

KDV Medical, P.C.

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October 18, 2022

Re: Sanchez, Onelia

DOB: 03/23/1941

DOA: 06/25/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is an 81-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 06/25/2021.

Right knee pain is 8/10. The patient complains of buckling and clicking. The patient has difficulty raising from a chair and walking up and down stairs. Patient reports pain is worse with ambulation and prolonged standing. Patient ambulates with a cane and is limping on the right side.

PHYSICAL EXAMINATION:

Right Knee: No heat or erythema noted. Reveals tenderness to palpation over medial and lateral joint line, and patella. Patient has swelling and crepitus noted. Range of motion, flexion is 100 degrees, normal is 135 degrees and extension -5, normal is 5 degrees. Positive McMurray test. Positive patellofemoral grinding test. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength 4-/5.

DIAGNOSTIC STUDIES:

Right knee MRI, done on 09/22/2021, Diffuse abnormal signal and thickening of the posterior and anterior cruciate ligament consistent with partial tearing. Sprain of the medial collateral ligament as well as sprain along the fibular collateral ligament and iliotibial band. Tears within the anterior and posterior horn of the lateral meniscus as well as within the medial meniscus. There is medial subluxation of the posterior horn of the medial meniscus. Osteophytosis as described. Subchondral cystic change in the medial femoral condyle and medial tibial plateau is also noted. A sprain of the medial head of the gastrocnemius muscle. Large joint effusion and popliteal cyst. Fluid surrounding the medial head of the gastrocnemius muscle origin upon the femur consistent with sprain.

FINAL DIAGNOSES:

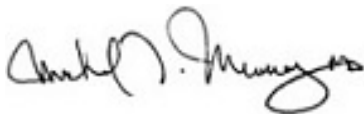
1. ACL tear, right knee - S83.519D
2. Joint effusion, right knee - M25.461
3. Lateral Meniscus tear, right knee - S83.281D
4. MCL sprain, right knee - S83.411
5. Medial Meniscus tear, right knee - S83.241D

6. Pain, right knee - M25.561

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. 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 would like to proceed with surgery. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the right knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence. All the questions in regard to the procedure were answered.
6. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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. Patient is scheduled for right knee surgery on 11/3/2022. Spoke to granddaughter Jasmine to confirm.
7. The patient needs medical clearance prior to surgery.
8. The patient will follow up in 4-6 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 diagnoses rendered are causally related to the injuries the patient incurred on the right knee on June 25, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
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NB/AEI