

UK Sinha Physician, P.C.

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August 12, 2022

Re: Reid, Lataya
DOB: 11/05/1981
DOA: 03/31/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left knee. Left knee injection given.

ADL CAPABILITIES: The patient states that she cannot walk. She can stand for less than 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: laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 8/10, described as constant and intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking.

Cortisone injection given today left knee.

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 170 pounds, and BMI is 26.6. The left knee reveals tenderness along the medial joint line and superior pole of patella. 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 115/130 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.

DIAGNOSTIC TESTING: MRI of the left knee, done on 05/09/2022, shows edema within the posterior medial meniscocapsular junction consistent with meniscocapsular junction separation/sprain. Joint effusion. Evidence of superolateral Hoffa fat pad impingement. Deep chondral fissuring with subchondral signal alteration at the lateral patellar facet inferiorly.

ASSESSMENT:

1. M23.92 Internal derangement, left knee.

2. M12.569 Traumatic arthropathy, left knee.
3. S80.912A Injury, left knee.
4. M25.562 Pain, left knee.
5. M24.662 Adhesions, left knee.

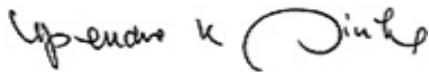
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. Cortisone injection given today for left knee.
7. Follow up in 4 weeks.

IMPAIRMENT RATING: 100%. The patient is out of work.

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.



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Board Certified Orthopedic Surgeon

UKS/AEI