

# UK Sinha Physician, P.C.

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July 07, 2022

Office seen at:  
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Re: Francis, Shonelle  
DOB: 06/10/1995  
DOA: 06/06/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 27-year-old right-hand dominant female involved in a motor vehicle accident on 06/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags deployed. The EMS did not arrive on the scene. The police were not 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 with good relief.

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

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** D&C about 16 years ago.

**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 drinks alcohol socially. The patient uses recreational drugs socially.

**ADL CAPABILITIES:** The patient states that she can walk without any issues. She can stand without any issues before she has to sit. She can sit without any issues 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: kneeling, squatting, negotiating stairs, and jogging.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking.

**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 11 inches, weight is 265 pounds, and BMI is 37. The right knee reveals tenderness along the medial joint line and superior pole of patella. 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 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 06/23/2022, shows probable tear the body segment of medial meniscus. Medial collateral ligament sprain. Joint effusion. Deep chondral fissure at the lateral patellar facet. Evidence of patellar maltracking including impingement of superolateral Hoffa fat, lateral patella tilt, and a TT TG distance of 23 mm. A 3.6 x 2.2 x 2.2 cm ganglion cyst adjacent to the origin of the medial head of the gastrocnemius muscle.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.411 Medial collateral ligament sprain, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. Ganglion cyst, right knee.
8. Impingement, right knee.
9. Deep chondral fissure, 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. Recommend steroid injections with pain management for right knee. The patient refuses due to side effects.
7. Discussed right 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 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 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.

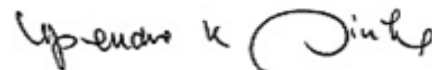
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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

MS/AEI



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Board Certified Orthopedic Surgeon