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July 26, 2022

Re: Abibi, Thierry

DOB: 12/17/1981

DOA: 06/17/2022

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation of a 40-year-old right-handed dominant male, involved in a work related accident on 06/17/2022. Patient was working in a warehouse, while using the forklift his right leg got stuck between the forklift and the power jacket. The patient went to Montefiore Hospital next day, where imaging studies were done and were negative. Patient was treated and released the same day. The patient presents today complaining of right knee pain. The patient is being treated with physical therapy for one month with little relief.

PRESENT COMPLAINTS: Right knee pain is 3 out of 10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also feels clicking of the right knee.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Positive for hypertension.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: SHELLFISH CAUSES SWELLING AND ITCHING.

MEDICATIONS: The patient is taking Amlodipine.

SOCIAL HISTORY: Patient drinks alcohol occasionally. Smokes less than one PPD x 6 years

ADL CAPABILITIES: The patient states that he can walk for 1-2 blocks. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, going up and down stairs, jogging, and exercising.

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

PHYSICAL EXAMINATION: The patient's height is 5 feet 11 inches, weight is 180 pounds, and BMI is 25.1.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line, inferior patella. Range of motion, flexion is 120 degrees, normal is 135 degrees. Positive McMurray test. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC STUDIES: Right knee MRI, done on 07/19/2022, fracture of the fibular head. Tear within the posterior horn of the lateral meniscus as well as intrasubstance grade 2 signal in the anterior horn of the lateral meniscus and posterior horn of the medial meniscus. Intrasubstance tear of the anterior cruciate ligament. Intrasubstance tear of the biceps femoris tendon at the fibular attachment as well as sprain/partial tear of the iliotibial band. No disruption is noted. Joint effusion as well as medial and lateral soft tissue edema and presumed hematoma in the medial soft tissues adjacent to the proximal tibia.

FINAL DIAGNOSES:

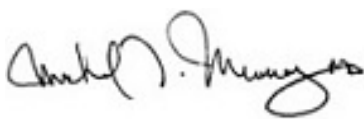
1. S83.519A ACL tear, right knee
2. M25.461 Joint effusion, right knee
3. S83.281A Lateral Meniscus tear, right knee
4. S83.241A Medial Meniscus tear, right knee
5. M25.561 Right knee pain.
6. Fibular head fracture, right knee

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. Continue physical therapy for right knee 3 days/week.
5. Continue wearing knee brace as directed.
6. X-ray referral given for further evaluation of fibular head fracture.
7. Follow up in 2-4 weeks p.r.n.

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 06/17/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC

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Michael Murray, MD

NB/AEI