UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

September 12, 2022

Office seen at:
Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Toledo, Jose
DOB: 04/28/1975
DOA: 07/08/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee, left knee, right ankle, neck, and back pain.

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

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 1/2 minutes before he has to sit. He 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 he is unable to do the following activities: play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs.

Left knee: Left knee pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Right ankle: No symptoms.

Today, the patient does not complain of any symptoms in right knee and right ankle.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line. 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 130/130 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 medial joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 right ankle has no symptoms.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/23/2022, shows anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. MRI of the left knee, done on 08/02/2022, shows anterior cruciate ligament sprain sequelae. Horizontal tear of the posterior horn of the medial meniscus. MRI of the right ankle, done on 08/30/2022, shows mild bone marrow edema in lateral aspect of talar bone. Degenerative changes around ankle joint.

ASSESSMENT:

1. No symptoms, right knee.
2. S83.242A Medial meniscus tear, left knee.
3. M23.92 Internal derangement, left knee.
4. M25.462 Joint effusion, left knee.
5. M12.569 Traumatic arthropathy, left knee.
6. S80.912A Injury, left knee.
7. M25.562 Pain, left knee.
8. M65.162 Synovitis, left knee.
9. Sprain, getting better, right ankle.

PLAN:

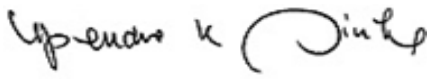
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and right 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 wants to think about surgery.
7. 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.

8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. 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

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