

# UK Sinha Physician, P.C.

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June 15, 2022

Office seen at:

Primavera PT, P.C.

4250 White Plains Road

Bronx, NY 10466

Phone# (718) 515-1080

Re: Santos, Eva

DOB: 10/14/1973

DOA: 01/17/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, left knee and left elbow pain.

**HISTORY OF PRESENT ILLNESS:** A 48-year-old right-hand dominant female involved in a motor vehicle accident on 01/17/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the passenger's front side. The airbags did not deploy. The EMS did not arrive 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, left knee, and left elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** C-section in 1999.

**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 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 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 has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left knee: Left knee pain is 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 has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left elbow: Left wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness and numbness. The patient has no improvement with rest, medication, PT or ice.

**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 5 inches, weight is 160 pounds, and BMI is 26.6. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension - 5/5 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive 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 -10/5 degrees. Knee is stable

with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left elbow reveals muscle strength is 4/5. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension -15/150 degrees, supination 80/90 degrees, pronation 80/90 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 04/26/2022, shows nondisplaced horizontal tear anterior horn and anterior body lateral meniscus. Focal areas of high-grade and full thickness chondral fissuring with suspected punctate subchondral marrow edema median patellar ridge and medial patellar facet. MRI of the left knee, done on 04/26/2022, shows extensive high-grade full-thickness chondral loss involving the median patellar ridge and medial patellar facet, with patchy areas of subchondral marrow edema. MRI of the left elbow, done on 05/11/2022, shows small radial capitellar effusion with adjacent signal and irregularity concerning for tears of the radial (lateral) collateral ligament and medial attachment of the annular ligament.

**ASSESSMENT:**

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. S83.411 Medial collateral ligament sprain, right knee.
4. M94.261 Chondromalacia, right knee.
5. M22.2X1 Patellofemoral chondral injury, right knee.
6. M25.461 Joint effusion, right knee.
7. M12.569 Traumatic arthropathy, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M65.161 Synovitis, right knee.
11. M24.10 Chondral lesion, right knee.
12. M24.661 Adhesions, right knee.
13. M23.92 Internal derangement, left knee.
14. S83.512A Anterior cruciate ligament sprain, left knee.
15. S83.412A Medial collateral ligament sprain, left knee.
16. M94.262 Chondromalacia, left knee.
17. S83.32XA Tear articular cartilage, left knee.
18. M22.2X2 Patellofemoral chondral injury, left knee.
19. M25.462 Joint effusion, left knee.
20. M12.569 Traumatic arthropathy, left knee.
21. S80.912A Injury, left knee.
22. M25.562 Pain, left knee.
23. M65.162 Synovitis, left knee.
24. M24.10 Chondral lesion, left knee.
25. M24.662 Adhesions, left knee.
26. Posttraumatic lateral epicondylitis, left elbow.

**PLAN:**

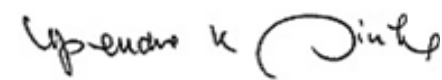
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and left elbow 3 days/week.
6. Recommend steroid injections with pain management for left elbow. The patient accepts.
7. Discussed right knee, left knee, and left elbow 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 would like to proceed with 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, left knee, and left elbow 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, left knee, and left elbow 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. The patient verbally consents for the arthroscopy of right knee and left knee and the patient will be scheduled for left 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.
13. 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.

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Mellita Shakhmurov, PA-C



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

MS/AEI