**Patient Name:** WRIGHT, GREGORY

**Date of Birth:** 03/11/1957

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 65 year-old right hand dominant male who was involved in a motor vehicle accident on 10/05/2021 . The patient states he was the front seat passenger with seat belt on of a vehicle which was involved in a rear end collision. Patient did not go to the hospital. Patient injured Left Knee, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which is helping. Patient had one injection to both knees.

The patient complains of bilateral knee pain that is 9/10, with 10 being the worst, which is sharp and dull in nature. Bilateral knee pain increases with walking. Bilateral knee pain improves with medication.

**Past Medical History:**  
Hypertension, diabetes, heart burn.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Oxycodone, metformin.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is not working. Retired.

**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

**Left and Right Knee:**  
Examination of the knee revealed tenderness on palpation at left medial and 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. McMurray's positive on lateral left knee. Range of motion of left knee Flexion 110 degrees (150 degrees normal ) Extension 0 degrees(0 degrees normal ) . Range of motion of right knee Flexion 120 degrees (150 degrees normal ) Extension -5 degrees (0 degrees normal ) .

**Diagnostic Imaging:**  
02/14/2022 - MRI of the left knee reveals medial meniscal tear extending through the root with reactive marrow edema in the posterior medial tibia. Tricompartmental arthrosis with joint effusion. Hamstring and gastrocnemius tendinopathy with interstitial tear and bursitis. 2-cm popliteal cyst with partial rupture.  
02/14/2022 - MRI of the right knee reveals medial meniscal tear extending to the root. 10-mm septated ganglion versus meniscal cyst posterior to the meniscus and posterior cruciate ligament origin. There is prominent spurring of posterior medial tibia with re active marrow edema. Tricompartmental arthrosis with joint effusion. Marrow edema within the subchondral plate, medial margin of medial femur and tibia with differential of contusion versus non-depressed subchondral fractures. Hamstring and gastrocnemius tendinopathy with interstitial tear and bursitis. 2-cm popliteal cyst.

**Assessment and Plan:**  
Diagnosis: Medial meniscal tear, left knee.  
Plan: Recommend left 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 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’s Left Knee, Right Knee were examined   
MRI of the Left Knee, Right Knee were 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.**