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July 26, 2022

RE: Ivana Clarke

DOB: 4/15/1999

DOA: 05/15/2021

Location: Cruz Banting Imelda MD PT, North Bronx

**ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right knee pain.

**HISTORY OF PRESENT ILLNESS:** This is a right-handed 23-year-old female presenting for a follow-up evaluation after sustaining injuries in a work-related incident which occurred on the date of 05/15/2021. Patient has been undergoing conservative management with physical therapy without adequate relief of pain of the right knee.

**ADL CAPABILITIES:** The patient states that he can walk for 5 blocks. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Lifting, carrying heavy objects, shopping, kneeling, squatting, and negotiating stairs.

**PRESENT COMPLAINTS:** Right knee pain is 7-8 out of 10. Patient has intermittent pain that is worsened with activity. The patient has difficulty with going up and down stairs, prolonged ambulation and standing. The patient also notes clicking and buckling of the knee. Physical therapy only provides mild temporary relief of pain.

**PHYSICAL EXAMINATION:**

Right Knee: No erythema, swelling, heat noted. There is tenderness to palpation along the medial and lateral joint line, and patella. Positive McMurray test. Range of motion reveals flexion 0-120 degrees and full extension. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Sensation is intact. Muscle strength is 4-/5.

**DIAGNOSTIC STUDIES:** 6/33/2021 - MRI of the right knee reveals tear of the posterior horn of the medial meniscus.

**FINAL DIAGNOSES:**

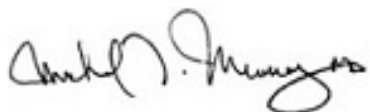
1. S83.241D Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for the right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. Discussed right knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with right knee surgery.
7. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
12. WC authorization needed prior to surgery.
13. Follow up in 4 weeks.

**IMPAIRMENT RATING:** Patient is currently and temporarily 60% disabled and is currently working full-time.

**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on 5/15/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC  
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NB/AEI