

☐ 3. At this point, no further treatment is required. The patient can follow up on an as needed basis. They can call at any time in the future with questions, concerns or new problems that need addressed.

☐ 4. After discussion of treatment options with the patient it was decided to try further conservative care.

5. The patient will be given a prescription for:

- A. Mobic (☐ 7.5/ ☐ 15) mg 1 tab PO daily #30 3 refills
B. Celebrex (☐ 100/ ☐ 200) mg 1 tab PO (☐ daily/ ☐ BID) #60
C. Tramadol (☐ 50/ ☐ 100) mg 1 tab q 6 hours PRN #60
☐ D. Voltaren Gel, 5 tubes, apply 4 g to affected area up to four times daily
☐ E. Pennsaid, 1 bottle, apply 2 pumps to affected area twice daily
☐ F. Medrol Dose Pack 4 mg tabs, start 24 mg/day, taper by 4 mg/day for 6 days
G. Prednisone (☐ 2.5/ ☐ 5) mg 1 tab PO daily #14
☐ H. Percocet 5/325 1-2 tabs PO q 6 hours PRN pain #80
☐ I. Vistaril 25 mg 1 tab PO q 6 hours PRN pain #40
☐ J. Norco 5/325 1-2 tabs PO q 6 hours PRN pain #80
☐ K. Other

6. The patient will be given a prescription for Physical Therapy to focus on: ☐ A. LE Stretching
☐ B. LE Strengthening ☐ C. Quad strengthening ☐ D. Abductor strengthening ☐ E. Iliotibial Band Stretching ☐ F. CORE strengthening ☐ G. Proprioception training ☐ H. Gait training ☐
I. Modalities: ☐ a. Phonophoresis ☐ b. Electrophoresis ☐ c. Desensitization techniques ☐ d.
As indicated for ☐ J. 1-2 sessions to obtain and transition to a home exercise program ☐ K. 2 sessions/week ☐ L. 3 sessions/week for ☐ M. 3 ☐ N. 4 ☐ P. 6 weeks.

7. The patient will be provided with Durable Medical Equipment (DME) including a ☐ A. Reaction brace ☐ B. Economy hinged knee brace ☐ C. T-Scope hinged knee brace ☐ D. Medial unloader brace ☐ E. Lateral unloader brace ☐ F. Patellar stabilizer ☐ G. Compression sleeve ☐ H. Other

(Insert respective Mac ro template for the corresponding brace)

8. The patient will be provided with a ☐ A. Iliotibial Band ☐ B. Hip ☐ C. Knee stretching and strengthening handout, which were reviewed with the patient.

☐ 9. We had a long conversation today about weight management and discussed a comprehensive strategy for effective weight loss. I have recommended:

- ☐ A. A low-impact aerobic exercise program to include stationary biking, elliptical training, and/or walking. ☐ B. A water-aerobics exercise program. ☐ C. A weight loss management consultation to employ the assistance of a dietician, personal trainer, and potentially bariatric surgery consultation. ☐ D. A goal BMI of , which equates to a goal weight of lbs

10. After discussion with the patient, it was felt they may benefit from a viscosupplementation injection with ☐ A. Synvisc ☐ B. Euflexxa ☐ C. Other . We will obtain pre-authorization from their insurance and see the patient back in the office for the injection procedure.

11. After discussion with the patient, it was felt they may benefit from an injection. The risks of the procedure were discussed with the patient and they did verbalize understanding of those risks and consented to the injection.

PROCEDURE: The skin was prepped with betadine and alcohol. The skin was sprayed with ethyl chloride, and the ☐ A. Right Knee ☐ B. Left Knee ☐ C. Right greater troch bursa ☐ D. Left greater troch bursa ☐ E. Other was injected with ☐ F. 1 mL of 80 mg/mL Depomedrol and 9 mL 0.5% Marcaine ☐ G. Synvisc ☐ H. Euflexxa successfully. The patient tolerated the procedure well. A bandaid was applied at the end of the procedure.

12. After discussion with the patient, it was felt the patient required a ☐ A. Right ☐ B. Left knee aspiration.

PROCEDURE: The patient's knee was prepped with betadine and alcohol, and after the skin was sprayed with ethyl chloride, the knee was aspirated with an 18 gauge needle. Approximately mL of ☐ C. Clear ☐ D. Straw colored ☐ E. Cloudy ☐ F. Bloody ☐ G. Purulent fluid was aspirated. The patient tolerated the procedure well. A bandaid was placed.

13. Labs will be obtained on the patient including: ☐ A. ESR ☐ B. CRP ☐ C. CBC ☐ D. Synovasure ☐ E. Synovial Fluid Analysis ☐ F. Culture and Sensitivity ☐ G. Serum Cobalt and Chromium levels ☐ H. Metal sensitivity analysis ☐ I. Other

14. Based on a thorough history and physical examination I believe further imaging is necessary to guide the patient's treatment plan. I will have the patient return after the imaging studies are complete to review the results and make new treatment recommendations.

☐ A. MRI ☐ B. CT ☐ C. 3-phase Bone Scan ☐ D. Other
☐ E. Left ☐ F. Right ☐ G. Hip ☐ H. Knee

Re:

☐ 15. Previous operative reports of the affected extremity will be requested to be obtained.

16. After a thorough history and physical examination was complete as well as review of pertinent imaging felt that the patient is a good surgical candidate and the patient wishes to proceed with surgical intervention. The patient has failed attempts at adequate conservative care and in my opinion no further conservative management will provide adequate resolution of the patient's complaint. Risks, benefits and treatment alternatives were discussed with the patient in detail and they did verbalize understanding. Risks include, but are not limited to infection, blood clot formation, incomplete resolution of pain, mechanical failure of the implant, and leg length discrepancy. We have also discussed if infection should occur, revision surgery including implant removal and long term IV antibiotics may be necessary. They have confirmed understanding of this by signing and dating the informed surgical consent form. We will schedule them at their

earliest convenience.

Procedure(s):

Location: