**Patient Name:** RAMKARAN, SHERRY-ANN

**Date of Birth:** 06/25/1976

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 46 year-old right hand dominant female who was involved in a work related accident on 02/18/2021. Patient slipped on ice outside parking lot of work building and fell on her knees. Patient injured Left Knee, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT for one year. Patient had RKIA x1 without any help.

The patient complains of left knee pain that is 6-7/10, with 10 being the worst, which is shooting, throbbing and buckling in nature. Knee pain is associated with burning sensation.

The patient complains of right knee pain that is 6-7/10, with 10 being the worst, which is shooting, throbbing and buckling in nature. Knee pain is associated with burning sensation.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Noncontributory

**Allergies:**  
Sulfa.

**Social History:**  
Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 1 inches tall weighs 218 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 left knee revealed no tenderness on palpation. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was +1 firm end point. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was present. Valgus & Varus stress test was stable. Range of motion Flexion 135 degrees(150 degrees normal ) Extension 0 degrees(0 degrees normal )   
  
Right knee  
Examination of the left knee revealed tenderness on palpation at medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was +1 firm end point. Anterior drawer sign and Posterior drawer sign were each negative. McMurray's test was positive on medial right knee. 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:**  
06/12/2021 - MRI of the left knee reveals partial ACL tear. Slight lateral patlellar subluxation and tilt with grade IV chondromalacia patella, lateral facet. Small joint effusion. Loose bodies in the posterior intercondylar notch measuring up to 4 mm.  
  
03/24/2021 - MRI of the right knee reveals no sprain medial collateral ligament. Degeneration medial meniscus with medial meniscal extrusion. Moderate cartilage loss medial compartment and severe cartilage loss patellofemoral joint. Small joint effusion.

**Assessment and Plan:**  
Diagnosis: 1. Left knee partial ACL tear.   
 2. Right knee meniscus tear.  
Plan: Recommend left knee arthroscopy and 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 Left and 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 and will be scheduled.

The patient’s Left Knee, Right Knee were examined   
MRI of the Left Knee, Right Knee were reviewed.   
The patient at the present time is advised to get MC.  
Patient is to return to the office p.r.n.

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.**