**Patient Name:** TAVAREZ DELACRUZ, JOSE

**Date of Birth:** 08/16/1968

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

**History of Present Illness:**  
This is a 54 year-old right hand dominant male who was involved in a motor vehicle accident on 06/10/2020 . Patient complains of right Knee and swelling. Patient reports weakness, numbness and tingling in the BLEs. Patient notes taking Endocet with good relief of his symptoms.  
  
Patient complains of right knee pain that is rated at 8/10, with 10 being the worst.

**Past Medical History:**  
Blood pressure.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Losartan, Endocet.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
  
**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 right knee revealed tenderness on palpation of the patellofemoral joint, lateral joint line, and medial 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.   
McMurray’s test was positive, both medially and laterally. Patellofemoral crepitus was not present.   
Valgus & Varus stress test was stable. Range of motion Flexion 125 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal ) 

**Diagnostic Imaging:**  
01/19/2021 - MRI of the right knee revealed intrameniscal tear of posterior horn of the medial meniscus. Tear of anterior root attachment of the lateral meniscus. Mild osteoarthritic changes. 7 mm erosive/osteochondral lesion with extensive underlying bone marrow edema on anterior aspect of lateral femoral condyle, and mild joint effusion.  
01/19/2021 - MRI of the left knee revealed the proximal ACL is thickened. heterogeneous and indistinct consistent with a sprain or partial tear. Several 2-5 mm erosive/osteochondral lesions with underlying bone marrow edema on anterior intercondylar notch of the femur. Mild osteoarthritic changes, unchanged from prior x-ray of 10/19/20. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.  
10/19/2020 - X-ray of right knee revealed No acute fractures, dislocations or destructive bony lesions. Mild osteoarthritic changes.

**Assessment and Plan:**  
Recommend right knee arthroscopic surgery.

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 and will be scheduled on 05/17/2022.

The patient’s Right Knee was examined   
MRI of the Right Knee and Left knee was reviewed.

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 0% 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.**