**Patient Name:** ROMAN, JOEL

**Date of Birth:** 12/10/1976

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 46 year-old right hand dominant male who was involved in a motor vehicle accident on 10/24/2021. Patient states that he was a restrained front seat passenger of a vehicle, which was involved in a front end and rear end collision.   
Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which is not helping.

The patient complains of right knee pain that is 8/10, with 10 being the worst, which is shooting in nature. Right knee pain increases with walking, going up/down stairs, bending. The right knee pain improves with elevation.

**Past Medical History:**  
Asthma.

**Past Surgical History:**  
RSD 2001.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
 Smoking. Nondrinker.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall weighs 267 pounds   
**General Appearance:** Patient is a well-developed, well-nourished male 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 at medical compartment. 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 present. Valgus & Varus stress test was stable. McMurray Medial present. Range of motion Flexion 130 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal )

**Diagnostic Imaging:**  
12/03/2021 - MRI of the right knee reveals grade 1 sprain of the ACL. Complex tears involving the anterior horn, body and posterior horn of the medial meniscus. Large joint effusion. Small Baker’s cyst.  
11/12/2021 - MRI of the right shoulder reveals bursal surface and interstitial partial thickness tear Involving the posterior fibers of the supraspinatus tendon. Diffuse tendonitis involving the remainder of the supraspinatus and infraspinatus tendons. Mild to moderate impingement of the supraspinatus outlet. Biceps tenosynovitis.  
11/12/2021 - MRI of the right hip reveals pincer-type femoroacetabular impingement involving the right hip joint.

**Assessment and Plan:**  
Diagnosis: 1. ACL sprain, medical meniscus tear.   
Recommend medial menisectomy.

The patient’s Right Knee was examined   
MRI of the Right Knee was reviewed.   
Patient is to return to the office in 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.**