# UK Sinha Physician, P.C.

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July 19, 2022

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Re: Sutton, Ramale
DOB: 03/15/1982
DOA: 05/18/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee, left elbow, neck, and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 40-year-old right-hand dominant male involved in a motor vehicle accident on 05/18/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The police were not called to the scene of the accident. The patient was transported via ambulance to NYU Langone Hospital and was treated and released the same day. The patient presents today complaining of left knee, left elbow, neck, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times per week with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** Motrin.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol. The patient uses recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. He can stand for 1/2 hours before he has to sit. He can sit for 1-2 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. The patient is walking with a cane.

**PRESENT COMPLAINTS:** Left knee: Left knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left elbow: Left elbow pain is 8/10, described as intermittent, dull, achy pain. Admits to weakness and numbness. The patient has pain with lifting, carrying, and driving.

**REVIEW OF SYSTEMS:** Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
**General:** No fever, chills, night sweats, weight gain, or weight loss.
**HEENT**: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, 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 bowel habits.
**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 350 pounds, and BMI is 50.2. The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension 0/5 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 elbow reveals tenderness to palpation over the medial epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension -10/150 degrees, supination 80/90 degrees, pronation 80/90 degrees.

**DIAGNOSTIC TESTING:** MRI of the left knee, done on 06/14/2022, shows edema along the myofascial planes of the partially images medial head of the gastrocnemius muscle consistent with myofascial strain. Infrapatellar fat pad impingement.

**ASSESSMENT:**
1. M23.92 Internal derangement, left knee.
2. S83.512A Anterior cruciate ligament sprain, left knee.

3. S83.412A Medial collateral ligament sprain, left knee.
4. S83.32XA Tear articular cartilage, left knee.
5. M22.2X2 Patellofemoral chondral injury, left knee.
6. M25.462 Joint effusion, left knee.
7. M12.569 Traumatic arthropathy, left knee.
8. S80.912A Injury, left knee.
9. M25.562 Pain, left knee.
10. M65.162 Synovitis, left knee.
11. M24.662 Adhesions, left knee.
12. Medial epicondylitis, left elbow.

**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 and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left elbow 3 days/week.
6. The patient's BMI is 50.2 and is a high risk for any outpatient surgery.
7. Follow up in 4 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 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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Board Certified Orthopedic Surgeon

UKS/AEI