**Patient Name:** OROZCO, SUSANA

**Date of Birth:** 03/15/1981

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 41 year-old right hand dominant female who was involved in a motor vehicle accident on 03/28/20. The patient states that he was the back seat passenger of a vehicle, which was involved in a rear end collision. Patient reports head injury and had loss of consciousness for \_\_\_\_\_2 minutes. Patient went to St. Peter's Hospital and was \_\_\_\_\_discharged the same day. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has been undergoing PT, which is helping.

The patient complains of Right Knee pain that is 8/10 with 10 being the worst, which is intermittent in nature. Pain is worse when squatting.

**Past Medical History:**  
Prediabetic.

**Past Surgical History:**  
Biliary gallbladder surgery in 2008 and left knee meniscus tear repair.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**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 and medial meniscus. 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 130 degrees (150 degrees normal), extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
02/04/2022 - MRI of the right knee reveals grade 2 chondromalacia patella is demonstrated with fissuring along the apex. A small, diffuse knee joint effusion is appreciated. The medial and lateral patellar retinacula are intact. The popliteus muscle and tendon are intact. No acute fracture is seen. Grade 1 sprain of the ACL. Complex tear involving the anterior horn of the lateral meniscus. Flap tear involving the body of the lateral meniscus. Grade 2 intrameniscal horizontal tear involving the posterior horn of the lateral meniscus. Grade 2 intrameniscal horizontal tear involving the posterior horn of the medial meniscus. Grade 2 chondromalacia patella. Small, diffuse knee joint effusion.

**Assessment and Plan:**  
Diagnoses: Meniscus tear, intrameniscal tear, and anterior cruciate ligament sprain, right knee.  
Plan: Right knee arthroscopy.

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 medical clearance.  
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.**