

U.K. Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
usinhaorthopedics@gmail.com

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Office seen at:
Renew Chiropractic
2426 Eastchester Road
Bronx, NY 10469
Phone# (347) 843-6230

Re: Vazquez, Regina
DOB: 08/04/1971
DOA: 03/05/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: A 50-year-old female involved in a motor vehicle accident on 03/05/2022. The patient was a rear passenger and was wearing a seatbelt. The patient was an Uber passenger and the driver drove off while coming out of the car. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to St. Barnabas Hospital and was treated and released the 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 2.5 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Tubal ligation in 2004 and cholecystectomy in 1999.

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. No recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 6 blocks. She can stand for 25 minutes before she has to sit. She can sit for 15 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: play sports, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 10/10, 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. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with rest and medication.

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 5 inches, weight is 318 pounds, and BMI is 52.9. The right knee reveals swelling and tenderness along the medial joint line, lateral joint line, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, 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 80/130 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 05/02/2022, shows narrowing of the medial joint compartment with bone bruises in the medial femoral condyle and medial tibial plateau and with severe tear of the medial meniscus. Nondisplaced tear of the lateral meniscus. Strain of the anterior cruciate ligament. Tear of the medial collateral ligament. Chondromalacia patella with associated bone bruises. Effusion. Prepatellar bursitis

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. S83.281A Lateral meniscus tear, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.511A Anterior cruciate ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. M25.461 Joint effusion, right knee.
7. S80.911A Injury, right knee.
8. M25.561 Pain, right knee.

9. MCL tear, right knee.
10. Bone bruises in the medial femoral condyle and medial tibial plateau, 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 would like to proceed with surgery.
8. The patient needs medical clearance prior to surgery.
9. 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery after medical clearance. 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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
MS/AEI

Upendra K. Sinha, MD