**Patient Name:** VAKSMAN, EVELINA

**Date of Birth:** 02/05/1962

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 60 year-old right hand dominant female who was involved in a motor vehicle accident on 06/22/2021. Patient was restrained driver of a vehicle, which was involved in a rear end collision. Patient injured Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried at least 2 months of PT and failed. Patient had no injections.

The patient complains of right knee pain that is rated at 6/10, with 10 being the worst, which is throbbing in nature. Knee pain radiates around knee associated with numbness and tingling around patella. Pain increases with kneeling and improves with taking Tylenol.

**Past Medical History:**  
High blood pressure, cholesterol.

**Past Surgical History:**  
Gallbladder removal, gastric sleeve, appendectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Rosuvastatin, losartan, Tylenol.

**Allergies:**  
No known drug allergies

**Social History:**  
Electric cigarettes, history of smoking 10 years ago. Patient works as dental assistant.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 2 inches tall weighs 119 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 \_\_\_\_\_\_. 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. Positive McMurray's. Negative instability. Valgus & Varus stress test was stable. Range of motion Flexion 130 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal ) .

**Diagnostic Imaging:**  
09/28/2021 - MRI of the right knee reveals intrameniscal tear in the body of the medial meniscus. Intrameniscal tear of anterior root attachment of the lateral meniscus. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: 1. Tendinopathy, right knee.  
 2. Right knee pain, medial meniscus tear.  
Recommend Right knee arthroscopy, schedule and discuss with Dr. Johal

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.

The patient’s Right Knee was examined   
MRI of the Right 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 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.**