

# UK Sinha Physician, P.C.

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October 07, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC  
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Re: Soto, Delsi  
DOB: 10/30/1957  
DOA: 06/14/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 64-year-old left-hand dominant female involved in a motor vehicle accident on 06/14/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the front driver side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3.5 months with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Diabetes and hypertension. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Bilateral eye surgery cataract about 2 years ago.

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

**MEDICATIONS:** The patient is taking pain medications p.r.n., Januvia, metformin, lisinopril, amlodipine, and insulin 3 units t.i.d.

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

**PRESENT COMPLAINTS:** Left knee: Left knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking. Worse with range of motion and improves with rest and physical therapy.

**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 or irregular heart rate. The patient has 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 3 inches, weight is 155 pounds, and BMI is 27.5. The left knee reveals tenderness along the medial joint line and lateral joint line. There is swelling and 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 95/130 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.

**DIAGNOSTIC TESTING:** MRI of the left knee, done on 09/26/2022, shows medial and lateral meniscal tearing. ACL disruption. Lateral collateral ligament and lateral capsular tearing, lateral trauma. Ganglion or synovial cyst, synovial hyperemia, fluid collection. Iliotibial band syndrome. Cystic type structure, ganglion, synovial cyst, Baker's cyst versus pes anserine bursitis, extensive fluid like areas medially on multiple orthogonal sequences. Effusion. Suprapatellar plica. Quadriceps and patellar tendinosis and tendinitis. Prepatellar edema and/or bursitis. Lateral patellar tilt and subluxation, consider medial retinacular strain.

**ASSESSMENT:**

1. S83.242A Medial meniscus tear, left knee.
2. S83.282A Lateral meniscus tear, left knee.
3. M23.92 Internal derangement, left knee.

4. S83.512A Anterior cruciate ligament sprain, left knee.
5. S83.32XA Tear articular cartilage, left knee.
6. M25.462 Joint effusion, left knee.
7. S80.912A Injury, left knee.
8. M25.562 Pain, left knee.
9. M67.52 Medial plica, left knee.
10. M70.42 Prepatellar bursitis, left knee.
11. Lateral collateral ligament tear, 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 left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. The patient has diabetes mellitus, so injection is not recommended.
7. 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.
8. 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 left 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks for decision.

**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 stylized, cursive handwritten signature in black ink, featuring a large, sweeping loop and a trailing flourish.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read 'U.K. Sinha' in a cursive script.

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