

February 12, 2025

Barton, Lindsey CRNP 7461 East Drive
Ste 102
Montgomery, AL 36117
Fax: (334) 244-3396

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February 12, 2025

Lindsey T Barton, CRNP
7461 East Drive
Ste 102
Montgomery, AL 36117
Fax: (334)244-3396

Dear Lindsey T Barton,

Thank you so much for your kind referral.

I saw Leon Higdon, Jr on February 12, 2025 for left knee pain.

This is a 58 year old male who is being seen for evaluation of left knee pain. Onset or Duration: fell 3 weeks ago on ice during snowstorm. Symptoms began with a fall. Symptoms include bruising. The patient describes symptoms as aching. At their worst, symptoms are rated as 7 out of 10. He has had no diagnostic studies.

Consulted with patient's PCP for further evaluation.

My impression and plan was the following:

1. Meniscus Tear, Degenerative, Left

Recommendations: Recommendations (Free Text) - Patient fell on a flexed knee while working out on ice during a recent snowstorm. Patient initially saw improvement in his symptoms without much intervention but it has worsened over the past few days. His exam is concerning for a aggravation of a degenerative lateral meniscus tear in the affected knee. Recommended that we attempt conservative treatment with a steroid injection today followed by a course of a home exercise program. Also provided him with a oral anti-inflammatory to be used as needed. Plan for follow-up in 2 weeks as needed if symptoms have not completely resolved. Return to the clinic sooner with any worsening symptoms..

Steroid Intra-articular Injection - Knee: left knee joint; Steroid #1 - Celestone, 6mg.

Counseling - Meniscus Tear

Prescription: Celebrex 200 mg capsule PO Frequency: Twice daily

Separate and Identifiable Documentation

Mr. Higdon will follow up with me in 2 weeks.

Again, many thanks for the referral.

Regards,

William Tremlett, DO

2/12/25
L. Barton
CRNP

Visit Note - February 12, 2025

PMS ID: Sex: DOB: Phone: MRN:
119251PAT000277665 Male 03/20/1966 (334) 202-8125 MM0000000626

Allergies

Obtained and Reviewed February 12, 2025.
Penicillins - Anaphylaxis

Medications

Obtained and Reviewed February 12, 2025.

Medical History

Obtained and Reviewed February 12, 2025.
None

Musculoskeletal

History

Obtained and Reviewed February 12, 2025.
None

Musculoskeletal

Family History

None

Musculoskeletal Surgery

None

Surgical History

Obtained and Reviewed February 12, 2025.
None

Social History

Obtained and Reviewed February 12, 2025.
Single Question Alcohol Screening: 3 days
EtOH none
Smoking status - Never smoker

ROS

Provider reviewed on Feb 12, 2025.

A focused review of systems was performed including Allergic / Immunologic, Constitutional / Symptom, Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, and Other.

No Joint Pains, No Joint Swelling, No Rheumatoid Arthritis, And No Rsd.

Chief Complaints:

1. left knee pain

HPI: This is a 58 year old male who:

1. is being seen for evaluation of left knee pain. Onset or Duration: fell 3 weeks ago on ice during snowstorm. Symptoms began with a fall. Symptoms include bruising. The patient describes symptoms as aching. At their worst, symptoms are rated as 7 out of 10. He has had no diagnostic studies.

Consulted with patient's PCP for further evaluation.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
02/12/25 09:38	THOMPSON, ERIC						70.0 in	197.0 lbs	28.3	2.1
	FIO2									

* Patient Reported

Exam:

Exam

Vitals Reviewed

Gen: NAD, well nourished, well groomed

Pulm: Respirations non-labored.

Neuro: A&O x4, no gross motor or sensory deficits

Skin: As below.

Psych: Cooperative, appropriate mood and affect

Inspection: Mild swelling over the lateral joint line. No obvious deformity. No ecchymosis.

Palpation: Tenderness to palpation along the lateral joint line.

