**Patient Name:** SINGH, DILBAG

**Date of Birth:** 04/02/1981

**Date of Service:** 08/29/2022

**History of Present Illness:**  
This is a 41 year-old right hand dominant male who was involved in a motor vehicle on 10/30/2021. Patient states that while he was stopped at red light , was rear ended by another vehicle causing him to hit the car in front of him. Patient injured Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2 months of PT and had knee injection.

The patient complains of left knee pain that is 5/10, with 10 being the worst, which is dull in nature. Knee pain radiates down to leg. Knee pain increases with walking, climbing upstairs and worsens with sitting and laying.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
 Drinks socially.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 170 pounds, BMI 26.6.  
**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

**Left Knee:**  
Examination of the knee revealed no tenderness on 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 130 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal )

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: Left knee pain.  
Recommend 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 and will be scheduled.

The patient’s Left Knee was examined   
The patient at the present time is advised to get MC.

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.   
  
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.**