# UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:
Tatay Ninong Physical Therapy
1314 Coney Island Ave
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Re: Sultan, Nageena
DOB: 01/06/1970
DOA: 11/18/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee, left ankle, and neck pain.

**HISTORY OF PRESENT ILLNESS:** A 52-year-old right-hand dominant female involved in a work related accident on 11/18/2022. The patient had a fall while working. The patient's left toe was caught in a pothole on the floor and fell down. The patient was transported via car to Maimonides Medical Center and was treated and released the same day. The patient presents today complaining of left knee, left ankle, and neck pain sustained in the work related accident. The patient was attending physical therapy for 3 times per week with good relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking Tylenol and Motrin.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational use.

**ADL CAPABILITIES:** The patient states that she can walk for 1 block. She can stand for 2-3 minutes before she has to sit. She 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 she is unable to do the following activities: driving, lifting heavy objects, carrying heavy

objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left knee: Left knee pain is 9/10, 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, and buckling.

Left ankle: Left ankle pain is 7/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

**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 1 inch, weight is 175 pounds, and BMI is 33.1. 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. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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 left lower extremity.

The left ankle reveals tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the left knee, done on 12/13/2021, shows a horizontal tear is seen peripherally at the mid body of the medial meniscus. There is no folded component. Bone bruises and impactions are seen throughout the medial compartment at the medial tibial plateau anteriorly and medial femoral condyle. There is a prominent contusion over the patellar tendon and tibial tuberosity. There is a grade I injury of the medial collateral ligament. There is a contusion seen focally over the lateral retinaculum. MRI of the left ankle, done on 11/23/2021, shows there is a very prominent soft tissue contusion noted laterally at the tibiotalar joint and extending caudally. Prominent fluid/hematoma is seen laterally noted on image #7 of series #9. Partial-thickness tears of the anterior talofibular ligament and calcaneofibular ligaments are seen

with moderate attenuation. There is bone bruising seen at the talus centrally and extending medially and abutting the talar dome medially. Mixed soft tissues are seen laterally likely representing hemorrhage and adjacent fluid seen on image #8 of series #9. Tenosynovitis is seen involving the peroneal longus and brevis tendon sheath.

**ASSESSMENT:**

1. S83.242A Medial meniscus tear, left knee.
2. M23.92 Internal derangement, left knee.
3. S83.512A Anterior cruciate ligament sprain, left knee.
4. S83.412A Medial collateral ligament sprain, left knee.
5. M94.262 Chondromalacia, left knee.
6. M22.2X2 Patellofemoral chondral injury, left knee.
7. M25.462 Joint effusion, left knee.
8. M12.569 Traumatic arthropathy, left knee.
9. S80.912A Injury, left knee.
10. M25.562 Pain, left knee.
11. M65.162 Synovitis, left knee.
12. M24.662 Adhesions, left knee.
13. Grade III sprain of lateral collateral ligament, left ankle.

**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 ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left ankle 3 days/week.
6. Discussed 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 would like to proceed with surgery.
7. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to 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 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 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. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee surgery. On the day of the surgery, before the procedure, the

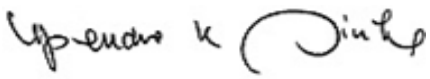
surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.

13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet. The patient needs second medical clearance for surgery.

**IMPAIRMENT RATING**: 100%.

**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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