

KDV Medical P.C.

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August 31, 2022

Re: Garcia, Victor

DOB: 08/26/1965

DOA: 06/04/2018

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 56-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work-related accident on 06/04/2018. The patient ambulates with a cane.

Left knee pain is 7-8/10, described as intermittent and weak. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking. Pain is worsened with ambulation.

PHYSICAL EXAMINATION:

Left Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the medial joint line, popliteal fossa, and patella. Positive McMurray test. Positive patellofemoral grinding test. Range of motion reveals flexion is 100 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. Muscle strength is 4-/5, quadriceps atrophy. Reports numbness and tingling radiating down the left lower extremity.

DIAGNOSTIC STUDIES:

Left knee MRI, done on 08/21/2021, Type II Hyperintense signal noted involving the posterior horn of medial meniscus. Patellar and trochlear chondral injury and chondromalacia. Pes anserine bursitis. Trace semimembranosus bursitis.

FINAL DIAGNOSES:

1. Chondromalacia, left knee - M94.262
2. Medial Meniscus tear, left knee - S83.242A
3. Pain, left knee - M25.562
4. Quadriceps atrophy, left knee.
5. Pes anserine bursitis, left knee.

PLAN:

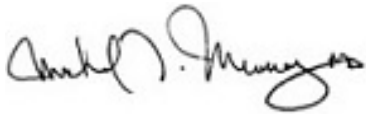
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Start home stretching and strengthening exercises as demonstrated and provided in the clinic.

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4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. Pending lumbar surgery in September 2022.
7. 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 left knee on June 04, 2018. 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