UK Sinha Physician, P.C.

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September 09, 2022

Office seen at:
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Re: Santana, Pedro
DOB: 07/20/1963
DOA: 04/10/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

The patient is status post bilateral shoulder arthroscopy; right shoulder arthroscopy on 07/28/2022 with Dr. Sinha and left shoulder arthroscopy on 05/25/2022 with another doctor.

PRESENT COMPLAINTS: Right knee: Right knee pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. Worse with range of motion and improves with rest and physical therapy.

Left knee: Left knee pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. Worse with range of motion and improves with rest and physical therapy.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the lateral joint line. There is 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 right lower extremity.

The left 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. 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 right knee, done on 05/14/2022, shows grade II signal in the posterior horn of the lateral meniscus compatible with trauma sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. Joint effusion. MRI of the left knee, done on 05/14/2022, shows horizontal tear of the posterior horn of the medial meniscus. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. Significant edema in the prepatellar region compatible with trauma sequelae.

ASSESSMENT:

1. M23.200 Lateral meniscus derangement, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. S83.242A Medial meniscus tear, left knee.
7. M23.92 Internal derangement, left knee.
8. M25.462 Joint effusion, left knee.
9. S80.912A Injury, left knee.
10. M25.562 Pain, 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 right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Discussed right knee and 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 right knee and left knee pathology in quantitative and qualitative

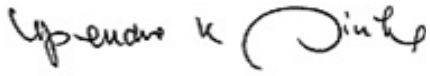
terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.

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 right knee and 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.

Mellita Shakhmurov, PA-C



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MS/AEI