

248312

BRIGHAM, JAMES E.

DOB: 03/10/53

DOS: 03/05/12

Rob Nikolaisen PA-C

CHIEF COMPLAINT: Right knee injury 2/24/11

HISTORY OF PRESENT ILLNESS: This is a 58-year-old patient who sustained two separate injuries to his right knee. The second injury causing a great deal of pain and swelling in the knee. The patient was evaluated and sent for an MRI.

The past medical history and review of systems were discussed with the patient and dictated on 3/1/12 and the patient states they have had no changes since that time.

PHYSICAL EXAMINATION: The patient is oriented to person, place and time and they are able to provide a coherent history. The patient has no evidence of a skin rash. Their pulses are symmetrical bilaterally. They have bilateral sensation to light touch.

Examination of the right knee reveals the patient does have a mild knee joint effusion. It has reduced since his previous office visit. He continues to have pain to palpation diffusely throughout the knee. He does have right motion from to put extension through 90° of flexion with pain at extreme ranges. Ligamentous examination reveals there is no instability to anterior drawer, posterior drawer, varus stress, valgus stress or Lachman test. The patient does have intact sensation, color and capillary refill without numbness or tingling in the lower extremities.

MRI of the right knee reveals a horizontal tear of the medial meniscus, intact ligaments, lateral femoral condyle contusion, large joint effusion and edema within the soft tissues.

IMPRESSION/PLAN: Right knee contusion. The patient was instructed that the MR reports that his anterior cruciate ligament is intact and it is medically stable at this time although the patient is extremely guarded because of the pain and swelling. He was instructed to continue on anti-inflammatories to continue reducing the swelling in his knee. He should increase his activities as tolerated by discomfort. If the patient has any ongoing pain, swelling, locking, catching or instability in the knee beyond one month, he should call and return to the office for further evaluation. If he continues to have problems, he would benefit from a diagnostic arthroscopy to determine if the horizontal medial meniscus tear is significant.

Robert Nikolaisen, PA-C for Dennis E. Smith, M.D.

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