

UK Sinha Physician, P.C.

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August 24, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Tevoedjre, Stella
DOB: 07/05/1967
DOA: 02/14/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, neck, and back pain.

HISTORY OF PRESENT ILLNESS: A 55-year-old right-hand dominant female involved in a work-related motor vehicle accident on 02/14/2022. The patient was a bus driver and was wearing a seatbelt. While approaching to a bridge, the truck in front of her got stuck under the bridge and started to reverse. The vehicle was struck on the front side. The airbags did not deploy. The EMS arrived arrive on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Brookville Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, neck, and back pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy for 3 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: The patient has thyroid problems. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she 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 5/10, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 5/10, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

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 4 inches, weight is 256 pounds, and BMI is 43.9. The right knee reveals tenderness along the medial 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. Negative 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 right lower extremity.

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 swelling and crepitus appreciated. There is

no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 07/18/2022, shows diffuse patellar tendinosis/tendinopathy greatest superiorly and inferiorly and there is patellofemoral spur formation with joint space narrowing with diffuse patellofemoral chondral surface thinning greater laterally than medially. Paucity of patellofemoral synovial fluid accumulating medially and laterally and there is edema in the prepatellar subcutaneous tissues. Anterior cruciate ligament demonstrates strain with pericruciate edema. Lateral subluxation of the tibia with respect to the femur. Medial and lateral tibiofemoral spur formation. Medial meniscus is severely eroded and torn with loss of meniscal substance prominently involving the posterior horn and body-posterior horn junction. The body of the medial meniscus demonstrates radial tearing with complete extrusion of its remnant outside the medial tibiofemoral joint compartment which impresses on the medial collateral ligament displaces it away from the joint in conjunction with medial femoral condyle spur formation. There is severe medial tibiofemoral joint space narrowing with chondral surface thinning and subcortical reactive bone marrow edema involves the medial weightbearing margin of the medial femoral condyle and medial tibial plateau, extending posteromedially at the medial tibial plateau in particular. Strain of the medial collateral ligament. Subcortical cystic and reactive change associated with the tibial spines more so medially. Thinning of the chondral surface centrally at the lateral tibiofemoral articulation. Lateral tibiofemoral spur formation. Generalized volume loss of the muscular structures of the lower calf particularly involving the distal quadriceps muscles. Slight degree of lateral patellar tilt and subluxation. MRI of the left knee, done on 07/18/2022, shows patellofemoral joint space narrowing with components of lateral patellar subluxation and tilt. Prominent involvement of chondral surface erosion of the lateral patellar facet with extension to cortical bone with thinning cortical bone and subcortical cystic changes deep to the lateral patellar facet. Lateral trochlear chondral surface erosion but comparatively of a lesser degree which extends to the midline. Patellofemoral spur formation and there is a patellofemoral synovial fluid accumulating medially and laterally. Distal quadriceps tendinosis/tendinopathy and there is edema in the prepatellar subcutaneous tissues with distal greater than proximal patellar tendinosis/tendinopathy. Ossific loose body at the level of the tibiofemoral articulation measuring up to 1 cm interposed between the posteromedial margin of the PCL and the posterior capsule. It is ossific and should be identified radiographically. Anterior cruciate ligament is attenuated with partial tear. Medial meniscus severely eroded and torn with considerable loss of meniscal substance involving essentially entirety of posterior horn extending to body-posterior horn junction. Medial meniscal body is completely extruded outside medial tibiofemoral joint compartment in conjunction with medial tibiofemoral spur formation impressing and displacing medial collateral ligament away from joint and stripping it from its proximal tibial attachment site with strain of medial collateral ligament extending to its femoral attachment site. Medial tibiofemoral severe joint space narrowing with chondral surface loss greatest medially at weightbearing margins with underlying thinning of cortex and subcortical bone marrow edema involving both medial femoral condyle and medial tibial plateau medial articular margins. Component of lateral subluxation of the tibia

with respect to the femur. Tibial spine spur formation and subcortical reactive bone marrow edema involving the medial more than lateral tibial spine. Free edge truncation and radial tearing of the lateral meniscal body. Fluid in the popliteus tendon sheath with evidence for tenosynovitis. Lateral tibiofemoral spur formation. Small popliteal cyst. Generalized atrophy of the muscular structures surrounding the knee joint, greater at the distal quadriceps muscles.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. M94.261 Chondromalacia, right knee.
5. S83.31XA Tear articular cartilage, right knee.
6. M22.2X1 Patellofemoral chondral injury, right knee.
7. M25.461 Joint effusion, right knee.
8. M12.569 Traumatic arthropathy, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M65.161 Synovitis, right knee.
12. M23.40 Loose body in knee, right knee.
13. S83.242A Medial meniscus tear, left knee.
14. S83.282A Lateral meniscus tear, left knee.
15. M23.92 Internal derangement, left knee.
16. S83.512A Anterior cruciate ligament sprain, left knee.
17. M94.262 Chondromalacia, left knee.
18. M22.2X2 Patellofemoral chondral injury, left knee.
19. M25.462 Joint effusion, left knee.
20. M12.569 Traumatic arthropathy, left knee.
21. S80.912A Injury, left knee.
22. M25.562 Pain, left knee.
23. M65.162 Synovitis, left knee.
24. M23.40 Loose body in knee, left knee.
25. M24.10 Chondral lesion, left knee.
26. M24.662 Adhesions, left knee.

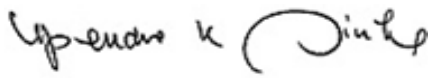
PLAN:

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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Follow up in 4 weeks.

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.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI