

**Ketan D. Vora, D.O., P.C.**

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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Atempa, Francisca

DOB: 10/04/1974

DOA: 03/31/2022

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Right knee, left knee and right ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 47-year-old right-handed dominant female, involved in a work related accident on 03/31/2022. Patient worked in the fresh market in packaging and product, when water was leaking from the roof she went out with 4 containers of fruit of around 3 pounds each, she slipped and fell hurting bilateral knees and ankle. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to bilateral knees and right ankle.

**WORK HISTORY:** Patient work in the fresh market in packaging. Not working now.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**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 7/10, described as intermittent, sharp, dull, achy pain. Worse with ambulation and slightly improves with rest. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes buckling.

Left Knee: Left knee pain is 7/10, described as intermittent, sharp, dull, achy pain. Worse with ambulation and slightly improves with rest. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes buckling.

Right Ankle: Right ankle pain is 9/10, described as constant pain when walking.

**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:** H: 4' 9" W: 180 lbs.

Right Knee: Positive McMurray test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 0/5 degrees. The patient has no motor or sensory deficit of the right lower extremity.

Left Knee: Positive Lachman test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 degrees.

Right Ankle. Reduced range of motion across all planes. Pain is on the lateral side.

**DIAGNOSTIC STUDIES:** 06/06/2022 - MRI of the of the right ankle reveals 6 x 4 mm stable osteochondral defect of the medial talar dome with subchondral bone edema. Tenosynovitis of the peroneus, brevis and longus tendons. Sprain of the ATFL. Small tibiotalar joint effusion. 2 cm ganglion cyst along the dorsal surface of the lateral cuneiform bone.

**FINAL DIAGNOSES:**

1. M25.561 Right knee pain.
2. M25.571 Right ankle pain.
3. M25.562 Left knee pain.

**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 ankle, right/left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle, right/left knee 3 days/week.
6. Follow up in 4 weeks p.r.n.
7. **Procedure - Right Knee Injection Under Ultrasound Guidance:** I have performed a right knee intra-articular steroid injection under ultrasound guidance. The patient has been receiving physical therapy since the accident and had diagnostic studies of the right knee with the findings as noted above. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should

decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.

- 8. Procedure: Right Ankle Injection:** The patient has antalgic gait with difficulty walking. I've performed a subtalar steroid injection and the patient will likely benefit from it. Conservative care has been attempted with limited success.

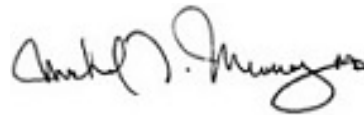
**IMPAIRMENT RATING:** 100%.

**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