

UK Sinha Physician, P.C.

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October 04, 2022

Office seen at:
Gurvansh Anand Chiropractic PC
2598 3rd Avenue
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Phone#: (718) 975-7144

Re: Morris, Tyhisa
DOB: 02/02/1987
DOA: 12/04/2021

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. Status post arthroscopy.

PHYSICAL EXAMINATION: The right knee is nontender. 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 120/130 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 02/11/2022, shows greater than 50% cartilage fissure over the patellar apex. Thickened plica. Joint effusion. Anterior cruciate ligament mucoid change with interstitial ganglia and distal low-grade interstitial tear. Hamstring

and gastrocnemius tendinopathy with interstitial tearing of hamstrings at the tibia with soft tissue edema.

ASSESSMENT:

1. M25.461 Joint effusion, right knee.
2. M25.561 Pain, right knee.
3. Status post arthroscopy, right knee.

PLAN:

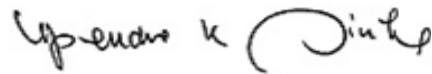
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. Recommend steroid injections with pain management for right knee. The patient accepts.
7. Follow up in 2 weeks post-injection.

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



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