**Patient Name:** THOMPSON (MM), DAVEY

**Date of Birth:** 04/18/1964

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

**History of Present Illness:**  
This is a 57-year-old right hand dominant male who was involved in a motor vehicle. Patient is a passenger with seatbelt on of a vehicle which was involved in a rear-end collision. Patient injured Left Knee and Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has not tried PT.

Patient complains of left knee pain that is 9-10/10 and right knee pain that is 9-10/10. Patient states that the pain radiates down to feet. Pain increases with being on feet for long time and improves with weather.

Right Knee

**Past Medical History:**  
Arthritis.

**Past Surgical History:**  
Right knee surgery years ago and bilateral shoulder surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 9 inches tall, weighs 190 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

**Left and Right Knee:**  
Examination of the bilateral knees revealed tenderness on palpation of the lateral/medial joint line and patellofemoral region. There was no effusion. There was no atrophy of the quadriceps noted. Medial McMurray's test is positive. 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 of the left knee: Flexion 130 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal). Range of motion of the right knee: Flexion 120 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal).

**Diagnostic Imaging:**  
12/10/2021 - MRI of the Right Knee reveals Medial meniscus tear. Patella alta with lateral subluxation and patellar cartilage loss with marrow edema. Proximal patellar tendinopathy. Distal quadriceps tendinopathy with interstitial tearing and traction spurring of superior patella. Joint effusion. A 3-cm popliteal cyst. Hamstring and gastrocnemius tendinopathy. Medial collateral ligament sprain at the femur.  
12/11/2021 - MRI of the left Knee reveals intrasubstance degeneration of posterior horn of medial meniscus without tear. Patella alta with lateral subluxation, patellar cartilage defects and posttraumatic spurring of inferior lateral patella. Proximal patellar tendinopathy with 5-mm low-grade lateral interstitial tear. Quadriceps insertional tendinopathy and fraying with low-grade interstitial tear.

**Assessment and Plan:**  
Diagnoses: Medial meniscus tear and tendinopathy, 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 Left Knee, Right Knee were examined   
MRI of the Left Knee, Right Knee were reviewed.   
The patient at the present time is advised to undergo 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. 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.**