

UK Sinha Physician, P.C.

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September 16, 2022

Re: Garcia, Jose
DOB: 12/27/1975
DOA: 08/31/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee and left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee and left wrist.

ADL CAPABILITIES: The patient states that he can walk for 7 plus blocks. He can stand for 30 minutes before he has to sit. He can sit for 30 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.

PRESENT COMPLAINTS: Right knee: Right knee pain is 8/10, 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 wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

The patient is going back to his country (Santiago) on 09/19/2022. He will be back after 6 months.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line. 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 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 wrist reveals pain to palpation over the distal radius. Grip strength is 4/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 09/12/2022, shows medial meniscus tear with 10 mm meniscal cyst. Patella alta. Quadriceps tendinopathy and insertional fraying. MRI of the left wrist, done on 09/14/2022, shows ulnar TFC partial tear. Scapholunate ligament partial tear. Volar extrinsic ligament sprain with 10 mm ganglion at the origin. 3 mm intraosseous ganglion at the capitate. No fracture.

ASSESSMENT:

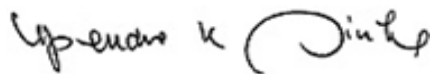
1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. M12.569 Traumatic arthropathy, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. Torn TFC, left wrist.
8. Partial tear of the scapholunate ligament, left wrist.

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 wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left wrist 3 days/week.
6. The patient can have physical therapy in his country. He might need arthroscopy of the right knee when he comes back from his country.
7. Follow up in 6 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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UKS/AEI