

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
	MEDICAL BOARD		

(Sign and date at end of narrative)

MILITARY HISTORY: MOS 00E40; ETS date 23 October 1971; basic training at Fort Ord, April to May 1964; AIT at Elgin Air Force Base, Florida, May to November 1964. Assignments - worldwide including six months with the First Infantry Division in 1968.

CHIEF COMPLAINT: Pain in the right knee.

PRESENT ILLNESS: In 1960 while on active duty with the United States Coast Guard the patient's right leg was pinned down by a two ton buoy resulting in an hyperextension injury to the right knee. He underwent evacuation of the hematoma surgically at Scott Air Force Base. Subsequently, he had recurrent episodes of locking and fusion and giving way. Therefore, in 1964 he underwent a medial meniscectomy while on active duty with the Army at Egland (Florida) Air Force Base. Then while on active duty in Viet Nam in August 1968 he suffered another injury to the right knee when he was knocked off a tank during a mortar explosion. A thorough rehabilitation program was carried out on his knee at the Ireland Army Hospital, Fort Knox, Kentucky. He was discharged in October 1968. Because of persisting symptoms in December 1968 he underwent lateral meniscectomy of the right knee.

Because of persistent and recurrent symptoms the patient returned to the Orthopedic Clinic at Ireland Army Hospital on 17 August 1970. He complained that it was hard to go up and down stairs and that he had a catch in his knee at 15 to 30 degrees of flexion which caused him to fall intermittently. He noticed that his right knee is very stiff in the morning and he has to stress the knee medially and laterally in the morning to get it going. Because of complaints of continued pain the patient was scheduled for surgery on 16 October 1970, but when the time for surgery came he decided that he did not want it at that time. He was continued on a high dose aspirin and quadriceps exercise regimen and on 6 May 1971 he underwent patellectomy of the right knee. At surgery the ligaments were intact, there was significant patellofemoral arthritis. By 14 June he was six weeks following surgery and lifting 10 lbs with his right leg. It had a full range of motion from 0 to 110 degrees of flexion. One month later he was lifting 25 lbs straight leg raising, but still complaining of pain. The knee was particularly painful when driving in an automobile and the pain was keeping him awake at night. On return to the clinic on 30 August 1971 the patient decided that he wished to be retired from the Army for a medical disability.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
R. D. SCHROCK, MAJ, MC/dd	17 Sep 71		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.

HACK, DAVID DENTON SSG E-6
 IRELAND ARMY HOSPITAL FORT KNOX KY 40121

NARRATIVE SUMMARY
 Standard Form 502
 502-107-02