

# UK Sinha Physician, P.C.

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July 28, 2022

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

Re: Hayes, Tony  
DOB: 01/18/1978  
DOA: 06/07/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee and left elbow pain.

**HISTORY OF PRESENT ILLNESS:** A 44-year-old right-hand dominant male involved in a motor vehicle accident on 06/07/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left knee and left elbow 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 a previous history of trauma, MVA in 2016.

**PAST SURGICAL HISTORY:** Bilateral inguinal hernia in childhood.

**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 uses recreational drugs socially.

**ADL CAPABILITIES:** The patient states that he can walk for 5 blocks. He can stand for 25 minutes before he has to sit. He can sit with no issues. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do negotiating stairs.

**PRESENT COMPLAINTS:** Left knee: Left knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. Worse with range of motion and improves with rest.

Left elbow: Left elbow pain is 6-7/10, described as intermittent, dull, achy pain. Admits to tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest and physical therapy.

**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 6 feet 0 inches, weight is 187 pounds, and BMI is 25.4. The left 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. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 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 left lower extremity.

The left elbow reveals no swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 5/5. There is tenderness to palpation over the medial epicondyle. Positive Varus test. Positive Valgus test. Negative Tinel sign. Range of motion reveals flexion 115/150 degrees, extension 110/150 degrees, supination 70/90 degrees, pronation 65/90 degrees.

**DIAGNOSTIC TESTING:** MRI of the left knee, done on 07/24/2022, shows presence of joint fluid compatible with synovitis. Degenerative osseous and meniscal changes. The meniscal structures are otherwise intact. The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are intact. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation. MRI of the left elbow, done on 06/26/2022, shows presence of elbow joint fluid compatible with synovitis. The visualized ligamentous and tendinous structures are intact. In the

given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation.

**ASSESSMENT:**

1. M23.92 Internal derangement, left knee.
2. M25.462 Joint effusion, left knee.
3. S80.912A Injury, left knee.
4. M25.562 Pain, left knee.
5. M65.162 Synovitis, left knee.
6. Pain, left elbow.
7. Synovitis, 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 left knee and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left elbow for 4-6 weeks.
6. Follow up in 8 weeks after conservative management.

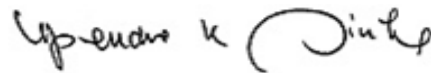
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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

MS/AEI



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Board Certified Orthopedic Surgeon