

Company Name

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From:

Subject: **Right Knee Exam**

Message:

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EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226 • Fax (732)494-8762

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Patient : Jonathan Coronado

Account No:166816

DOB: 2/20/1986

Appointment : 12/5/2023

Examining Doctor: Matthew J. Garfinkel, M.D.

Patient was seen for consultation at the request of Kristin Wilkinson.

Dietz And Hammer

Claim No. : PJWC085779

Date of Accident: 10/29/2023

Chief Complaint A 37 year old right handed male who is a police officer presents today for evaluation of right knee.

History of Present Illness

He injures his right knee at work on 10/29/2023. This happened when another police officer fell against the outside of his right knee while he was arresting a suspect. He twisted his right knee when this happened. He had immediate right knee pain and swelling. He applied ice to his right knee that night and took Advil which did not help. He went to Concentra medical center the next day where he was diagnosed with a right knee sprain. Physical therapy was ordered. He has had 6 sessions of physical therapy which has not helped. He was again seen at Concentra on 11/03/2023 with continuing right knee pain. He was again seen at Concentra on 11/13/2023 again with continuing right knee pain. He was noted to have medial joint line tenderness. A right knee MRI was ordered and performed on 11/21/2023. He is now referred to me for right knee treatment.

His right knee still has pain at the medial joint line area which is worse with arising, stairs, and bending. He still has episodes of swelling. He also has clicking. He also has buckling and giving away sensations even with regular walking. He has had no prior right knee problems.

Medical History

Current Medications: Takes no medications

Medical History: No known medical conditions

Medication and Allergic Reactions: No known allergies

Surgical History: None Stated.

Family History: None or Unknown. None or Unknown. None or Unknown

Personal and Social History: The patient occasionally consumes alcohol. He does not use illegal substances. He is single. He is currently working full-time. Occupation: Policier. Employer: City of Perth amboy.

Review of Systems

Constitutional: The patient denies any fatigue, fever, sweats, weight gain, weight loss, or loss of appetite.

Respiratory: The patient denies any chronic coughing, wheezing, or shortness of breath.

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Cardiac: The patient denies any chest pain, leg swelling or edema, leg cramps, irregular heartbeat or high blood pressure.

Eyes: Eyes, ears and nose examination is non-contributory.

ENT and Mouth: The patient denies any ear infection, hearing loss, hoarseness, sinus problems, ringing in ears or trouble swallowing.

Gastrointestinal: Patient denies abdominal pain, diarrhea, heartburn, or nausea/ vomiting.

Musculoskeletal: The patient denies any bone pain, muscle spasms, other joint pain, or other muscle pain.

Integumentary: The patient denies any skin rashes, persistent itch, hives or ulcers.

Neurological: The patient denies any dizziness, headaches / migraines, loss of coordination, numbness or weakness.

Psychiatric: The patient denies any disorientation, drug or alcohol addiction, or sleeping disorders.

Genitourinary: The patient denies any burning urination, difficulty urinating, discharge, frequent urination or loss of bladder control.

Hematological / Lymphatic: The patient denies any bleeding problems, easy bruising or anemia.

Vital Signs: Height: 5 ft 8.00 in, Weight: 200 lbs

General Exam:

Constitutional: Patient is adequately groomed with no evidence of malnutrition.

Skin: There are no rashes, ulcerations or lesions in the regions examined.

Mental Status: The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

Lymphatic: The lymphatic examination bilaterally reveals all areas to be without enlargement or induration.

Vascular: Examination reveals no swelling or calf tenderness. Peripheral pulses are palpable and 2+.

Neurological: The patient has good coordination. There is no weakness or sensory deficit. Deep tendon reflexes are intact.

Right Knee Examination

Gait:

GAIT WAS SLIGHTLY ANTALGIC FAVORING THE RIGHT KNEE.

Laxity:

No ligamentous laxity

Knee Inspection:

No alignment deformity

MILD SWELLING AND SMALL EFFUSION.

No quadriceps atrophy

No VMO atrophy

Strength:

Quadriceps strength 5/5

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Knee Range of Motion:

Active range of motion was 0-130 degrees. (limited by medial joint line pain)
Passive range of motion was to 0-140 degrees vs 0-140 degrees on the LEFT.

Collateral Ligaments:

No collateral ligament tenderness
No varus instability at 0 and 30 degrees of flexion
No valgus instability at 0 and 30 degrees of flexion

Palpation:

POSITIVE MEDIAL JOINT LINE TENDERNESS.
NO LATERAL JOINT LINE TENDERNESS.
NO PAIN WITH PRESSURE AT TIBIAL TUBEROSITY

Knee Special Tests:

MILDLY POSITIVE STEINMAN.
MEDIAL JOINT LINE PAIN REPRODUCED WITH FLEXION AND VARUS MANEUVER.
NO LATERAL JOINT LINE PAIN REPRODUCED WITH FLEXION AND VALGUS MANEUVER.
POSITIVE MCMURRAY REPRODUCING MEDIAL JOINT LINE PAIN

Anterior/Posterior Stability:

LACHMAN TEST POSITIVE 1+ or 2+ (GUARDING)
ANTERIOR DRAWER 1+ or 2+ (GUARDING)
Posterior Drawer Test normal
Pivot Shift Test negative (BUT WITH GUARDING)

Patellofemoral:

PATELLOFEMORAL EXAMINATION WAS ABNORMAL. MILD PATELLOFEMORAL COMPRESSION PAIN WITH MILD CLICKING AND NO CREPITUS WITH ROM.

