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August 29, 2022

Office seen at:
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Re: Quinones, Anna
DOB: 02/08/1988
DOA: 06/28/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee and right thumb pain.

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

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 60 minutes before she has to sit. She can sit for 120 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: play sports, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 7-8/10, 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.

Right thumb: Right thumb pain is 8/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

Right thumb questionable torn ulnar collateral MP joint. Waiting for MRI of the right thumb. (The patient is right-handed).

PHYSICAL EXAMINATION: 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. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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 right thumb reveals pain and tenderness ulnar collateral ligament MP joint.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/04/2022, shows sprain or partial tear of the anterior cruciate ligament with intra-articular joint effusion. Moderate sized suprapatellar effusion with lateral tracking of the patella. no acute fracture or osteochondral lesion. MRI of the right thumb is pending.

ASSESSMENT:

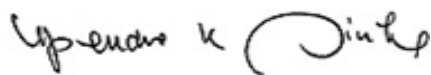
1. M23.91 Internal derangement, right knee.
2. M25.461 Joint effusion, right knee.
3. M12.569 Traumatic arthropathy, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. Possible tear ulnar collateral ligament MP joint, right hand.
7. Laxity radial deviation (right) thumb as compared to left side.

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 right thumb.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right thumb 3 days/week.
6. Waiting for MRI of the right thumb. Return after MRI.
7. The patient claims right knee is better than before.
8. Follow up in 2 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