

UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

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

Re: Li, Zhi
DOB: 08/15/1978
DOA: 02/09/2020

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, neck, and low-back pain.

HISTORY OF PRESENT ILLNESS: A 44-year-old right-hand dominant male involved in a motor vehicle accident on 02/09/2020. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags deployed. 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 right knee, neck, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 2-3 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: The patient had arthroscopy of right knee in January 2020 by Dr. Upendra Sinha. The patient continues to complain of pain and had 3 cortisone injections in the last 2 years.

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 he can walk for 2 blocks. He can stand for 15 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: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 7-8/10, described as constant, 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, and buckling.

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 6 inches, weight is 168 pounds, and BMI is 27.1. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is 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 115/130 degrees and extension - 5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/20/2020, shows peripheral tear of the posterior horn of the medial meniscus. Tendinosis of the distal aspect of the quadriceps tendon. Subchondral changes in the medial and lateral compartments.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.200 Lateral meniscus derangement, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.511A Anterior cruciate ligament sprain, right knee.
5. S83.411 Medial collateral ligament sprain, right knee.
6. M94.261 Chondromalacia, right knee.

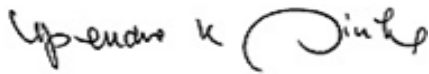
7. S83.31XA Tear articular cartilage, right knee.
8. M22.2X1 Patellofemoral chondral injury, right knee.
9. M25.461 Joint effusion, right knee.
10. M12.569 Traumatic arthropathy, right knee.
11. S80.911A Injury, right knee.
12. M25.561 Pain, right knee.
13. M65.161 Synovitis, right knee.
14. M24.10 Chondral lesion, right knee.
15. M24.661 Adhesions, right 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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. MRI ordered of right knee to rule out ligament tear and/or synovial injury.
7. Follow up in 4 weeks after MRI of the right knee.

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.



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

UKS/AEI