

KDV Medical P.C.

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September 27, 2022

Re: Espinal De Blanco, Sonia

DOB: 06/21/1969

DOA: 08/22/2022

Location: 82nd Street - Ortho

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 53-year-old right-hand dominant female, involved in a motor vehicle accident on 08/22/2022. Patient was a rear seat passenger when another car hit them in the front driver side. All airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went via ambulance to New York Presbyterian Hospital and was treated and released the same day. The patient presents today complaining of right knee and left knee pain sustained in the motor related accident.

Right knee pain is 8/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking of the right knee.

Left knee pain is 10/10, described as constant with weakness of the left knee. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking of the left knee.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol.

ADL CAPABILITIES: The patient states that she can walk for 2-3 blocks. She can stand for 15 minutes before she has to sit. She can sit for 15 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: kneeling, squatting, and negotiating stairs.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 1 inch, weight is 175 pounds. Patient is alert, oriented and cooperative.

DIAGNOSTIC STUDIES: Right knee MRI, done on 09/15/2022, Anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. Left knee MRI, done on 09/15/2022, Grade II signal in posterior horn of lateral meniscus compatible with trauma sequelae. Suprapatellar fat pad impingement.

FINAL DIAGNOSES:

1. Injury, right knee - S80.911A
2. Joint effusion, right knee - M25.461
3. Pain, right knee - M25.561
4. Injury, left knee - S80.912A
5. Joint effusion, left knee - M25.462
6. Medial Meniscus tear, left knee - S83.242A
7. Pain, left knee - M25.562

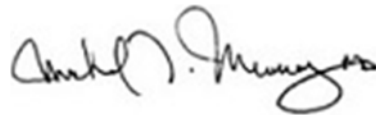
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Start physical therapy for right/left knee 3 days/week. Patient wants to try PT before doing procedures.
5. Follow up in 4 weeks p.r.n.

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 diagnoses rendered are causally related to the injury the patient incurred on the right knee and left knee on August 22, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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RK/AEI



Michael Murray, MD