

# UK Sinha Physician, P.C.

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September 22, 2022

Office seen at:  
Dolphin Family Chiropractic, P.C.  
430 W Merrick Road  
Valley Stream, NY 11580  
Phone# (516) 612-7288

Re: Brice, Barbara  
DOB: 09/01/1983  
DOA: 01/28/2022

## FOLLOW-UP NOTE

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

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

**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: lifting heavy objects, carrying heavy objects, laundry, shopping, and running errands.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 10/10, 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 buckling and intermittent locking. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 9/10, described as intermittent, dull, achy pain. Admits to weakness and tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest.

**PHYSICAL EXAMINATION:** The right knee reveals tenderness along the medial joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, swelling, 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 90/130 degrees and extension 4/5 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 and inferior pole of the patella. There is swelling and 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 110/130 degrees and extension 4/5 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 pain to palpation over the ulnar styloid. Grip strength is 4/5. There is swelling noted. There is no erythema or bruise noted. Negative Tinel sign. Positive Phalen test. Range of motion reveals flexion 55/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 08/26/2022, shows posteromedial meniscal tear as discussed in the body of the report. Presence of joint effusion compatible with synovitis. The anterior and posterior cruciate ligaments as well as the medial compartment and lateral collateral ligament complexes are intact. MRI of the left knee, done on 08/26/2022, shows presence of a large joint effusion compatible with synovitis. The anterior and posterior cruciate ligaments as well as the medial compartment and lateral collateral ligament complexes are intact. The meniscal structures are intact. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation. MRI of the left wrist, done on 08/18/2022, shows fluid in the distal radio-ulnar joint compatible with synovitis. Findings compatible with TFCC injury as discussed in the body of the report. Carpal tunnel syndrome as described above.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M65.161 Synovitis, right knee.
7. M23.92 Internal derangement, left knee.
8. M25.462 Joint effusion, left knee.
9. S80.912A Injury, left knee.
10. M25.562 Pain, left knee.
11. M65.162 Synovitis, left knee.
12. Synovitis, left wrist.

13. TFCC injury, left wrist.
14. Carpal tunnel syndrome, left wrist.

**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, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left knee and left wrist. The patient accepts and injection scheduled on 09/23/2022.
7. Discussed right knee and left wrist 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. Workers' Compensation Board authorization needed 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 and left wrist 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 and left wrist 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. 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 be scheduled for left wrist arthroscopy post injection if pain does not improve.
15. The patient will follow up 1-2 weeks postop or 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 100%. The patient is currently not working.

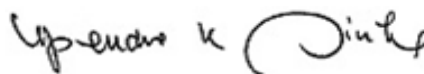
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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.

A handwritten signature in black ink, appearing to be 'Mellita Shakhmurov', with a stylized, cursive script.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to be 'U.K. Sinha', with a stylized, cursive script.

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