

# UK Sinha Physician, P.C.

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June 29, 2022

Office seen at:

Baxter Medical Care, PC  
8106 Baxter Ave # Mc2  
Elmhurst, NY 11373  
Phone# (718) 639-1110

Re: Diaz, Beny David  
DOB: 12/29/1972  
DOA: 10/05/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, left knee, right wrist, right ankle, left ankle, neck, mid back, and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 49-year-old right-hand dominant male involved in a slip and fall accident on 10/05/2021. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to Jamaica Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, right wrist, right ankle, left ankle, neck, mid back and low back pain sustained in the slip and fall accident. The patient was attending physical therapy for the last 3 weeks with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** High blood pressure.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking lidocaine and Tylenol.

**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 10 blocks. He can stand for 20 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: garden, play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right 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 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.

Left knee: Left knee pain is 7/10, described as constant, 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.

Right ankle: Right ankle pain is 7/10, described as constant, dull, achy pain. Worse with standing, walking and climbing.

Left ankle: Left ankle pain is 7/10, described as constant, dull, achy pain. Worse with standing, walking and climbing.

Right wrist: Right wrist pain is 8/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying.

The patient had 2 injections in right knee and 1 injection in left knee. Last injection in the right knee was 1 week ago and did not help. The patient is using cane since then. CAT scan of right knee done on 06/21/2022, shows arthritis of the right knee joint.

**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 6 inches, weight is 240 pounds, and BMI is 38.7. The right knee reveals tenderness along the medial joint line, lateral joint

line, superior pole of patella and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative 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 right lower extremity.

The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Positive/Negative posterior drawer. Range of motion reveals flexion 110/130 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, hematoma and bruises noted over anterior and lateral malleolar aspect. Positive anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left ankle reveals swelling, hematoma and bruises noted over anterior/posterior/lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is full / limited and painful. ROM: Dorsiflexion 20/20 degrees, plantarflexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The right wrist reveals pain to palpation over dorsum of the right hand (along second metacarpal). There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 60/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 11/06/2021, shows extensive trochlear chondral injury and chondromalacia. Small-sized joint effusion. Lateral subluxation of the: patella. MRI of the left knee, done on 11/06/2021, shows joint effusion. Patellar and trochlear chondromalacia. MRI of the right wrist, done on 11/21/2021, shows joint effusion with sprain of the lateral collateral ligaments and 1st carpometacarpal joint space. Sprain injury of scapholunate ligament. MRI of the right ankle, done on 11/11/2021, shows subtalar effusion is identified with sprain of talocalcaneal ligaments. Sprain injury is seen at distal posterior tibial and peroneus brevis tendons. Large inferior heel spur is seen with associated moderate proximal plantar fasciitis. MRI of the left ankle, done on 11/11/2021, shows subtalar effusion with sprain injury of talocalcaneal ligaments. Sprain injury at distal posterior tibial and peroneus brevis tendons. There is large inferior heel spur with associated mild proximal plantar fasciitis. CT scan of the right knee, 06/21/2022, shows tricompartmental arthritic changes of knee. Joint effusion. However, CT has limited evaluation of knee ligaments and soft tissue pathology. If there is further clinical concern, MRI of the knee may be obtained as clinically warranted.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.200 Lateral meniscus derangement, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.511A Anterior cruciate 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. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M65.161 Synovitis, right knee.
12. M24.10 Chondral lesion.
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. S80.912A Injury, left knee.
24. M25.562 Pain, left knee.
25. M65.162 Synovitis, left knee.
26. M24.662 Adhesions, left knee.
27. Posttraumatic synovitis, right ankle.
28. Grade III lateral collateral ligament tear, left ankle.

**PLAN:**

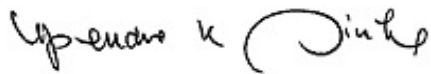
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, right ankle and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, right ankle and left ankle 3 days/week.
6. X-ray of the right hand to rule out ligament tear and/or synovial injury.
7. Discussed right ankle 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 wants to think about 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 right ankle 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 right ankle 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 right ankle and the patient will be scheduled for right ankle 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. Follow up in 4 weeks.

**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

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