

**KDV Medical, P.C.**

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September 28, 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 follow-up evaluation of injuries sustained in a work related incident on 06/17/2022.

Right knee pain is 0-2/10. Pain is improved with rest, medications, physical therapy and ice.

**PHYSICAL EXAMINATION:**

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial joint line. Range of motion, flexion is 130 degrees, normal is 135 degrees and full extension. Positive McMurray test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength 4/5.

**DIAGNOSTIC STUDIES:**

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. ACL tear, right knee - S83.519A
2. Lateral Meniscus tear, right knee - S83.281A
3. Medial Meniscus tear, right knee - S83.241A
4. Pain, right knee - M25.561

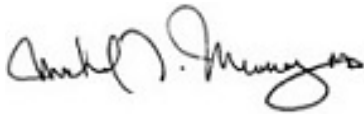
**PLAN:**

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.
5. Follow up in 4-6 weeks prn.

Re: Abibi, Thierry  
Page 2

**IMPAIRMENT RATING:** Patient is currently and temporarily 40% disabled and is returning to work full-time on October 03, 2022.

**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 are causally related to the injury the patient incurred on the right knee on June 17, 2022. 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 positioned above a horizontal line.

Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI