UK Sinha Physician, P.C.

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August 08, 2022

Office seen at:
Liberty Rhea Ranada Ebarle PT PC
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Phone # (718) 402-5200

Re: Ferreira, William
DOB: 12/13/1999
DOA: 10/05/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, right ankle and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 22-year-old right-hand dominant male involved in a work-related accident on 10/05/2021. While at work, the patient fell off the stairs while carrying boxes. The patient did not go to any hospital that same day. The patient presents today complaining of right knee, left knee, right ankle, and left ankle pain sustained in work-related accident. The patient was attending physical therapy for 3 times per week with little relief.

WORK HISTORY: The patient is currently not working.

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 not taking any medication at this time.

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 1/2 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: gardening, play sports, laundry, shopping, and running errands.

PRESENT COMPLAINTS: Right knee: Right knee pain is 9-10/10, described as intermittent, 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 popping and buckling. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 9-10/10, described as intermittent, 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 intermittent locking.

Right ankle: Right ankle pain is 3-4/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 3-4/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest.

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 195 pounds, and BMI is 28. The right knee reveals tenderness along the medial joint line. There is swelling appreciated. There is no heat, 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 right lower extremity.

The left knee reveals tenderness along the medial joint line, lateral joint line, and superior pole of patella. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Negative patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of

motion reveals flexion 100/130 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 right ankle reveals swelling lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. ROM: Dorsiflexion 20/20 degrees, plantarflexion 30/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

The left ankle reveals swelling lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. ROM: Dorsiflexion 20/20 degrees, plantarflexion 50/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 12/23/2021, shows horizontal tear in the posterior horn of the medial meniscus. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. MRI of the left knee, done on 12/23/2021, shows horizontal tear in the posterior horn of the lateral meniscus. Intrameniscal tear in the posterior horn of the medial meniscus. Increased T2 signal within superolateral Hoffa's fat pad, consistent with impingement/recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. MRI of the right ankle, done on 03/07/2022, shows peroneal ligament instability complex. Some degree of tibial tater narrowing. Some degree of Joint fluid. Deltoid ligament partial tear or sprain. MRI of the left ankle, done on 12/09/2021, shows 4 and 7 mm subcortical cysts in the anterior aspect of the calcaneal bone. Posterior talar process appears prominent with surrounding fluid suggestive of posterior ankle impingement. in an appropriate clinical setting. Wild joint effusion consistent with recent trauma or synovitis. in an appropriate clinical setting.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. S83.411 Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. S83.31XA Tear articular cartilage, right knee.
7. M22.2X1 Patellofemoral chondral injury, right knee.
8. M25.461 Joint effusion, right knee.
9. M12.569 Traumatic arthropathy, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M65.161 Synovitis, right knee.
13. M24.661 Adhesions, right knee
14. S83.242A Medial meniscus tear, left knee.
15. S83.282A Lateral meniscus tear, left knee.
16. M23.92 Internal derangement, left knee.
17. S83.512A Anterior cruciate ligament sprain, left knee.
18. S83.412A Medial collateral ligament sprain, left knee.
19. M94.262 Chondromalacia, left knee.

20. S83.32XA Tear articular cartilage, 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. M24.662 Adhesions, left knee.
28. Grade III sprain of lateral collateral ligament, right ankle.
29. Grade III sprain of lateral collateral ligament, left ankle.

PLAN:

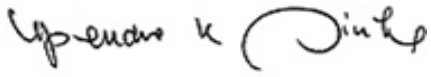
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, right ankle and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, right ankle and left ankle 3 days/week.
6. Discussed left 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. Workers' Compensation Board authorization needed prior to 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 left 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.
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 left 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of 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.

IMPAIRMENT RATING: 100%.

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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