

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: Ali, Mohammad
DOB: 09/10/1980
DOA: 05/16/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, and left elbow pain.

HISTORY OF PRESENT ILLNESS: A 42-year-old right-hand dominant male involved in a work-related motor vehicle accident on 05/16/2022. The patient was a driver and was wearing a seatbelt. While at work, the vehicle was T-boned on the driver's side. The EMS did not arrive on the scene. The police were not 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, and left elbow pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension. No previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n. and Losartan.

SOCIAL HISTORY: The patient smokes one-half pack of cigarettes per day. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 2-3 blocks. He can stand for 30 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: lifting heavy objects, carrying heavy objects, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs.

Left knee: Left knee pain is 8/10, described as constant, 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 clicking, popping, buckling, and intermittent locking.

Left elbow: Left elbow pain is 5/10, described as intermittent, dull, achy pain. The patient has pain with lifting and carrying.

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 or irregular heart rate. The patient has 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 6 inches, weight is 180 pounds, and BMI is 29. The right knee reveals tenderness along the medial joint line, lateral joint line, and superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 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. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 3/5 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 muscle strength is 5/5. There is tenderness to palpation over the lateral epicondyle. Negative Varus test. Negative Valgus test. Positive Tinel sign. Range of motion reveals flexion 110/150 degrees, extension 120/150 degrees, supination 70/90 degrees, pronation 75/90 degrees.

DIAGNOSTIC TESTING: MRI of the left elbow, done on 07/06/2022, shows a prominent soft tissue contusion is seen overlying the triceps tendon and olecranon. Tendinopathy changes are seen at the triceps tendon, as noted. Partial-thickness tear is seen at the origin of the common extensor tendon group with an overlying contusion and tendinopathy changes.

ASSESSMENT:

1. M25.461 Joint effusion, right knee.
2. S80.911A Injury, right knee.
3. M25.561 Pain, right knee.
4. M25.462 Joint effusion, left knee.
5. S80.912A Injury, left knee.
6. M25.562 Pain, left knee.
7. Partial thickness tear at the common extensor tendon, 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 right knee, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and left elbow 3 days/week.
6. Recommend steroid injections with pain management for right knee, left knee, and left elbow. The patient refuses due to side effects.
7. MRI ordered of right knee and left knee to rule out ligament tear and/or synovial injury.
8. Follow up in 4 weeks.

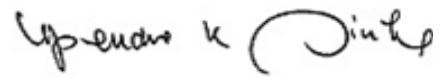
IMPAIRMENT RATING: 75%.

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.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large loop at the end.

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