

**KDV Medical, P.C.**

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September 28, 2022

Re: Diaz, Beatriz

DOB: 07/13/1959

DOA: 02/04/2004

Location: Cruz Banting Imelda MD PT

**INITIAL ORTHOPEDIC CONSULTATION**

**CHIEF COMPLAINT:** Right knee pain.

**HISTORY OF PRESENT ILLNESS:** This is an initial orthopedic evaluation for a 63-year-old right-hand dominant female, involved in a work related accident on 02/04/2004. Patient worked for Bronx Lebanon Hospital where she was walking out of the hospital and she fell down the stairs. The patient went to Bronx Lebanon ER Hospital and was treated and released the same day. Patient is status post right knee arthroscopy with Dr. Cohen in 2005 with mild-moderate relief of pain following the surgery. The patient presents today complaining of right knee pain with increased weakness and buckling over the course of the last few months. The patient has been treated with physical therapy for the last week with good relief.

Right knee pain is 5/10. The patient complains of weakness and buckling. Pain is worse with going up and down stairs, prolonged ambulation and standing.

**PAST MEDICAL HISTORY:** Hypertension, depression, kidney stones.

**PAST SURGICAL HISTORY:** Right knee arthroscopy in 2005.

**DRUG ALLERGIES:** SHELLFISH, ITCHING, EYE SWELLING. DILAUDID. ADHESIVE TAPE, RASH.

**MEDICATIONS:** The patient is taking Procardia, lisinopril, and hydrochlorothiazide.

**WORK HISTORY:** The patient is currently not working.

**IMPAIRMENT RATING:** 100%

**ADL CAPABILITIES:** The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 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 has difficulty with the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PHYSICAL EXAMINATION:** The patient's height is 4 feet 11 inches, weight is 137 pounds.

Patient is alert, oriented and cooperative.

**Right Knee examination:** No swelling, heat, erythema noted. Scars noted. Reveals tenderness to palpation over medial and lateral joint line. Range of motion, flexion is 130 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. Quad atrophy, muscle strength is 3/5. Patient reports numbness and tingling radiating down the right lower extremity.

**DIAGNOSTIC STUDIES:** Right knee MRI, done on 09/14/2022, Sprain of the anterior cruciate ligament. Small joint effusion as well as fluid in the popliteal fossa.

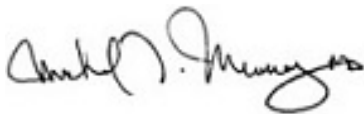
**FINAL DIAGNOSES:**

1. Pain, right knee - M25.561
2. Quad atrophy.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Start home stretching and strengthening exercises as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Start physical therapy for right knee 3 days/week.
6. Follow-up with pain management for lumbar radiculopathy.
7. Follow up in 4-6 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 on February 04, 2004. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI