**Patient Name:** WRIGHT, GREGORY

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

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

**History of Present Illness:**  
The patient is here for postop orthopedic follow-up evaluation. Patient is status post left knee surgery on 04/25/2022. Patient is feeling worst and needs PT.

The patient complains of left knee pain that is 7/10, with 10 being the worst. Knee pain increases with getting up.

**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 Knee:**  
Examination of the knee revealed no 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 not present. Valgus & Varus stress test was stable.

**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. 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. 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: Status post left knee arthroscopy.  
Plan: Recommend PT 2-3x/week x6 weeks.

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