihy without rupture of either tendon. Marked attenuation of the ACL suggestive of sequelae of remote prior injury and chronic partial tearing and/or mucoid degeneration. Edema surrounding the MCL which can be seen with grade 1 sprain in the setting of trauma or ref?lective of adjacent medial compartment pathology.

**Assessment and Plan:**  
Diagnosis: Status post left knee arthroscopy.  
Plan: \_\_\_\_\_

The patient’s Left Knee was examined   
MRI of the Left Knee was reviewed.

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.  
  
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.**