ROM: Active testing limited secondary to pain in knee flexion, passive testing also limited secondary to pain in the flexion.

MMT: Strength testing limited secondary to pain in the flexion

Special tests: Negative Lachman's, stable on varus and valgus testing, negative anterior and posterior drawer, and a positive McMurray's test on the lateral aspect.

Neurovascular exam grossly intact without deficit.

Minimally antalgic gait noted on exam.

Tests

Order Plain X-ray/Interpretation

The following images were ordered and obtained:

LOWER EXTREMITY

LEFT: 3 Views, Knee

Weight-bearing: No

INTERPRETATION(S)

Specific Findings: Radiographs of the involved knee show no acute fracture or dislocation. There is mild medial joint space narrowing likely due to osteoarthritis. No other acute osseous abnormalities noted.

Visit Note - February 12, 2025

PMS ID: Sex: DOB: Phone: MRN:
119251PAT000277665 Male 03/20/1966 (334) 202-8125 MM0000000626

Impression/Plan:

1. Meniscus Tear, Degenerative, Left

Problem Addressed: Chronic illness with exacerbation, progression or side effects of treatment (New Dx)
Other meniscus derangements, other lateral meniscus, left knee (M23.362)
located on the left knee joint.

Plan: Recommendations.

The following recommendations were made during the visit:

Patient fell on a flexed knee while working out on ice during a recent snowstorm. Patient initially saw improvement in his symptoms without much intervention but it has worsened over the past few days. His exam is concerning for an aggravation of a degenerative lateral meniscus tear in the affected knee. Recommended that we attempt conservative treatment with a steroid injection today followed by a course of a home exercise program. Also provided him with a oral anti-inflammatory to be used as needed. Plan for follow-up in 2 weeks as needed if symptoms have not completely resolved. Return to the clinic sooner with any worsening symptoms.

Patient agreed with the treatment plan as discussed.

All questions answered and concerns addressed at today's visit.

Plan: Steroid Intra-articular Injection - Knee.

The risks, benefits and alternatives of intra-articular injection were discussed with the patient. Risks include infection, bleeding, transient hyperglycemia, and atrophy at injection site. No certain guarantees have been made, patients understand that responses can vary and multiple procedures may be necessary. The patient was identified and timeout confirmed the correct site for the procedure. The patient was positioned appropriately. The overlying skin was prepped with alcohol and Betadine. In addition, Ethyl chloride was applied for topical anesthesia. A total of 1 injections of 1 ml of Celestone, 6mg. was injected into the left knee joint. Intra-articular anesthesia was achieved with 2 ml of 1% lidocaine without epinephrine and 2 ml of 0.5% bupivacaine.

Complications: The patient tolerated the procedure well without complications or pain.

Postcare:

Patient can resume activities as tolerated. Please contact the office if there is swelling, redness or pain at the injection site.

Intra-articular Anesthetic #1: (Lot Number: HK0577, Expiration Date: 09/01/2025)

Intra-articular Anesthetic #2: (Lot Number: 3BU24016, Expiration Date: 02/27/2025)

Steroid #1: (Lot Number: B116602, Expiration Date: 12/27/2025, NDC: 7820611801)

Plan: Counseling - Meniscus Tear.

Please refer to the education handout for detailed counseling.

Plan: Prescription.

Celebrex 200 mg capsule PO

Sig: Take 1 capsule orally twice daily with meals for 14 days.

Quantity: 28 Capsule

Plan: Separate and Identifiable Documentation.

Associated with:

Order Plain X-ray/Interpretation

Follow up in 2 weeks - (PRN). Other Instructions: Recheck PRN.

Staff:

William Tremlett, DO (Primary Provider) (Bill Under)

ERIC THOMPSON

Patient Referrals:

Barton, Lindsey CRNP - Primary Care Provider (PCP)

Electronically Signed By: William Tremlett, DO, 02/12/2025 10:16 AM CST