

# UK Sinha Physician, P.C.

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September 15, 2022

Office seen at:  
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Re: Frazier, Shamia  
DOB: 07/27/1995  
DOA: 08/03/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 27-year-old left-hand dominant female involved in a motor vehicle accident on 08/03/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger's 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 right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month for little relief.

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

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

**PAST SURGICAL HISTORY:** C-section in 2013 and in 2019.

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

**MEDICATIONS:** The patient is taking pain medications p.r.n.

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

**ADL CAPABILITIES:** The patient states that she can walk for 1 block. She can stand for 20 minutes before she has to sit. She can sit for 10 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: running errands, kneeling, squatting, negotiating stairs, and jogging.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. Worse with range of motion and improves with rest, 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. The patient has asthma.

**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 7 inches, weight is 190 pounds, and BMI is 29.8. The right knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 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.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 08/30/2022, shows mild anterior cruciate ligament sprain in posterior fibers. There is a joint effusion.

**ASSESSMENT:**

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, 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 4 weeks for the right knee. If pain does not improve, will consider offering intervention.
6. Recommend steroid injections with pain management for right knee. The patient refuses due to side effects.
7. Follow up in 4 weeks.

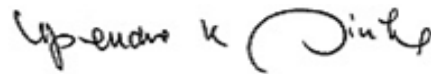
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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.



MellitaShakhmurov, PA-C

MS/AEI



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Board Certified Orthopedic Surgeon