

OLYMPIC ORTHOPEDIC AND FRACTURE CLINIC, INC., P.S.

ORTHOPEDIC SURGERY

2500 CHERRY AVE / SUITE 304
BREMERTON, WASHINGTON 98510

479-2544

RECEIVED

MAY 12 1983

DEPARTMENT OF
VETERANS AFFAIRS

4 28 83 - [REDACTED]

He is now painting instead of working for Safeway and, basically with another fellow, is his own contractor. He is doing a lot of up and down ladders and on scaffolding. He had a left knee injury in 1968 in the military in which he says the kneecap was shattered and he was in a cast for ten weeks. Over the last several years, he has been getting increasing pain right around the patella on the left side. Sometimes he notes that when he has been up and on it quite a bit, the knee will swell. Now it grinds and catches, particularly if he is kneeling down, he has trouble getting up and getting moving. He notes that standing on the leg on the ladders, sometime the leg will want to give out on him; this is rather worrisome to him. On exam he is overweight. He has grasshopper eyes appearance to both patellas, but not too striking. The left patella is particularly tender with a positive inhibition test, and there is crepitus on motion but there is also crepitus on motion on the right patella, not necessarily to the same degree. X rays of the left knee, including sunset patellar view, are basically normal in appearance. I see no evidence of arthritis. There is no definite increase in the lateral face of the patella and no overriding, particularly of the lateral femoral condyle.

DIAGNOSIS: Probable traumatic chondromalacia and lateral patellar compression syndrome.

RECOMMEND: We discussed weight lifting and he already does straight-leg lifts with weights, 50#, lifting both legs simultaneously. I also recommended to him that he give aspirin a trial for a month. I think the only other thing I would consider would be a lateral release but he is aware that though this would not be likely to make him any worse, it might not necessarily make him any better. He will give all these considerations some thought.

R. F. AMBUR, M.D.

