

**KDV Medical P.C.**

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September 27, 2022

Re: Blanco, Raymond

DOB: 02/16/1996

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 26-year-old right-hand dominant male, involved in a motor vehicle accident on 08/22/2022. Patient was a front 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 9/10, described as constant. The patient has difficulty raising from a chair and walking up and down stairs.

Left knee pain is 8/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. Pain is improved with rest.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is not taking any medication at this time.

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. He can stand for 15 minutes before he has to sit. He 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 he is unable to do the following activities: running errands, kneeling, squatting, 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 300 pounds. Patient is alert, oriented and cooperative.

**DIAGNOSTIC STUDIES:** Right knee MRI, done on 09/15/2022, Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. Edema surrounding the patellar tendon consistent with para tenonitis. Left knee MRI, done on 09/15/2022, Anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae.

**FINAL DIAGNOSES:**

1. Injury, right knee - S80.911A
2. ACL sprain, right knee - S83.511A
3. MCL sprain, right knee - S83.411
4. Pain, right knee - M25.561
5. ACL sprain, left knee - S83.512A
6. Injury, left knee - S80.912A
7. MCL sprain, left knee - S83.412A
8. Pain, left knee - M25.562

**PLAN:**

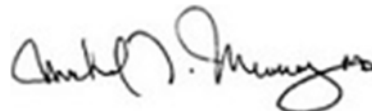
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Start physical therapy for right/left knee 3 days/week.
5. Recommend steroid injections with pain management for right/left knee.
6. 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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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD