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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Rodriguez, Stephanie

DOB: 11/12/1980

DOA: 06/29/2021

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Right knee and left knee pain.

**HISTORY OF PRESENT ILLNESS:** On 07/15/2022, Ms. Stephanie Rodriguez, a right-handed 41-year-old female presents for the evaluation of the injuries sustained in a work related incident which occurred on the date of 06/29/2021. Patient works in T-Mobile as a supervisor, when walking on the floor in the warehouse, she tripped and fell on the floor on her right side hurting both of her knees. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to bilateral knees. The patient was attending physical therapy for the last week with little relief.

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

**PAST MEDICAL HISTORY:** Diabetes mellitus type 2.

**PAST SURGICAL HISTORY:** Gastric Bypass in 2012.

**DRUG ALLERGIES:** PENICILLIN.

**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 is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Right Knee: Right knee pain is 8/10, described as constant, sharp, dull, achy pain. Worse with ambulation and slightly improved with rest. The patient also notes buckling.

Left Knee: Left knee pain is 4/10, described as intermittent, dull achy pain.

**REVIEW OF SYSTEMS: General:** No fevers, chills, night sweats, weight gain, or weight loss. **HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nose bleeds, sore throat, or hoarseness. **Endocrine:** No cold intolerance, appetite changes, or hair changes. **Skin:** Clear, no rashes or lesions. **Neuro:** No headaches, dizziness, vertigo, or tremor. **Respiratory:** No wheezing, coughing, shortness of breath, or difficulty breathing. **Cardiovascular:** No chest pain, murmurs, irregular heart rate, or hypertension. **GI:** No nausea, vomiting, diarrhea, constipation, jaundice, or changes in BM. **GU:** No blood in urine, painful urination, loss of bladder control, or urinary retention. **Hematology:** No active bleeding, bruising, anemia, or blood clotting disorders. **Psychiatric:** No anxiety, change in sleep pattern, depression, or suicidal thoughts.

**PHYSICAL EXAMINATION:** The right knee reveals pain to palpation over the patella. Positive McMurray test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 degrees.

The left knee reveals negative McMurray test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 130/130 degrees and extension 0/5 degrees.

**DIAGNOSTIC STUDIES:** Right knee MRI, done on 10/14/2021, shows tear within the posterior horn of the medial meniscus. Sprain along the posterior fibers of the anterior cruciate ligament. Fluid within the joint space.

**FINAL DIAGNOSES:**

S83.241A Posterior medial meniscus tear, right 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 right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. 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 wants to proceed with surgery on 08/18/2022.
7. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.

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10. All the questions in regard to the procedure were answered.
11. Follow up in 1-2 weeks postop.

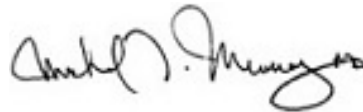
**IMPAIRMENT RATING:** 100%.

**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 the specified date. 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