

# UK Sinha Physician, P.C.

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July 12, 2022

Office seen at:  
S.P. Physical Therapy  
1320 Louis Nine Boulevard  
Bronx, NY 10459  
Phone # (347) 862-0003

Re: Vidal-Cabral, Rafael  
DOB: 03/07/1964  
DOA: 03/05/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right knee, left knee and left ankle pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the right knee, left knee and left ankle.

**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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and difficulty going up and down stairs. The patient also notes buckling.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes buckling.

Left ankle: left ankle pain is 7/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest.

**PHYSICAL EXAMINATION:** The right knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated.

Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left ankle reveals bruising to lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 06/09/2022, shows horizontal tear in the posterior horn of the medial meniscus. Anterior subcutaneous soft tissue swelling and edema consistent with recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis in an appropriate clinical setting. MRI of the left knee, done on 06/09/2022, shows horizontal tear in the posterior horn of the medial meniscus. Increased T2 signal in the posterior aspect of the lateral femoral condyle consistent with recent trauma, in an appropriate clinical setting. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. MRI of the left ankle, done on 06/02/2022, shows posterior lateral process appears prominent with surrounding fluid suggestive of posterior ankle impingement, in an appropriate clinical setting. Moderate calcaneal spur. Mild joint effusion consistent with recent trauma in an appropriate clinical setting.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M65.161 Synovitis, right knee.
7. S83.242A Medial meniscus tear, left knee.
8. M23.92 Internal derangement, left knee.
9. M25.462 Joint effusion, left knee.
10. S80.912A Injury, left knee.
11. M25.562 Pain, left knee.
12. Joint effusion, left ankle.
13. Ankle impingement, left ankle.
14. Calcaneal spur, left ankle.

**PLAN:**

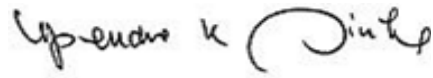
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and left ankle 3 days/week.
6. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Discussed right knee, left knee, and left ankle 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.
8. The patient needs medical clearance prior to surgery.
9. 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 other right knee, left knee and left ankle 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right knee, left knee, and left ankle 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**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.

**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.

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MellitaShakhmurov, PA-C

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large loop at the end.

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U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon

MS/AEI

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