

UK Sinha Physician, P.C.

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October 10, 2022

Office seen at:

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

Re: Ortiz, Francisco
DOB: 03/15/1985
DOA: 04/06/2022

FOLLOW-UP NOTE

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

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

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

PRESENT COMPLAINTS: Right knee: Right knee pain is 4/10, 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.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the superior pole of the patella and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, 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 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 09/10/2022, shows horizontal tear of the posterior horn of the medial meniscus. Edema surrounding the patellar tendon consistent with paratenonitis. Significant edema in the prepatellar region compatible with trauma sequelae.

ASSESSMENT:

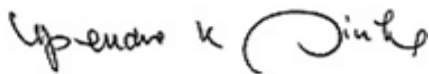
1. M23.91 Internal derangement, right knee.
2. M12.569 Traumatic arthropathy, right knee.
3. S80.911A Injury, right knee.
4. M25.561 Pain, right knee.

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. The patient needs right knee arthroscopy, but not approved yet.
7. 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