**Patient Name:** PEREZ, ERENIA

**Date of Birth:** 03/08/1964

**Date of Service:** 01/24/2022

**History of Present Illness:**  
This is a 57 year-old right hand dominant female who was involved in a motor vehicle accident on 10/01/21. Patient states that she was a passenger of a vehicle, which was involved in a rear end collision. Patient states that vehicle was driving to home depot and she remembers just being struck at passenger side by the other car. Patient injured Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2-1/2 months of PT. She walks with pain and is cane assisted.

Patient complains of left knee pain that is 9/10, which is constant, sharp, shooting, and throbbing in nature and is associated with numbness. Pain increases when standing for long period of time and improves when taking medications and laying down.

**Past Medical History:**  
High blood pressure.

**Past Surgical History:**  
\_\_\_\_\_ and hysterectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Aspirin, \_\_\_\_\_valsartan.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 1 inches tall, weighs 240 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 Knee:**  
Examination of the knee revealed no tenderness on palpation of the patellofemoral region and medial/lateral joint line. There was no effusion. There was no atrophy of the quadriceps noted. McMurray's test was positive at medial left knee. 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 90 degrees (150 degrees normal).

**Diagnostic Imaging:**  
10/11/2021 MRI of the left Knee reveals grade 1 sprain of the ACL. Complex tear involving the posterior horn of the medial meniscus at this central root attachment site, resulting in a 7 mm defect, compatible with meniscal root avulsion. Flap tear involving the posterior horn of the medial meniscus, extending to the inferior articular surface. Medial extrusion of the body of the medial meniscus. Moderate medial joint compartment narrowing, described above. Grade 3-4 chondromalacia patella. Moderate patellofemoral joint space narrowing. Lateral tracking of the patella. Partial tears of the medial patellar retinaculum and medial patellofemoral ligament. Small joint effusion. Moderate Baker’s cyst.

**Assessment and Plan:**  
Diagnosis: Meniscus tear of the left knee.  
Plan: Left 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 Left 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 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. 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.**