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ORTHOPAEDICS, SPORTS
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April 11, 1991

Re: MEIDINGER, Donald
File #3582

To Whom It May Concern:

Mr. Meidinger is a 38-year-old gentleman who on April 4, 1990, fell into a post hole that was underwater. He states he fell forward twisting his left knee and had immediate pain to the left knee. This was mostly along the medial side. He was able to stand and ambulate and was seen by Vinewood Family Practice. He was treated conservatively.

The patient has had continuing symptomatology and states that essentially it is unchanged. He is having pain medially and posteriorly when standing about a long time and walking a significant amount. There is no definite locking, popping or giving way of the knee.

The patient states he had no previous injury to the left knee before this accident occurred. He works as a mosquito control technician. He has not lost any work from this.

PAST HISTORY: Significant only for a right knee arthroscopy. He is allergic to Codeine.

EXAMINATION: Reveals that patient is tender about the superior pole of the patella over the tendon insertion. He is additionally tender over the medial joint line. There is no definite effusion. Range of motion is full. Grind test and apprehension test are negative. Lachman test is negative. There is a positive posterior Drawer as well as a positive sag test. He has a 2+ opening to valgus with a good endpoint. Pivot shift is negative.

X-rays were obtained and are negative.

I feel the patient has a partial tear of his posterior cruciate ligament and partial tear of the medial collateral ligament - chronic. I feel he additionally may have internal derangement. I feel the patient should be treated conservatively. We will start him on a physical therapy program. Additionally we will begin Clinoril, 200 mg. p.o. b.i.d. with meals. The risk of ulcer, liver and kidney

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disorder were discussed. The patient is to stop the medication for any GI upset. I will see him back in 2 weeks. If he fails to respond, possibly an MRI scan may be necessary.

Sincerely,


Darryl W. Kitayama, M.D.

DWK/gp