KDV Medical P.C.

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August 23, 2022

Re: Abibi, Thierry DOB: 12/17/1981 DOA: 06/17/2022

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old right hand dominant male, who presents for followup evaluation of injuries sustained in a work related accident on 06/17/2022. The patient is undergoing physical therapy with moderate relief of pain.

Right knee pain is 3/10, described as intermittent. The patient has difficulty with prolonged ambulation. Pain has improved with physical therapy, rest, and ice.

WORK HISTORY: The patient is currently not working.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Right Knee: No swelling, heat or erythema noted. Tenderness to palpation over medial joint line and inferior patella. Positive McMurray test. Positive patellofemoral grinding test. Range of motion, flexion is 120 degrees, normal is 135 degrees. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Mild numbness noted on medial joint line that has progressively improved.

<u>DIAGNOSTIC STUDIES:</u> Right knee MRI, done on 07/19/2022, fracture of the fibular head. Tear within the posterior horn of the lateral meniscus as well as intrasubstance grade 2 signal in the anterior horn of the lateral meniscus and posterior horn of the medial meniscus. Intrasubstance tear of the anterior cruciate ligament. Intrasubstance tear of the biceps femoris tendon at the fibular attachment as well as sprain/partial tear of the iliotibial band. No disruption is noted. Joint effusion as well as medial and lateral soft tissue edema and presumed hematoma in the medial soft tissues adjacent to the proximal tibia.

FINAL DIAGNOSES:

- 1. S83.519D ACL tear, right knee
- 2. S83.281D Lateral Meniscus tear, right knee
- 3. S83.241D Medial Meniscus tear, right knee
- 4. M25.561 Right knee pain.

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5. Fibular head fracture, right knee.

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.

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 of the right knee on 06/17/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Nadezhda Bababekova, NP-BC Michael Murray, MD

NB/AEI