PREPARED FOR

Alex Morgan

Written opinion on your existing imaging and records

REVIEWING SURGEON	PRACTICE	SIGNED
Jordan Lee, MD	North Valley Orthopedics	November 10, 2026

YOUR QUESTION

“My MRI shows a meniscus tear. Do I need surgery?”

THE SURGEON’S ANSWER

I would defer the proposed arthroscopic partial meniscectomy and start supervised rehabilitation. The MRI confirms a tear, but it does not show a displaced piece preventing motion. The treatment decision turns on what is causing the pain with stairs and whether function improves with rehabilitation.

RECOMMENDED NEXT STEP

Start with physical or occupational therapy

At the first therapy visit, document knee extension, swelling, ability to descend one flight of stairs, and walking time before pain limits you. Agree on a home program and reassess these same measures in six to eight weeks. If you are still losing function despite completing the program, return for an examination and revisit the surgical question.

Compared with the advice you were given: **Recommends a different approach**

PART 1

Clinical assessment

What the surgeon saw in your imaging and records, and the reasoning behind the answer.

History reviewed

What you told us that the surgeon relied on. If anything here is wrong, tell your surgeon.

- 54-year-old with right knee symptoms that started about four months ago, slowly over time.
- Pain on the inner side of the knee, worse going down stairs and after longer walks.
- No locking. You can straighten the knee fully.
- Tried so far: changing activities; no supervised therapy yet.
- Earlier advice: An orthopedic surgeon recommended arthroscopic partial meniscectomy.
- Your goal: get back to hiking.

IMPRESSION

Horizontal degenerative tear of the posterior horn of the medial meniscus with mild medial compartment chondral thinning. No displaced meniscal fragment.

Findings

The tear extends horizontally through the posterior horn of the medial meniscus. The fragment remains in position. There is mild thinning of the cartilage in the same medial compartment. The cruciate and collateral ligaments appear intact on the submitted study.

Study this opinion rests on	Right knee MRI without contrast, October 2026
Comparison with earlier studies	No prior MRI was supplied. Interval progression cannot be assessed.
Image quality and limits	The submitted images allow assessment of meniscal morphology and cartilage surfaces. They do not show alignment under weight-bearing load.

Clinical reasoning

At 54, four months of gradual medial knee pain with stairs and soreness after longer walks fits a load-sensitive knee. The horizontal posterior horn tear could contribute to that pain. So could cartilage loss in the same compartment. Location alone cannot distinguish them. Nothing in the submitted images shows a displaced fragment, and you describe no fixed loss of extension. Those two observations weaken the case for removing tissue to relieve a mechanical block.

Limits of this review

I cannot examine joint-line tenderness, measure a true extension deficit, or assess gait from this submission. Weight-bearing radiographs were not supplied; they would help the treating clinician judge the degree of compartment narrowing if symptoms persist.

This clinical opinion is based only on the images and records provided and is written for you and your treating clinicians. It is not a forensic evaluation, independent medical examination, disability determination or expert-witness report. Attorney-commissioned reviews require a separately agreed professional scope and terms and are not offered through this clinical checkout.

PART 2

Your options and next steps

Use this part to prepare for the conversation with your treating clinician.

Your options and their tradeoffs

Structured rehabilitation gives you a way to test whether increasing strength and load tolerance restores the activities that matter to you. Partial meniscectomy removes part of the meniscus; it cannot restore the worn cartilage. In the ESCAPE trial of adults aged 45–70 with degenerative tears, exercise-based physical therapy was noninferior to partial meniscectomy for knee function at five years. A persistently locked knee was excluded. That distinction matters if your symptoms change. Source: Noorduyn et al., JAMA Network Open, 2022. PMID 35802374.

Questions to bring to your next appointment

1. Can I fully straighten the knee on examination?
2. Does the examination reproduce my usual pain at the joint line, or under load elsewhere?

3 What finding would make trimming the meniscus more likely to help than continued rehabilitation?

WHEN TO SEEK CARE SOONER

If the knee becomes stuck and you cannot straighten it, seek prompt in-person assessment rather than waiting for the planned follow-up.

ELECTRONICALLY SIGNED

Jordan Lee, MD

Orthopedic surgery · Sports medicine
North Valley Orthopedics

November 10, 2026 at 9:40 AM CST

ABOUT THIS DOCUMENT

This written opinion is based on the imaging and records listed in this report. It did not include a live visit or a physical examination. Share it with the clinician who is treating you.

If your surgeon assigns home exercises to your connected BoneArc account, your program and instructions are in the BoneArc app. Get BoneArc for iPhone

PART 3

What was reviewed

What you told us and the files you sent. Your own words are shown as you wrote them.

Your history	I am 54 and have had four months of inner right knee pain, especially going downstairs. No locking. I have tried changing my activity but have not started supervised therapy. My goal is to get back to hiking.
Imaging you told us about	MRI · October 2026

Advice you had received	Surgery was recommended Arthroscopic partial meniscectomy.

Files you submitted

FILE	TYPE	STATUS
Right knee MRI · October 2026	Imaging study	Reviewed
MRI radiology report	Radiology report	Reviewed



YOUR REVIEWING SURGEON

Jordan Lee, MD

Orthopedic surgery · Sports medicine
North Valley Orthopedics
Austin, TX

Dr. Lee's practice focuses on knee injuries and the return to walking, hiking, and sport. Her clinical interests include meniscus preservation and recovery after ligament injury.

BoneArc verified the training and board certification and reviewed the licenses listed below. They are shown as they stood when this report was signed.

Fellowship training	Orthopedic sports medicine, North Valley Sports Medicine Institute, 2015
Board certification	Orthopedic surgery, Illustrative specialty board
State licenses	Texas

Clinical focus	Knee Sports medicine
Cases reviewed	Meniscus injuries, Ligament injuries
Languages	English