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July 25, 2022

RE: Cindy Gopie
DOB: 08/16/1980
DOA: 12/18/2021
Location: TS Chiropractic Wellness, Richmond Hill

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 41-year-old female presenting today for a follow-up visit status post a motor vehicle accident that occurred on 12/18/21. Patient states that there is still pain in bilateral knees despite undergoing conservative treatment with physical therapy.

The patient complains of left knee pain that is 7/10, which is constant. Patient has difficulty raising from chair and going up and down stairs. Patient has clicking of the left knee.

The patient complains of right knee pain that is 7/10, which is constant. Patient has difficulty raising from chair and going up and down stairs. Patient has clicking of the right knee.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.
Right knee: NO erythema and heat noted. There is swelling/tenderness to palpation along the medial and lateral joint line, and patella. There is crepitus of the right knee. Positive McMurray test. Range of motion reveals flexion 120 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

Left knee: No erythema, swelling, heat noted. There is tenderness to palpation along the medial and lateral joint line, and patella. Positive patellofemoral grind test. Range of motion reveals flexion 120 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES:
03/07/2022 - MRI of the left knee reveals minimal high-grade chondral fissuring over the median ridge and medial facet of the patella with subchondral cystic change. Dysplastic femoral trochlea noted, mild tibial plateau chondral degeneration.

03/07/2022 - MRI of the right knee reveals high-grade chondral fissuring and delamination over the median ridge of the patella with subchondral cystic change, mild lateral facet femoral trochlear chondral degeneration, femoral trochlear dysplasia and lateral patellar shift.

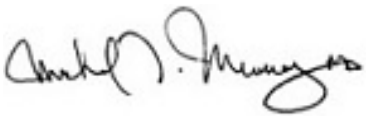
FINAL DIAGNOSES:

1. M23.91 Internal derangement, right knee
2. M94.261 Chondromalacia of the right knee.
3. M25.461 Joint effusion of the right knee.
4. M25.561 Pain, right knee.
5. M94.262 Chondromalacia of the left knee.
6. M25.462 Joint effusion of the left knee.
7. M25.562 Pain, left knee.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for the left and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left and right knee 3 days/week.
6. Recommended steroid injection of the right knee, patient declined.
7. Discussed right knee 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 will consider it at the next visit.
8. Follow up in 4 weeks.

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 12/18/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI