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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Rollaing, Shaquan

DOB: 01/24/1978

DOA: 07/23/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: A 44-year-old right-handed dominant male, involved in a work related accident on 07/23/2021. The patient did not go to the hospital thus far. Patient works for Randall's Island Park Alliance in landscaping, when he lost control of the car and crashed it. During the accident the patient reports injuries to left knee. The patient was attending physical therapy for the last week with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Hypertension, Asthma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: None.

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 clicking, popping, and 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: The patient's height is 5 feet 10 inches, weight is 180 pounds.

The left knee reveals pain to palpation along the patella. Positive/ McMurray test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 95/130 degrees and extension 0/5 degrees.

DIAGNOSTIC STUDIES: Left knee MRI, done on 08/24/2021, shows of the left knee: 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. S83.242A Medial meniscal 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 would like to proceed with surgery.
7. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and L knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
10. All the questions with regard to the procedure were answered.
11. The patient will follow up 1-2 weeks postop.

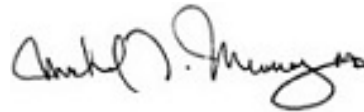
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IMPAIRMENT RATING: 50%.

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