**Patient Name:** MARTINEZ-SANCHEZ, ESTELA

**Date of Birth:** 01/05/1980

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

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation. Patient needs PT script. Patient had surgery on 03/21/2022 and on 04/25/2022 and is doing better. Patient now has pain.

The patient complains of bilateral knee pain that is 6/10 , with 10 being the worst. which is sharp and shooting in nature. Knee pain increases with walking, movement and nothing improves the pain.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Gallbladder surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Tylenol.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 1 inches tall, weighs 200 pounds   
**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 knee revealed no tenderness on palpation. There was well healed portals with mild swelling on the left knee. 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. Left knee Range of motion Flexion 100 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal )

**Diagnostic Imaging:**  
09/28/2021 - MRI of the left knee reveals intrameniscal tear of posterior horn of the medial meniscus. Mild osteoarthritic changes. Moderate joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.  
09/28/2021 - MRI of the right knee reveals intrameniscal tear of anterior horn, body and posterior horn of the medial meniscus. Mild osteoarthritic changes. Anterior subcutaneous soft tissue swelling and edema consistent with recent trauma or bursitis, in an appropriate clinical setting. Moderate joint effusion consistent with recent trauma, in an appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: 1. Meniscal tear, right knee.  
 2. Status post left knee arthroscopy.  
Recommend rest and advised to take Naproxen 500 mg daily x2 month and PT 2-3x/week x6 weeks.

The patient’s Left Knee, Right Knee were examined   
MRI of the Left Knee, Right Knee were 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. 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.**