UK Sinha Physician, P.C.

Gurvansh Anand Chiropractic PC
2598 3rd Avenue
Bronx, NY 10454
Phone#: (718) 975-7144

November 15, 2022

Office seen at:
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Bronx, NY 10454
Phone#: (718) 975-7144

Re: Conde-Keita, Saran
DOB: 08/16/1976
DOA: 09/19/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right knee and for evaluation of pain in the left knee.

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

PRESENT COMPLAINTS: Right knee: Right knee pain is 8-9/10, 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 clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 7-8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping and intermittent locking. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line, superior pole of the 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 left knee reveals tenderness along the medial joint line and lateral joint line. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 10/27/2022, shows presence of joint fluid compatible with synovitis. Posteromedial meniscal tear as discussed in the body of the report. Increased signal in the ACL compatible with an ACL grade I sprain. MRI of the left knee, done on 11/04/2022, shows presence of joint fluid compatible with synovitis and soft tissue edema anterior to the anterior tibial tubercle and patellar ligament insertion. Findings compatible posteromedial meniscal tear as well as posterolateral meniscal tear as discussed in the body of the report. The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes appear intact

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.5 11A Anterior cruciate ligament sprain, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. M65.161 Synovitis, right knee.
8. S83.242A Medial meniscus tear, left knee.
9. S83.282A Lateral meniscus tear, left knee.
10. M23.92 Internal derangement, left knee.
11. M25.462 Joint effusion, left knee.
12. S80.912A Injury, left knee.
13. M25.562 Pain, left knee.
14. M65.162 Synovitis, left 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.

7. Discussed right knee and left knee arthroscopies 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.
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 knee pathologies 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 knee arthroscopies 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 left 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 follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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

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