UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

September 20, 2022

Office seen at:
Renew Chiropractic P.C.
2426 Eastchester Road, Suite 204
Bronx, NY 10469
Phone# (347) 843-6230

Re: Bobcombe, Xavier
DOB: 09/23/1993
DOA: 09/03/2020

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 28-year-old left-hand dominant male involved in a motor vehicle accident on 09/03/2020. The patient was a rear seat passenger and was wearing a seatbelt. The vehicle was struck on the front passenger side. The airbags deployed. 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 right knee, left knee, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 years with little relief.

WORK HISTORY: The patient is currently working part-time in UPS.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is using lidocaine gel.

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

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he 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 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair or going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 2-3/10, described as intermittent, 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, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and 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 10 inches, weight is 185 pounds, and BMI is 26.5. The right knee reveals tenderness along the superior pole of patella, inferior pole of the patella. There is no heat, erythema, crepitus or deformity appreciated. There is swelling appreciated. Positive 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 right lower extremity.

The left knee reveals tenderness along the superior pole of patella, inferior pole of the patella. There is no heat, erythema or deformity appreciated. There is swelling and crepitus appreciated. Negative 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 10/21/2020, shows there is synovial fluid at the level of patellofemoral articular surface and anteriorly at the tibiofemoral articular surface and anteriorly at the tibiofemoral articular surface. There is strain of the medial collateral ligament at its anterior attachment site on the femur. There is edema involving the superior and superior lateral region of Hoffa's fat pad and this is a finding that has been described in patient's who have a diagnosis of Hoffa's fat pad impingement and clinical assessment is advised. There is also synovial fluid accumulating inferiorly in Hoffa's fat pad. MRI of the left knee, done on 08/17/2022, shows ACL is diffusely edematous approaching the distal insertion consistent with a sprain. Lateral patellar tilt and patellofemoral chondromalacia with narrowing at the lateral aspect of the patellofemoral compartment. Insertional tendinosis distal quadriceps tendon. Trace fluid within the knee joint. Small popliteal fluid collection within the medial gastrocnemius semimembranosus bursa.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. M25.461 Joint effusion, right knee.
3. M12.569 Traumatic arthropathy, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M24.661 Adhesions, right knee.
7. M23.92 Internal derangement, left knee.
8. M94.262 Chondromalacia, left knee.
9. M22.2X2 Patellofemoral chondral injury, left knee.
10. M25.462 Joint effusion, left knee.
11. M12.569 Traumatic arthropathy, left knee.
12. S80.912A Injury, left knee.
13. M25.562 Pain, left knee.
14. M65.162 Synovitis, left knee.
15. M24.10 Chondral lesion, left knee.
16. M24.662 Adhesions, left knee.

PLAN:

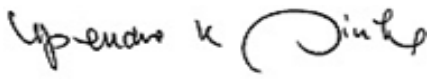
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left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

8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right knee 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right 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.
12. 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.



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