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July 26, 2022

Re: Nicaj, Peter (case 2)
DOB: 07/01/1971
DOA: 05/11/2020
Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee and left elbow pain.

HISTORY OF PRESENT ILLNESS: This is a 51-year-old right-handed dominant male, presenting for an initial consultation following a work-related accident on 05/11/2020. Patient states that while transferring patients around the hospital, he tripped and fell hurting his bilateral knees and left elbow. The patient was transported to Saint Barnabas Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, and left elbow pain sustained in the work-related accident. The patient was attending physical therapy for one year with little relief. The patient states that the pain is interfering with day-to-day activities.

WORK HISTORY: The patient is not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Left knee arthroscopy 4 years ago.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Excedrin p.r.n. and ibuprofen.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

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, prolonged walking and climbing stairs.

PRESENT COMPLAINTS: Right knee pain is 8 out of 10. The patient has difficulty raising from a chair, walking up and down stairs, and has pain with prolonged ambulation. The patient also notes, clicking. Right knee is weak. Physical therapy only provided temporary relief of pain. Patient is status post right knee steroid injection 8 months ago; pain returned about 1-2 months following injection.

Left knee pain is 7 out of 10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes, clicking. Left knee is weak. Physical therapy only provided temporary relief of pain.

The patient complains of left elbow pain that is 9/10 with 10 being the worst, which is constant in nature. The elbow pain radiates down to fourth and fifth digits. Patient has pain with lifting, carrying and driving. Patient had steroid injection 6 months ago without adequate relief of pain.

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

PHYSICAL EXAMINATION: The patient's height is 6 feet 0 inches, weight is 190 pounds, and BMI is 25.8. Patient is alert, oriented and cooperative.

Right Knee: No heat, erythema, swelling noted; Tenderness to palpation over medial, lateral joint line, and patella. ROM: Flexion 0-120 degrees. Positive McMurray test. Positive patellofemoral grinding test. Patient has stable varus and valgus. No motor or sensory deficits. Muscle strength 4/5.

Left Knee: No heat, erythema, swelling noted. Puncture scars noted from previous arthroscopy. Tenderness to palpation over medial, lateral joint line, and patella. ROM: Flexion 0-120 degrees. Positive McMurray test. Positive patellofemoral grinding test. Patient has stable varus and valgus. No motor or sensory deficits. Muscle strength 4/5.

Left Elbow Examination: No heat, erythema, swelling noted. There is tenderness upon palpation over the medial and lateral epicondyle and olecranon process. Range of motion: extension is 0-120 degrees, normal is 150 degrees; Flexion is 150-0 degrees, normal is 150 degrees; Supination is 80 degrees, normal is 90 degrees; Pronation is 70 degrees, normal is 90 degrees. Pain with resisted wrist flexion. Pulses +2.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 09/13/2018, Low-grade edema deep to the ITB which can be seen in the setting of ITB friction. Focal undersurface tear of the posterior junctional zone of the medial meniscus. Proximal patellar tendinosis. Suprapatellar effusion with eden1a in the quadriceps fat pad. Prepatellar soft tissue swelling.
Left knee MRI, done on 04/04/2022, Oblique tear of the posterior junctional zone and body of the medial meniscus contacting the free edge/inferior articular surface. No displacement. Mild patellar tendinosis. Small knee effusion.
Left elbow MRI, done on 02/09/2021, Scarring and sprain of anterior bundle of medial collateral ligament. Insertional tendinosis of biceps and triceps. .

FINAL DIAGNOSES:

1. S83.241A Medial meniscus tear, right knee.
2. M25.461 Joint effusion, right knee.
3. M25.561 Pain, right knee.
4. S83.242A Medial meniscus tear, left knee.
5. M25.462 Joint effusion, left knee
6. M25.562 Pain, left knee

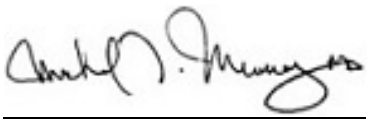
7. M71.22 Popliteal cyst, left knee.
8. M24.829 Internal derangement of the left elbow.
9. Biceps/Triceps tendinosis.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue with cold compresses for right knee, left knee and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee and left elbow 3 days/week.
6. Discussed right knee, left knee and left elbow 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 and left knee surgery.
7. The patient verbally consents for the arthroscopy of right and left knee and the patient will be scheduled for right and left 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.
8. WC authorization needed prior to surgery. Please submit.
9. Follow up in 4-6 weeks.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

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 5/11/2020. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI