

KDV Medical P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

August 31, 2022

Re: Gopie, Cindy

DOB: 08/16/1980

DOA: 12/18/2021

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 41-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 12/18/2021.

Right knee pain is 8/10, stiff pain. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking and intermittent locking.

Left knee pain is 8/10, stiff pain. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking and intermittent locking.

PHYSICAL EXAMINATION:

Right Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the patella. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Muscle strength 4/5.

Left Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the patella. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Muscle strength 4/5.

DIAGNOSTIC STUDIES:

Right knee MRI, done on 03/07/2022, High-grade chondral fissuring and delamination over the median ridge of the patella with subchondral cystic change/edema. Mild lateral facet femoral trochlear chondral degeneration. Femoral trochlear dysplasia and lateral patellar shift. No meniscal or ligament tear or occult osseous injury identified. Small joint effusion.

Left knee MRI, done on 03/07/2022, Minimal high-grade chondral fissuring over the median ridge and medial facet of the patella with subchondral cystic change. Dysplastic femoral trochlea noted. Mild lateral tibial plateau chondral degeneration. No meniscal or ligament tear or occult osseous injury identified. Minimal joint effusion.

FINAL DIAGNOSES:

1. Chondromalacia, right knee - M94.261
2. Internal derangement, right knee - M23.91
3. Joint effusion, right knee – M25.461

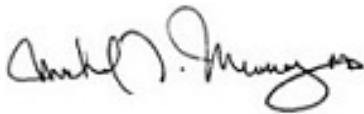
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4. Pain, right knee - M25.561
5. Chondromalacia, left knee - M94.262
6. Joint effusion, left knee – M25.462
7. Pain, left knee - M25.562

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. Discussed right arthroscopy versus conservative management with the patient due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain. Patient declined right knee arthroscopy and requested to continue with conservative treatment.
5. Continue physical therapy for right/left knee 3 days/week.
6. 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 is causally related to the injuries the patient incurred on the right knee and left knee on December 18, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI