

UK Sinha Physician, P.C.

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August 25, 2022

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

Re: Hanson, Kelvin
DOB: 08/14/1981
DOA: 07/06/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and right wrist pain.

HISTORY OF PRESENT ILLNESS: A 41-year-old right-hand dominant male involved in a motor vehicle accident on 07/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right knee and right wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 1 block. He can stand for 5 minutes before he has to sit. He can sit for 15 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: lifting heavy objects, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 5/10, described as intermittent, 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 clicking, popping, and buckling. Worse with range of motion and improves with rest and medication.

Right wrist: Right wrist pain is 7/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.

General: No fever, chills, night sweats, weight gain, or weight loss.

HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.

Endocrine: No cold intolerance, appetite changes or hair changes.

Skin: Clear, no rashes or lesions.

Neuro: No headaches, dizziness, vertigo or tremor.

Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.

Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.

GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.

GU: No blood in urine, painful urination, loss of bladder control or urinary retention.

Hematology: No active bleeding, bruising, anemia or blood clotting disorders.

Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 11 inches, weight is 210 pounds, and BMI is 29.3. The right knee reveals tenderness along the lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 right wrist reveals pain to palpation over the ulnar styloid. Grip strength is 4/5. There is no swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 55/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees. Status post laceration, scar medial aspect healed.

DIAGNOSTIC TESTING: MRI of the right knee, done on 07/26/2022, shows there is intrasubstance increased signal in the far peripheral aspect of the posterior horn lateral meniscus suspicious for a somewhat more vertical pattern type of tear with surface irregularity, and with an associated approximate 7.7 x 19.6 x 13.0 mm small loculated effusion versus peri-meniscal cyst. Series 6 image 7, series 7 image 18. Minimal central femoral tibial effusion with ACL

findings mostly compatible with intrasubstance degeneration; however there are subtle areas of both dorsal and undersurface irregularity at the tibial attachment, and a concomitant tear cannot be excluded. Recommend close clinical follow-up and if needed a short interval repeat MRI of the right knee in 3 months, however if there are worsening symptoms arthroscopy should be considered at this time. MRI of the right wrist, done on 07/26/2022, shows there are few scattered interosseous benign cystic changes in the central capitate and in the distal ulna, and at this level there is also hyperintense signal suspicious for tear with mild fluid at the articular disc component of the TFCC. Series 7 image 10.

ASSESSMENT:

1. M23.200 Lateral meniscus derangement, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.519A Anterior cruciate ligament tear, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. Tear of the TFCC, right 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 and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right wrist 3 days/week.
6. Recommend steroid injections with pain management for right knee and right wrist. The patient refuses due to side effects.
7. Discussed right knee and right 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 wants to think about surgery.
8. 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 right 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the right knee and right 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks for decision.

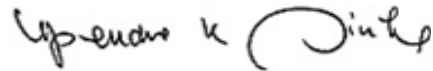
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered

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

A handwritten signature in cursive script, appearing to read "U.K. Sinha".

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