**Patient Name:** SOTO, BLANCA

**Date of Birth:** 08/17/1960

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

**History of Present Illness:**  
This is a 61 year-old right hand dominant female who was involved in a slip and fall accident on 08/14/21. Patient states that she was walking in the mall and was on the phone when she slipped on a fruit and fell on her right side. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2 weeks of PT.

The patient complains of right knee pain that is 6/10, which is sharp and throbbing in nature. The left knee pain radiates to her back and hip. Pain increases when sitting or standing for too long period of time and improves when she puts ice.

**Past Medical History:**  
Asthma, arthritis, difficulty swallowing, vomiting blood, stomach ulcers, thyroid disease.

**Past Surgical History:**  
Thyroid surgery, varicose surgery, right knee meniscus surgery

**Past Accident/Injuries:**

**Daily Medications:**  
Lanzoprazole, celecoxib 200 mg, sucralfate 1 gm.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet tall, weighs 123 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.

**Right Knee:**  
Examination of the knee revealed tenderness on palpation to the patellofemoral region and medial/lateral joint line. 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 120 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
10/13/2021: MRI of the right knee reveals oblique tear of the body of the medial meniscus contacting the superior surface and an oblique tear of the posterior horn of the medial meniscus contacting the inferior surface. Small knee joint effusion is present.

**Assessment and Plan:**  
Diagnosis: Medial meniscus tear, right knee.  
Plan: 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 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.

The patient’s Right Knee was examined   
MRI of the Right Knee was reviewed.   
The patient at the present time is advised to undergo medical clearance.  
Patient is to return to the office in 2 months.

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.**