



University Hospital
Owned and Operated by
London Health Association

DAVID OAKES

Chart 03-69-19

D. June 23, 1983

T. June 27, 1983

OUTPATIENT NOTE

David returns to the Outpatient Clinic today for review relative to his old left knee injury. He is doing extremely well with his knee particularly from the point of view of pain he has very little discomfort. His major limiting factor is that of loss of flexion his range today being 0-185°. His knee has quite marked retropatellar crepitus through his range of motion but this seems to cause him very little discomfort. There is no ligamentous instability of the knee.

He has very marked quadriceps wasting and today comes to us for rehabilitation relative particularly to his range of motion and also building up his quadriceps mechanism. I thought this was completely reasonable and we have asked him to start therapy on thigh strengthening and range of motion to his knee and we will review him in the clinic in the future when he feels it is necessary.

cc: Dr. R. Bourne
Dr. J. Simmons
WCB
C-13152209

I. ALEXANDER, M.D.
Resident in Orthopaedics
For Dr. R. Bourne

c-31

MEDICAL DEPARTMENT	
Rush
Return
To File	JUL 11 1983

W C A T



University Hospital
Owned and Operated by
London Health Association

DAVID OAKES

Chart 03-69-19

D. June 23, 1983

T. June 27, 1983

OUTPATIENT NOTE

David returns to the Outpatient Clinic today for review relative to his old left knee injury. He is doing extremely well with his knee particularly from the point of view of pain he has very little discomfort. His major limiting factor is that of loss of flexion his range today being 0-~~7~~85°. His knee has quite marked retropatellar crepitus through his range of motion but this seems to cause him very little discomfort. There is no ligamentus instability of the knee.

He has very marked quads wasting and today comes to us for rehabilitation relative particularly to his range of motion and also building up his quardiceps mechanism. I thought this was completely reasonable and we have asked him to start therapy on thigh strengthening and range of motion to his knee and we will review him in the clinic in the future when he feels it is necessary.

cc: Dr. R. Bourne
Dr. J. Simmons
WCB
C-13152209

c-31

I. ALEXANDER, M.D.
Resident in Orthopaedics
For Dr. R. Bourne