

UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Bilal, Mohammad
DOB: 03/12/1997
DOA: 04/08/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, neck, and low-back pain.

HISTORY OF PRESENT ILLNESS: A 25-year-old right-hand dominant male involved in a work-related motor vehicle accident on 04/08/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The police were called to the scene of the accident. The patient was transported via ambulance to Coney Island Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, neck, and low-back pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy 3 times per week with good relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory. The patient had left knee arthroscopy in 2021.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Naprosyn.

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

ADL CAPABILITIES: The patient states that he can walk for 1/4 blocks. He can stand for 1-2 hours before he has to sit. He can sit for 1-2 hours 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: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

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

Left knee: Left knee pain is 8-9/10, described as constant and intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. The patient has frequent locking.

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 10 inches, weight is 160 pounds, and BMI is 23. The right knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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.

The left 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. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 105/130 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 10/18/2021, shows findings suggesting a partial tear of the mid to inferior aspect of the anterior cruciate ligament. MRI of the left knee, done on 04/28/2021, shows findings suggesting tendinosis of the distal aspect of the quadriceps tendon and superior aspect of the patellar tendon. MRI of the left knee, done on 04/29/2022, shows an interstitial tear of the ACL is seen, as noted. There is no attenuation or laxity. There is a focal contusion overlying the patellar tendon.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.200 Lateral meniscus derangement, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.511A Anterior cruciate ligament sprain, right knee.
5. S83.411 Medial collateral ligament sprain, right knee.
6. M94.261 Chondromalacia, right knee.
7. S83.31XA Tear articular cartilage, right knee.
8. M22.2X1 Patellofemoral chondral injury, right knee.
9. M25.461 Joint effusion, right knee.
10. M12.569 Traumatic arthropathy, right knee.
11. S80.911A Injury, right knee.
12. M25.561 Pain, right knee.
13. M65.161 Synovitis, right knee.
14. M24.10 Chondral lesion, right knee.
15. M24.661 Adhesions, right knee
16. S83.282A Lateral meniscus tear, left knee.
17. M23.92 Internal derangement, left knee.
18. S83.519A Anterior cruciate ligament tear, left knee.
19. S83.512A Anterior cruciate ligament sprain, left knee.
20. S83.412A Medial collateral ligament sprain, left knee.
21. M22.2X2 Patellofemoral chondral injury, left knee.
22. M25.462 Joint effusion, left knee.
23. M12.569 Traumatic arthropathy, left knee.
24. S80.912A Injury, left knee.
25. M25.562 Pain, left knee.
26. M65.162 Synovitis, left knee.
27. M24.10 Chondral lesion, left knee.
28. M24.662 Adhesions, left knee.

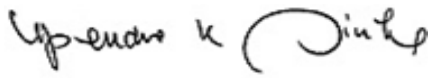
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for 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. Follow up in 4 weeks.

IMPAIRMENT RATING: 50%.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

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