

**Ketan D. Vora, D.O., P.C.**

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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Moral-Mendez, Alvaro

DOB: 12/04/1982

DOA: 05/04/2021

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 39-year-old right-handed dominant male, involved in a work related accident on 05/04/2021. The patient did not go to the hospital thus far. Patient works in fresh market as a manager assistant fixing floors, when stacking up pallets of around 20 pounds, one of the pallet fell on his left knee. During the accident the patient reports injuries to left knee.

**WORK HISTORY:** Patient work in fresh market as a manager assistant fixing floors. Not working now. .

**PAST MEDICAL HISTORY:** Seizures.

**PAST SURGICAL HISTORY:** Brain Surgery in 2013.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking Keppra.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Left Knee: Left knee pain is 9/10, described as constant, sharp, dull achy pain. Worse with ambulation. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes buckling.

**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:** Left Knee: The left knee reveals swelling/tenderness along the inferior pole of the patella. Positive McMurray test. Positive Lachman test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 0/5 degrees.

**DIAGNOSTIC STUDIES:** Left knee MRI, done on 03/09/2022, shows complex tear of the posterior horn and body of the medial meniscus with medial subluxation. Tear within the posterior horn of the lateral meniscus. Sprain of the medial collateral ligament. Large joint effusion. sprain/partial tearing of the semitendinosus tendon insertion. Incidental note is made of a presumed 5 mm exostosis arising from the posterior proximal metaphysis of the fibula.

**ASSESSMENT:**

1. S83.242A Posterior medial meniscus tear, left knee.
2. M25.562 Left knee pain.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. Discussed left knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient wants to think about surgery.
7. The patient needs to consult his neurologist to get clearance for surgery.
8. **Procedure - Left Knee Injection Under Ultrasound Guidance:** I have performed a left knee intra-articular steroid injection under ultrasound guidance. The patient has been receiving physical therapy since the accident and had diagnostic studies of the left knee with the findings as noted above. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.
9. **Procedure: Left Knee Genicular Nerve Block:** I have performed a left knee genicular nerve block. The patient has been receiving physical therapy since the accident and had diagnostic studies of the left knee with the findings as noted above. In an effort to avoid

surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.

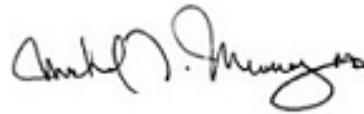
**IMPAIRMENT RATING:** 100%.

**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.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD