

# UK Sinha Physician, P.C.

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October 11, 2022

Office seen at:  
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Phone# (929) 499-3003

Re: Johnson, Jamal  
DOB: 03/07/1974  
DOA: 09/22/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, neck and back pain.

**HISTORY OF PRESENT ILLNESS:** A 48-year-old right-hand dominant male involved in a motor vehicle accident on 09/22/2022. The patient was a driver and was wearing a seatbelt. A garbage truck backed up into his moving car. The airbags did not deploy. The EMS did not arrive 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, neck, and back pain sustained in the motor vehicle accident. The patient was attending physical therapy from the date of accident 4 times a week with no relief.

**WORK HISTORY:** The patient is currently working (only stopped for days).

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of MVA in 2020, right knee and back (closed).

**PAST SURGICAL HISTORY:** Hernia operation 7 years ago.

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

**MEDICATIONS:** The patient is not taking any medication at this time.

**SOCIAL HISTORY:** The patient is a smoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 10/10, described as constant, 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. Worse with range of motion and improves with medication and physical therapy.

**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 6 feet, weight is 220 pounds, and BMI is 29.8. The right knee reveals tenderness along the medial joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 09/30/2022, shows severe degenerative changes of the medial joint compartment as described above, with finding compatible with an MCC sprain. Marrow edema in the anterior non-weight bearing medial femoral condyle for which clinical evaluation for bone contusion is requested. Follow up x-rays are recommended for further evaluation. Presence of a severe joint effusion compatible with synovitis and a popliteal cyst. Swelling and increased signal of both the ACL and PCL, more prominent involving the ACL, compatible with ACL and PCL sprains. Fluid around the myotendinous semitendinosus with increased signal in the myotendinous semitendinosus compatible with a strain/interstitial tear with associated tendinopathy.

#### **ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.

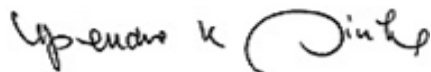
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. S83.411 Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. S83.31XA Tear articular cartilage, right knee.
7. M22.2X1 Patellofemoral chondral injury, right knee.
8. M25.461 Joint effusion, right knee.
9. M12.569 Traumatic arthropathy, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M65.161 Synovitis, right knee.
13. M93.261 Osteochondral lesion, right knee.
14. M24.661 Adhesions, 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 3 days/week.
6. The patient might need arthroscopy of the right knee.
7. 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.



U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon

UKS/AEI