**Patient Name:** PEREZ, ERENIA

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

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

**History of Present Illness:**  
The patient is seen here for Orthopedic post-op follow up evaluation.

The patient complains of left knee pain in the back of the calf that is 6/10, with 10 being the worst, which is dull in nature.

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

**Past Surgical History:**  
Hysterectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Amlodipine, 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 calf tenderness soft to 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 100 degrees (150 degrees normal), Extension 0 degrees (0 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 its 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: \_\_\_\_Pain in the back of calf.   
Recommend physical therapy.

The patient’s Left Knee was examined   
MRI of the Left Knee was reviewed.   
Patient is to return to the office in 1 month.

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.**