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August 31, 2022

Re: Flores, Jose

DOB: 06/26/1977

DOA: 11/23/2019

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work-related incident on 11/23/2019. Patient continues physical therapy without adequate relief. The patient is status post right knee arthroscopy in October 2020.

Right knee pain is 8/10, described as constant and stiff pain. The patient has difficulty walking up and down stairs. The patient also notes clicking of the right knee.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled and is not working.

PHYSICAL EXAMINATION:

Right Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the medial and lateral joint line and patella. Patient has crepitus. Scars noted. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength is 4-/5 with quadriceps atrophy.

DIAGNOSTIC STUDIES:

Right knee MRI, done on 02/03/2020, Mild patellofemoral cartilage loss. Mild moderate medial compartment cartilage loss. Faint patellar bone marrow edema/contusion 4 mm lateral femoral trochlea osteochondral lesion. Mild semimembranosus muscle strain with faint pes anserinus per tendinitis. Trace joint effusion and mild soft tissue swelling. Menisci, cruciate and collateral ligaments intact.

FINAL DIAGNOSES:

1. Pain, right knee - M25.561.
2. Quadriceps atrophy, right knee
3. Status post arthroscopy, right knee.

PLAN:

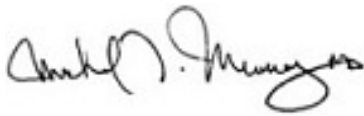
1. Imaging studies and clinical examinations were reviewed with the patient.

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2. All treatment options discussed with the patient.
3. Continue home stretching and strengthening exercises as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right 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 diagnosis rendered is causally related to the injury the patient incurred on the right knee on November 23, 2019. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is written over a horizontal line.

Nadezhda Bababekova, NP-BC

Michael Murray, MD

NB/AEI