Ketan D. Vora, D.O., P.C.
Tel #: 1-877-SPINE-DR
Fax: (347) 708-8499

July 01, 2022

Office seen at:
Cruz Banting Imelda MD PT, North Bronx

Re: Alessandro, Michael
DOB: 08/19/1969
DOA: 06/01/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Bilateral knee pain, left greater than right.

HISTORY OF PRESENT ILLNESS: A 52-year-old right-hand dominant male involved in a work related accident on June 01, 2021. The patient presents today complaining of bilateral knee pain, left greater than right. The patient walking upstairs when his left knee buckled. The patient did not go to the hospital but was initially evaluated by the PCP. The patient has a history of low back pain causing lumbar radiculopathy with pain radiating to the left anterior ankle with throbbing pain.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension, osteoarthritis.

PAST SURGICAL HISTORY: Status post bilateral carpal tunnel surgery.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Losartan, naproxen p.r.n. pain, status post x2 steroid injection to the left elbow for bursitis treatment.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially.

PRESENT COMPLAINTS: Left knee: Pain is 7-8 out of 10, described as constant, intermittent, sharp, stabbing, dull achy pain. Pain is worse with ambulation and slightly improved with rest. The patient has difficulty raising from a chair and pain is worse with walking down stairs. The patient also notes clicking, buckling, and intermittent locking.

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: The patient's height is 5 feet 9 inches, weight is 232 pounds, and BMI is 34.3.

Left Knee Exam: Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior and posterior drawer. Range of motion reveals flexion 60/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Sensation is intact.

DIAGNOSTIC TESTING: MRI of the left knee, done on June 03, 2022, shows vertical tear in the posterolateral meniscus as well as tear within the posterior horn and body of the medial meniscus. Intrasubstance tear along the inferior aspect of the anterior cruciate ligament. Sprain and intrasubstance tear of the medial collateral ligament.

ASSESSMENT:

1. S83.242A Medial meniscus tear, left knee.
2. S83.282A Lateral meniscus tear, left knee.
3. M23.92 Internal derangement, left knee.
4. M25.462 Joint effusion, left knee.
5. S80.912A Injury, left knee.
6. M25.562 Pain, left knee.
7. M65.162 Synovitis, left knee.

PLAN:

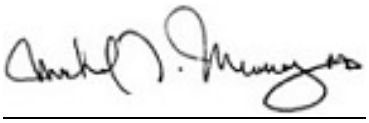
1. Informed on the use of overt-the counter NSAIDs, and demonstrates a clear understanding of the indicated usage.
2. Started on a course of anti-inflammatory and muscle relaxant medications, Baclofen 10 mg p.o. #30, Mobic 15 mg p.o. #15, Flexeril 10 mg q.h.s. #20, Voltaren with 2% Diclofenac cream topical.
3. Start physical therapy 3 days/week.
4. The MRI was reviewed with the patient as well as the clinical examination findings.
5. Follow up in 2-3 weeks with possible OR scheduling.

IMPAIRMENT RATING: 50%.

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.

Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD