

7/24/19

**Cheikin, Patti**

61 Y old Female, DOB: 05/29/1958

Account Number: 3332214

245 Bradford Circle, Blue Bell, PA-19422

Home: 610-940-6688

Guarantor: Cheikin, Patti Insurance: Keystone Health Plan HMO

PCP: Timothy Reekie, MD Referring: Timothy Reekie, MD External Visit ID: 1789191

Appointment Facility: RI Bryn Mawr

07/24/2019

Progress Notes: David L Rubenstein, MD

Current Medications

None

Past Medical History

: Cant urinate after anaesthesia.
 Problems with Anesthesia Yes.
 Rheumatoid Arthritis Yes.

Surgical History

Denies Past Surgical History

Family History

Father: Cancer
 Mother: Cancer, High Blood Pressure
 Siblings: Unknown/Adopted
 Non-Contributory

Social HistoryTobacco Use:

Tobacco Use/Smoking
 Are you a nonsmoker

Access and Safety:

Access and Safety

Do you require assistance with home medications? No

Do you require assistance with activities of daily living? No

Do you have impaired ambulation unrelated to your orthopaedic problem? No

Fall Risk Assessment: No falls in the past year

Have you been admitted to a rehabilitation or nurse home in the past six months? No

In the past 12 months, have you been admitted to the hospital or visited the ER? No

Do you have access to transportation? Yes

Drugs/Alcohol:

Alcohol intake

Do you drink alcohol? No

Miscellaneous:

Occupation: Occupational therapist.

Household:

Household

How many stories is your home? One

Do you live alone? No

How many steps/stairs are there to enter into your home? 1

Reason for Appointment

1. LEFT KNEE PAIN

History of Present IllnessHPI:

Patti presents for evaluation of her left knee discomfort, athletic-appearing 61-year-old female, who likes to play tennis and swim, who has had three months worth of knee pain on the medial side of her knee associated posteriorly with some puffiness or a Baker's cyst behind the knee as well. No prior history of any injuries reported. She does note swelling, decreased range of motion, popping, and mechanical symptomatology. It is intermittent and moderate in nature. It does affect her activity. She is an occupational therapy. She has taken nonsteroidals, used ice and heat, has not had any injections, did use some topical medication. No supervised physical therapy, but she is an OT, so she knows exercises to do. She likes tennis, swimming, and walking. She does not smoke.

Vital Signs

Ht 5 ft 5.75 in, Wt 140 lbs, BMI 22.77 Index, RR 16 /min.

ExaminationRadiographic Notes:

Radiographic studies taken at the Rothman Institute included a total of five views on July 24, 2019. They were normal.

Physical Examination

Appropriate mood and affect. A\T\O x3.

Bilateral knees were examined and compared. Symmetrical appearance. Excellent alignment. FROM passively, but pain with hyperflexion. Medial joint line tenderness on left side. Positive Apley and Steinmann on the left side. Negative McMurray. Stable collaterals and cruciates. Intact extensor mechanism and small amount of swelling appreciated.

Skin was evaluated in bilateral lower extremities, thighs, and legs, and showed no evidence of significant lesions or rashes.

Nonantalgic gait.

Assessments

1. Pain in left knee - M25.562
2. Acute internal derangement of right knee - M23.91

Do you have handrails/railing at your steps/stairs? No
Do you have a bathroom on the first floor? Yes
Is your bedroom on the first floor? No

Allergies

Percocet

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

General/Constitutional:

Fever No. Headache No. Sleep disturbance No. Weight gain No. Weight loss No.

Allergy/Immunology:

Cough No.

ENT:

Decreased hearing No. Difficulty swallowing No. Nose/Throat problems No.

Endocrine:

Cold intolerance No. Excessive thirst No. Heat intolerance No.

Respiratory:

Breathing problems No.

Cardiovascular:

Palpitations No. Chest pain No.

Gastrointestinal:

Abdominal pain No. Nausea No. Heartburn No. Difficulty chewing No.

Hematology:

Easy bruising No. Bleeding problems No.

Genitourinary:

Blood in urine No. Frequent urination No. Painful urination No.

Musculoskeletal:

Painful joints No. Muscle aches No.

Neurologic:

Memory loss No. Seizures No. Tingling/Numbness No.

Left knee medial meniscal tear, possibly some subtle arthritis, combination of both possibly and a Baker's cyst.

Treatment

1. Pain in left knee

IMAGING: MRI: Left knee without contrast(73721)(Please Give patient a CD of Study)

IMAGING: XR-Left Knee 4+ views

2. Others

Notes: Given the fact the x-rays look good and given her physical examination, I am going to check an MRI study to look for medial meniscal tear that might benefit from arthroscopic surgery. We will get the MRI and see her back next week and until such time, she can do all her activities except squatting.

