

UK Sinha Physician, P.C.

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August 19, 2022

Re: Nieves Torres, Evelyn

DOB: 04/06/1995

DOA: 06/29/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left knee. This patient comes from Graham Wellness Medical P.C., 150 Graham Avenue Suite A, Brooklyn NY 11206.

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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 8/10, 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.

PHYSICAL EXAMINATION: The left knee reveals tenderness along the medial joint line and superior pole of patella. 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 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 left knee, done on 07/06/2022, shows posterior medial meniscocapsular junction sprain. Insertional quadriceps tendinitis with peritendinous edema.

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. M24.662 Adhesions, left knee.

PLAN:

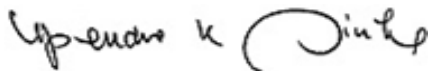
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee.
6. Left knee cortisone injection today (0.25% Marcaine 3 mL and 1 mL of Depo-Medrol 40 mg).
7. Follow up in 4 weeks.

PROCEDURE:

The risks and benefits of cortisone steroid injection were discussed with the patient. The patient gave consent for the procedure. Under sterile technique, I injected 3 mL of 0.25% Marcaine and 1 mL of Depo-Medrol 40 mg in the left knee. The patient tolerated the procedure well.

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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Board Certified Orthopedic Surgeon

UKS/AEI