

UK Sinha Physician, P.C.

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October 18, 2022

Office seen at:
Dolphin Family Chiropractic, P.C.
430 W Merrick Road
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Phone# (516) 612-7288

Re: Welch, Jennifer
DOB: 12/13/1982
DOA: 04/04/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee, left knee, left wrist, and left elbow pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee, left knee, left wrist, and left elbow.

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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking and popping.

Left knee: Left knee pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking and buckling.

Left wrist: Left wrist pain is 3/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

Left elbow: Left elbow pain is 4/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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 right lower extremity.

The left knee reveals tenderness along the superior pole of patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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 wrist reveals grip strength is 4/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 80/80 degrees, extension 70/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

The left elbow reveals muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 150/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 05/22/2022, shows Baker's cyst measuring up to 3.1 cm. No other significant abnormality. MRI of the left elbow, done on 04/30/2022, shows There is a small posterolateral radiocapitellar effusion with extensor insertional tendinopathy and concern for undersurface tear with peritendinous fluid, as well as sprain of the radial (lateral) collateral ligament. Series 5 image 13 and series 7 image 10. MRI of the left wrist, done on 04/30/2022, shows adductor pollicis brevis and flexor carpi radialis tendinopathy, with dorsal surface fraying and tear at the myotendinous junction of the flexor carpi radialis, and with a subadjacent approximate 9.4 x 4.8.x 9.9 mm suggestive ganglionic cyst just dorsal to the second metacarpal base. Series 7 image 8, series 4 image 15. There is also small loculated fluid in the triquetral pisiform interval, with sprain of the volar carpal ligament. Series 4 image 9.

ASSESSMENT:

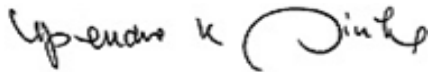
1. M23.91 Internal derangement, right knee.
2. S80.911A Injury, right knee.
3. M25.561 Pain, right knee.
4. M23.92 Internal derangement, left knee.
5. S80.912A Injury, left knee.
6. M25.562 Pain, left knee.
7. Posttraumatic synovitis, minimal symptoms, left wrist.
8. Medial epicondylitis, minimal symptoms, left elbow.

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, left knee, left wrist, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy 3 times a week for 4 weeks for the right knee, left knee, left wrist, and left elbow.
6. Follow up in 4 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