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BRIGHAM, JAMES E.

DOB: 03/10/53

DOS: 03/01/12

Rob Nikolaisen PA-C

CHIEF COMPLAINT: Right knee injury 2/24/11

HISTORY OF PRESENT ILLNESS: This is a 58-year-old patient who slipped approximately five weeks ago and injured his right knee. The patient states he was having pain in his knee, but it was tolerable. The patient states that recently, he slipped and suffered a substantial injury to his knee. The patient had an acute onset of swelling in the knee. He has had ongoing pain and limited ability to ambulate since his recent injury. The patient was evaluated in the emergency room, put into a knee immobilizer, and has been using crutches for ambulation.

PAST MEDICAL HISTORY: The patient reports that they are a non-smoker, do not drink alcohol and do not use recreational drugs. Their occupation and leisure activities do not predispose them to musculoskeletal problems. The patient does not have a family history of musculoskeletal tumors or congenital abnormalities.

The patient has had the following medical problems: Denies

Surgeries: Denies

REVIEW OF SYSTEMS: The patient reports no recent weight loss, no chest pain, no shortness of breath, no constipation, no diarrhea, no urinary difficulty, no numbness or tingling in the extremities, no skin problems, no depression and no history of anemia. The patient denies musculoskeletal problems other than those described in the history of present illness.

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. The patient is 6 foot 3 inches tall weighs 210 pounds.

Examination of the right knee reveals patient does have diffuse swelling with ecchymosis throughout the knee. The patient does have evidence of a moderate to large knee joint effusion. He does have diffuse tenderness to palpation throughout the entire knee. He does have limited range of motion with both flexion and extension because of significant discomfort. The patient prefers to keep the leg in full extension. The patient does have intact sensation, color and capillary refill without numbness or tingling in the upper extremities.

X-rays from the hospital reveal a joint effusion with otherwise normal right knee.

IMPRESSION/PLAN: Right knee strain/sprain. It is medically necessary for the patient to obtain a MRI of the knee for further evaluation to help obtain a diagnosis. If the patient has primarily degenerative findings in either the meniscus or the articular cartilage, then treatment for degenerative arthritis will be warranted.

If the patient has a definite loose fragment of the meniscus or a torn anterior cruciate ligament, then further surgical intervention would be warranted. The patient should let pain be their guide as far as

activities are concerned. The patient will return to the office after imaging for re-evaluation.

Robert Nikolaisen, PA-C for Dennis E. Smith, M.D.  
Olympia Orthopedic Associates, PLLC  
REN/DES

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