

SPORTS & ORTHOPEDIC CENTER OF TEXAS

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Patient Name: Michael Bennet Patient DOB: 05-13-1972

Patient Sex: Male Visit Date: 03-07-2016

Chief Complaint / HPI

Patient presented with complaint of knee pain. The patient has been referred by Dr. Klein. Specific pain is in the right knee. It is acute in onset. It started 2 week(s) back. Knee pain is intermittent. Contact injury is anteriorly. It is sharp and throbbing in nature. On a scale from 0-10, patient rates the pain as 7/10. It is located anteriorly and medially. It gets exacerbated by standing, walking, kneeling, running and squatting. It gets relieved by rest, icing and NSAIDs. It is unrelieved by extending knee, exercise, support/brace and elevation. It is accompanied by swelling and grinding.

History

MEDICAL HISTORY: Patient has h/o diabetes and asthma.

SURGICAL HISTORY: Patient has h/o appendectomy in 2013.

FAMILY HISTORY: Patient has no significant family history.

SOCIAL HISTORY: Patient uses tobacco, smokes 2 pack(s) per day, alcohol consumption is social, patient is school teacher by occupation, patient has been counseled to quit/cut down and do exercise atleast 3 times/week.

HEALTH MAINTENANCE:

Last EKG: 02 March, 2016. Last TSH: 28 February, 2016.

Last Cholesterol: 29 February, 2016.

Allergies

No Known Drug Allergies

Current Medications

Metoprolol Tartrate 100mg Tablet Xanax 0.25mg Tablet Januvia 25mg Tablet Glipizide 10mg Tablet

Problem List

Type 2 Diabetes Mellitus Without Complications (E11.9) Essential (Primary) Hypertension (I10) Pain In Right Knee (M25.561)

ROS

CONSTITUTIONAL: Patient complained of no constitutional symptoms.

EYES: Patient complained of no eye symptoms.

EARS: Patient complained of no ear symptoms.

NOSE: Patient complained of no nasal symptoms.

SINUSES: Patient complained of no sinus symptoms.

THROAT: Patient complained of no throat symptoms.

RESPIRATORY: Patient complained of no respiratory symptoms.

CV: Patient complained of no CV symptoms.GI: Patient complained of no GI symptoms.GU: Patient complained of no GU symptoms.

NEUROLOGICAL: Patient complained of no neurological symptoms.

SKIN: Patient complained of no skin symptoms.

ENDOCRINE: Patient complained of no endocrine symptoms. **PSYCHIATRIC:** Patient complained of no psychiatric symptoms.

MUSCULOSKELETAL: Patient complained of swelling, inflammation and extremity pain.-Right Knee

Vital Signs

BP Systolic: 130. BP Diastolic: 90. Temperature is 98.6 F. Height is 70 in. Weight is 190 lbs. BMI is 27.26.

Physical Exam

GENERAL: The patient is a 43 year(s) old male that appears his approximate stated age. He is well groomed, and in moderately acute physical distress at this time.

HEENT: Normocephalic. Atraumatic. No gross facial abnormalities, edema, facial or sinus tenderness. Sclerae and conjunctivae are clear and normal. PERRLA. EOMI. Oropharynx clear and normal. Mucous membranes moist..

NECK: No gross abnormalities, edema or thyromegaly. No mass. No JVD. No bruits...

LYMPHATIC: No visible or palpable adenopathy in neck, axillae or groin bilaterally.

CARDIOVASCULAR: No abnormal swelling or edema in bilateral upper or lower extremities. Palpable DP and radialis pulses.

RESPIRATORY: Respirations unlabored, equal chest wall excursion bilaterally. No audible wheezes or rhonchi.

SKIN: No abnormal rashes, lesions, contusions, abrasions, breaks in skin integrity, or other abnormalities found on trunk, back or bilateral upper or lower extremities.

NEUROLOGIC: Patient is awake, alert and oriented to place, person and time. Mood and affect are appropriate for situation.

KNEE EXAM:

Right-Knee Exam: Skin is intact. Gait is **limping**. Weight bearing alignment is neutral. Squat is **limited**. Pain is not present. Feet alignment is neutral in nature. Effusion in right knee is **present**. Quadriceps atrophy is **present**.

Left-Knee Exam: Skin is intact. Gait is normal. Weight bearing alignment is neutral. Squat is normal. Pain is present. Feet alignment is neutral in nature. Effusion of left knee is not present. Quadriceps atrophy is not present.

Right-Ligaments: Lachman is negative. No endpoint is there. Anterior drawer is 1+. No endpoint is there. PMRI is **positive**. Pivot shift is negative. Posterior drawer is negative. No endpoint is there. Valgus at 0 degrees is negative. Pain is not present. Valgus at 30 degrees is 2+. Varus at 0 degrees is 1+. Varus at 30 degrees is 1+.

Left-Ligaments: Lachman is negative. No endpoint is there. Anterior drawer is negative. No endpoint is there. PMRI is negative. Pivot shift is negative. Posterior drawer is negative. No endpoint is there. Valgus at 0 degree is negative. Pain is not present. Valgus at 30 degrees is negative. Varus at 0 degrees is negative.

Right Meniscus: Tenderness: present. McMurray test indicates pain with pop. Full flexion knee pain is present.

Left Meniscus: Tenderness: none. McMurray test indicates negative result. Full flexion knee pain is not present.

Right-Patella: Tilt absent. Medial glide is absent. Lateral glide is absent. Tenderness is present. Apprehension is absent. Crepitation is present. Popliteal Angle absent. Quadriceps contracture is absent. IT band contracture (OBER) is absent.

Left-Patella: Tilt absent. Medial glide is absent. Lateral glide is absent. Tenderness is absent. Apprehension is absent. Crepitation is absent. Popliteal Angle absent. Quadriceps contracture is absent. IT band contracture (OBER) is absent.

Diagnostics

Diagnostics. Study: MRI. Location: knee -right. Date of result: 3/7/2016.

Meniscal Tear.



Assessment

Pain In Right Knee (M25.561)
Person Injured In Unsp Motor-Vehicle Accident, Traffic, Init (V89.2XXA)
Bucket-Hndl Tear Of Lat Mensc, Crnt Injury, Right Knee, Init (S83.259A)
Type 2 Diabetes Mellitus Without Complications (E11.9)
Essential (Primary) Hypertension (I10)

Plan

Lab

BMP

CBC (INCLUDES DIFF/PLT) C-REACTIVE PROTEIN

Today's Medication

Flexeril 10mg Tablet is Prescribed, one po q8hrs prn muscle cramps or spasms or pain

Recommendation

Take paracetamol for pain relief if needed once the local anaesthetic has worn off. DO NOT take steroidal Anti-inflammatory drugs like aspirin or Ibuprofen.

Doctor's Instructions: Make sure you understand and follow the instructions your doctor gives you.

The patient was counseled on decreasing fat and cholesterol in diet and we reviewed carbohydrate counting at the visit.

Follow Up

Patient is advised to follow up in 3 weeks.

Health Education

KNEE PAIN

The visit was electronically signed off by Charles Bleecher, MD on 03/07/2016 01:58:40 PM