Negative lateral patellar maltracking.
Negative apprehension sign.
No lateral retinacular tightness.

Popliteal:

No popliteal masses
No popliteal pain with palpation

Lower Extremity Neurovascular:

Pulses-dorsalis pedis- 2+ and posterior tibial - 2+
The extremity was neurovascularly intact

Lower Extremity Reflexes:

Normal and symmetrical

Imaging Orders: Standing PA views of the left and right knee were ordered, obtained and interpreted from an

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orthopedic standpoint. 3 views of the right knee were ordered, obtained and interpreted from an orthopedic standpoint.

Imaging Findings: RIGHT KNEE X-RAYS :: No Abnormalities, No fractures or degenerative changes, OsGood Schlatter fragment at tibial tuberosity with no significant displacement.

Diagnostic Test Findings:

My review of the 11/21/2023 MRI CD and report of the RIGHT KNEE with the patient reveals: increased signal at the medial meniscus which is possibly a tear in my opinion, anterior cruciate ligament tear (possibly high degree or possibly full thickness tear in my opinion), very mild medial collateral ligament sprain, likely old OsGood Schlatter, mild chondromalacia patella, bone bruise medial femoral condyle and lateral tibial plateau

Assessment and Plan:

Impression: M25.561 Pain in right knee, M23.8X1 Other internal derangements of right knee

Right knee internal derangement

Treatment Plan:

We went over treatment options including no treatment versus conservative treatment versus surgery and have agreed upon:

For the Right Knee Directly related to the WRI on 10/29/2023

1. Anti-inflammatory medications PRN- He will now take Aleve 220mg twice daily with meals for at least the next 4 weeks
2. Acetaminophen PRN
3. Physical therapy - we agree to continue for another 3 weeks to see if this helps.
4. HEP
5. Ice packs 3x's per day 15 minutes each time
6. Activity Modification: No running, jumping, kneeling, or squatting. No twisting, cutting, or sports. He realizes that these may aggravate his knee.
7. Patella stabilizing brace PRN. He will receive this at next visit if authorized
8. The patient understands that he appears to have an anterior cruciate ligament injury which is related to this injury at work on 10/29/2023. We will consider ACL reconstruction surgery in the future if he does not improve, especially if he continues to have instability sensations such as buckling and giving away even with regular walking. This surgery would be indicated especially since he wants to continue being a police officer which would require a stable knee especially since he would be doing activities including running, twisting, cutting and needing to be in altercations with suspects.
9. Work status : modified duty- desk work only, no interaction with prisoners or suspects.
10. He had childhood OsGood Schlatter which has never bothered him and fully resolved at that time. Therefore this needs no specific treatment.
9. Follow up in 3 1/2 weeks (12/29/2023).

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MJG//DG

The patient was provided patient education for knee exercises. Provide BMI Education.

A Work Status Report was created.

Patient seen by

Matthew J. Garfinkel, M.D.

Diplomate American Board of Orthopaedic Surgery

Fellowship Trained in Sports Medicine

Arthroscopic Surgery Specialist of the Knee and Shoulder

12/5/2023

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Work Note

Date: 12/5/2023

Employee Name: **Jonathan Coronado**

DOB: 2/20/1986

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Diagnosis : Right knee internal derangement

Work Status

- | | |
|---|--|
| <input type="checkbox"/> Cannot work | <input checked="" type="checkbox"/> Return to work with modified duties |
| <input type="checkbox"/> Return to work immediately | <input type="checkbox"/> Modified duties effective until return visit on |
| <input type="checkbox"/> Released from office | <input type="checkbox"/> These restrictions are permanent |
| <input type="checkbox"/> Full Duty on | <input checked="" type="checkbox"/> Do not return to work until: 12/5/2023 |

Work Restrictions

Upper Extremity ☐ Right ☐ Left

- ☐ No use of affected extremity
- ☐ No firm gripping
- ☐ Must wear int/sling/cast
- ☐ No awkward wrist position
- ☐ No lifting over lbs.
- ☐ No repetitive motion
- ☐ No vibratory tools
- ☐ No overhead work (above shoulder)
- ☐ No commercial driving

Lower Extremity ☐ Right ☐ Left

- ☒ Seated work only/mainly
- ☐ No squatting / kneeling / twisting
- ☐ No climbing stairs/ladders
- ☐ No prolonged standing or walking
- ☐ Work with brace/cast
- ☐ No lifting over lbs.
- ☐ Elevate when possible / continuous
- ☐ Crutches/cane/walker
- ☐ No twisting, pushing, pulling

Other Appropriate Duties / Comments Desk work only, no interaction with prisoners or suspects

If modified duties are stated above and they cannot be accommodated, consider Jonathan Coronado to be off work.

Special Instructions

Return to my office on 12/28 2:45pm or in 3 weeks



Patient Seen by: Matthew J. Garfinkel, M.D.

Jonathan Coronado

12/5/2023

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EXECUTIVE PLAZA
10 PARSONAGE ROAD, SUITE 500, 5th FLOOR
EDISON, NEW JERSEY 08837
TEL: 732-494-6226 FAX: 732-4948762

Physical Therapy for the [RIGHT] Knee

DX: Right knee internal derangement

Modals/ROM/HEP/Strength
No Kneeling, Squats, or Stairmaster

3 x's a week/ 6 weeks

A handwritten signature in black ink that reads "Matthew J. Garfinkel, M.D.".

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