

KDV Medical, P.C.

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September 28, 2022

Re: Rollaing, Shaquan

DOB: 01/24/1978

DOA: 07/23/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 44-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 07/23/2021. Patient is status post left knee arthroscopy on 8/17/2022.

Left knee pain is 5/10, described as intermittent. The patient has difficulty walking up and down stairs. Pain has improved with rest, medications, PT and ice.

PHYSICAL EXAMINATION:

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over patella. Scars are noted. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Left knee is stable with varus and valgus stress test. The patient reports intermittent numbness radiating down past the knee. Muscle strength is 4-/5.

DIAGNOSTIC STUDIES:

Left knee MRI, done on 08/24/2021: Tear within the posterior Horn of the medical meniscus. The lateral meniscus is intact. Partial-Thickness tearing in the anterior cruciate ligament as well as sprain and partial tear of the medical collateral ligament. Sprain along the tendon of the semitendinosus. Joint effusion as well as fluid in the Prepatellar soft tissues.

FINAL DIAGNOSES:

1. Pain, left knee - M25.562
2. Status post arthroscopy. Left knee.

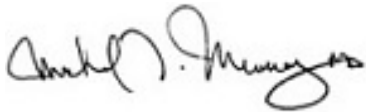
PLAN:

1. Continue with home stretching and strengthening exercises as demonstrated and provided in the clinic.
2. Continue anti-inflammatory and muscle relaxant medications p.r.n.
3. Continue physical therapy for left knee 3 days/week.
4. Follow up in 4-6 weeks prn.

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IMPAIRMENT RATING: Patient is currently and temporarily 60% disabled and is currently working full-time with restrictions.

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 left knee on July 23, 2021. 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