

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

July 5, 2022

Office seen at:
Merrick Medical PC
243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: Brown, Llewellyn
DOB: 07/06/1952
DOA: 11/06/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left knee and left hand pain.

HISTORY OF PRESENT ILLNESS: A 69-year-old right-hand dominant male involved in a motor vehicle accident on 11/06/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front-end driver's side. The airbags did not deploy. 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 left knee and left hand pain sustained in the motor vehicle accident. The patient was attending physical therapy 3 times a week with little relief.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Cervical spine surgery.

DRUG ALLERGIES: PENICILLIN.

MEDICATIONS: The patient is taking Enalapril.

SOCIAL HISTORY: The patient is a nonsmoker.

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: kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. Worse with range of motion and improves with rest.

Left hand: Left hand pain is 7/10, described as intermittent, dull, achy pain.

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 or irregular heart rate. The patient has 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 10 inches, weight is 150 pounds, and BMI is 21.5. The left knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, 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 115/130 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 left lower extremity.

The left hand ROM is intact. Questionable lesion. Refer to PCP for further workup.

DIAGNOSTIC TESTING: MRI of the left knee, done on 12/15/2021, shows medial collateral ligament sprain at the femur. MRI of the left hand, done on 06/13/2022, shows normal MRI of the left hand.

ASSESSMENT:

1. S83.412A Medial collateral ligament sprain, left knee.
2. S80.912A Injury, left knee.
3. M25.562 Pain, left knee.
4. Lesion, left hand.

PLAN:

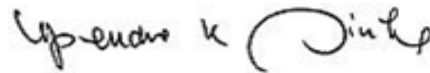
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee and left hand.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left hand 3 days/week.

6. Recommend steroid injections with pain management for left knee. The patient refuses due to side effects.
7. Refer to PCP for workup to rule out lesion of left hand.
8. Left knee has minimal pain and has improved with PT.
9. Follow up on a p.r.n. basis.

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



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

Board Certified Orthopedic Surgeon

MS/AEI