

March 4, 2025

Barton, Lindsey CRNP 7461 EAST DRIVE
STE 102
MONTGOMERY, AL 361172714
Fax: (334) 244-3396

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March 4, 2025

Lindsey T Barton, CRNP
7461 EAST DRIVE
STE 102
MONTGOMERY, AL 361172714
Fax: (334) 244-3396

Dear Lindsey T Barton,

Thank you so much for your kind referral.

I saw Leon Higdon, Jr on March 4, 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 4 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.Chondromalacia Patella, Left

Recommendations: Recommendations (Free Text) - Reviewed MRI today, there is patellofemoral chondromalacia or injury difficult to tell. Symptoms are more of internal derangement meniscus. I recommended consideration for arthroscopy and talk with him about it but he wants to try some therapy, anti-inflammatories observation for a few weeks. Will do that and see him back in 3 to 4 weeks if he is not better then we will consider arthroscopy..

Separate and Identifiable Documentation

PT/OT Rx

Prescription: diclofenac 1 % topical gel TP Frequency: Three times daily Indication: As needed; ibuprofen 800 mg tablet PO Frequency: Twice a day

2.Contusion, Knee, Left

OTC Medication Management

MRI Interpretation Knee: MRI Knee Study Type (gives MDM credit EXCEPT when performed at our facility) - MRI Knee.

Mr. Higdon will follow up with me in 3 weeks.

Again, many thanks for the referral.

Regards,

PMS ID: Sex: DOB: Phone: MRN:
119251PAT000277665 Male 03/20/1966 (251) 622-1918 MM0000000626

Tucker Mattox, MD

Visit Note - March 4, 2025

PMS ID: Sex: DOB: Phone: MRN:
119251PAT000277665 Male 03/20/1966 (251) 622-1918 MM0000000626

Allergies

Obtained and Reviewed February 26, 2025.
Penicillins - Anaphylaxis

Medications

Celebrax 200 mg Oral - Dose: 1
Capsule capsule Frequency: Twice daily

Medical History

Obtained and Reviewed February 26, 2025.
None

Musculoskeletal History

Obtained and Reviewed February 26, 2025.
None

Musculoskeletal Family History

None

Musculoskeletal Surgery

None

Surgical History

Obtained and Reviewed February 26, 2025.
None

Social History

Obtained and Reviewed February 26, 2025.
Single Question Alcohol Screening: 3 days
EtOH none
Smoking status - Never smoker

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 4 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
02/26/25 09:42	Mattox, Tucker MD							195.0 lbs	0	0
	FI02									
Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
02/26/25 09:42	Mattox, Tucker MD						70.0 in		0	0
	FI02									

* 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.

Psyh: Cooperative. appropriate mood and affect

Left knee exam, full range of motion. Some pain patellofemoral joint but knee feels stable. Hurts to squat and lunge. Some pain with twisting positive McMurray's.

Data Reviewed:

- 1 Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) (MRI Interpretation Knee (MRI Knee))

Tests

MRI Interpretation Knee

MRI: left MRI Knee

MRI of the left knee was reviewed, demonstrating the following findings: MRI was performed ordered by another doctor. Shows patellofemoral changes possible cartilage injury there. No meniscus tear ligaments intact.

Impression/Plan:

1. Chondromalacia Patella, Left
Problem Addressed: Acute uncomplicated illness or injury

Visit Note - March 4, 2025

PMS ID: Sex: DOB: Phone: MRN:
119251PAT000277665 Male 03/20/1966 (251) 622-1918 MM0000000626

Chondromalacia patellae, left knee (M22.42)
located on the left knee joint.

Plan: Recommendations.

The following recommendations were made during the visit:

Reviewed MRI today, there is patellofemoral chondromalacia or injury difficult to tell. Symptoms are more of internal derangement meniscus. I recommended consideration for arthroscopy and talk with him about it but he wants to try some therapy, anti-inflammatories observation for a few weeks. Will do that and see him back in 3 to 4 weeks if he is not better then we will consider arthroscopy.

Patient agreed with the treatment plan as discussed.

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

Plan: Separate and Identifiable Documentation.

Plan: PT/OT Rx.

Physical and/or Occupational Therapy Prescription

Indication: Chondromalacia Patella, Left - left knee joint - M22.42

Instructions: evaluate and treat per diagnosis/objective exam

Recommend frequency of 2-3 times per week for 3 weeks.

- Therapeutic Exercises: All exercises prn per therapist.

- Manual Therapy: All manual therapy prn per therapist.

- Modalities: All modalities prn per therapist. All modalities prn per therapist.

Additional Treatment Instructions: Range of motion strengthening exercises home exercise program. No squats no lunges. Okay for stationary bike. Home exercise program

Provider: Mattox, Tucker MD

Perform at: TheraOffice

Address: 454 Taylor Rd.

Montgomery, AL 36117

Priority: Normal

Plan: Prescription.

diclofenac 1 % topical gel TP

Sig: Apply 2 to 4 grams topically three times daily as needed.

Quantity: 100 Gram Refills: 2

Ibuprofen 800 mg tablet PO

Sig: Take 1 tablet by mouth twice a day. Take with food.

Quantity: 60 Tablet Refills: 2

2. Contusion, Knee, Left

Problem Addressed: Acute uncomplicated illness or injury

Contusion of left knee, initial encounter (S80.02XA)

Plan: OTC Medication Management.

Continue OTC Regimen: Continue with current OTC medication regimen.

Follow up in 3 weeks

Staff:

Tucker Mattox, MD (Primary Provider) (Bill Under)

KATARINA BROWN

Patient Referrals:

Barton, Lindsey CRNP - Primary Care Provider (PCP)

Electronically Signed By: Tucker Mattox, MD. 03/04/2025 10:39 AM CST

3/4/25
T. Mattox
K. Brown