Procedure Codes

73564 RADEX KNE COMPL RT, Modifiers: LT

Electronically signed by David Rubenstein , MD on 03/09/2020 at 03:13 PM EDT

Sign off status: Pending

Visit Status: DPRT (Departed)

RI Bryn Mawr
825 OLD LANCASTER ROAD
SUITES 100140 & 200
BRYN MAWR, PA 190103231
Tel: 267-339-3500
Fax: 267-479-1321

Patient: Cheikin, Patti DOB: 05/29/1958 Progress Note: David L Rubenstein, MD 07/24/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

7/31/19

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Plan HMO

PCP: Timothy Reekie, MD Referring: Timothy Reekie, MD External Visit ID: 1854446

Appointment Facility: RI Bryn Mawr

07/31/2019

Discuss Results: David L Rubenstein, MD

visit 2 after mri

Current Medications

None

Past Medical History

: Cant urinate after anaesthesia.

Surgical History

Denies Past Surgical History

Family History

Father: deceased, Cancer

Mother: deceased, Cancer, High Blood Pressure

Siblings: Unknown/Adopted Non-Contributory

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

Access and Safety: -

Access and Safety

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Do you require assistance with activities of daily living? No

Do you have impaired ambulation unrelated to your orthopaedic problem? No

Fall Risk Assessment: No falls in the past year

Have you been admitted to a rehabilitation or nurse home in the past six months? No

In the past 12 months, have you been admitted to the hospital or visited the ER?

No

Do you have access to transportation? Yes

Allergies

Percocet

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of SystemsGeneral/Constitutional:**Reason for Appointment**

1. Left knee mri review

History of Present IllnessHPI:

Patti presents for reevaluation of her left knee. A very holistic type individual who has left knee discomfort, athletic, 61-year-old has medial-sided knee pain associated with puffiness and a Baker cyst and one of my concerns was she had a medial meniscal tear. I ordered an MRI study. It was performed on July 26, 2019, consistent with a very large complex medial meniscal tear and some associated DJD and a joint effusion and of course a popliteal cyst as well. She has some arthritis under her kneecap. She has a better exam today even though barely palpable Baker cyst. She does have medial pain with hyperflexion, a little bit of catching and crepitus associated with flexion and rotational maneuvers like Adson's and Steinmann maneuvers. Stable collaterals and cruciates. Intact extensor mechanism and the effusion is still there. So, the bottom line is she is not complainer at all. She is tolerating the meniscal tear, tolerating the effusion, and tolerating some mild arthritis.

mri
7/26/2019
very large
complex
mm tear,

Vital Signs

Ht 5 ft 5.75 in, Wt 140 lbs, BMI 22.77 Index, RR 16 /min.

Assessments

1. Complex tear of medial meniscus, current injury, left knee, initial encounter - S83.232A
2. Pre-op testing - Z01.818

Treatment**1. Others**

Notes: We did speak about arthroscopic surgery, which I think in this case is a good idea because it is a pretty big meniscal tear probably been there for a long time and she is clearly symptomatic. By the same token, she is not a complainer. She is somewhat holistic, so we are going to respect that and what we will do is we will set her up with the best therapist we know. We will consider giving her injections in the knee such as artificial lubricant. We will give her a packet for that so she can research it and she will determine how she feels. If she is doing well then so be it, but it is not going to heal the meniscus, but at least

Fever No. H
disturbance No.
loss No.

Allergy/Immun:
Cough No.

ENT:
Decreased h
swallowing No.

No opul

Endocrine:
Cold intoler
thirst No. Heat

lubricant

Respiratory:
Breathing p

Cardiovascular
Palpitations No. Chest pain No.

Gastrointestinal:
Abdominal pain No. Nausea No.

Heartburn No. Difficulty chewing No.
Hematology:

Easy bruising No. Bleeding
problems No.

Genitourinary:
Blood in urine No. Frequent
urination No. Painful urination No.

Musculoskeletal:
Painful joints No. Muscle aches No.

Neurologic:
Memory loss No. Seizures No.
Tingling/Numbness No.

she will feel good and if she is having persistent swelling, mechanical symptoms then I would recommend arthroscopic surgery and even though it is a 10-minute procedure her concern is about the side effects like bladder retention and things of that nature and I think it is always possible, but I think we can speak to the anesthesiologist to minimize the amount of anesthesia for this type of operation, but the bottom line is we are going to go nonoperative. She could think about the artificial lubricants. Her husband is a physician. He is going to give me a call and we will go from there.

David L Rubenstein MD

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