UK Sinha Physician, P.C.

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August 24, 2022

Office seen at:
Tatay Ninong Physical Therapy
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Re: Velasquez, Julio
DOB: 07/10/1983
DOA: 01/05/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee and left knee.

ADL CAPABILITIES: The patient states that he can walk for 1 block. He can stand for 1/2 minutes before he has to sit. He can sit for 1 minute 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, childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, and exercising.

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

Left knee: Left knee pain is 9/10, 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.

The patient is walking with a cane.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the lateral joint line and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity

appreciated. Positive 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 -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 lateral joint line. There is crepitus appreciated There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 03/16/2022, shows a horizontal tear is seen at the lateral meniscus noted from the anterior horn to the posterior horn, as described. The tear appears folded at the anterior horn. There is a focal interstitial tear of the proximal ACL. There is a contusion over the patellar tendon and patella. MRI of the left knee, done on 03/09/2022, shows prominent bone bruise and subchondral impaction is seen posteriorly at the lateral femoral condy1e, as noted. There is flattening of the cortex with moderate contour deformity posteriorly. Complex tear of the lateral meniscus is seen from the anterior horn to the posterior horn, as described. The tear is likely folded at the posterior body and posterior horn. A mild interstitial tear of the ACL is seen, as noted. There is a very prominent soft tissue contusion over the patellar tendon extending medially and laterally. Tendinopathy changes are seen proximally at the patellar tendon. Grade I injury of the lateral collateral ligament is seen.

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. Postop, right knee.
7. S83.282A Lateral meniscus tear, left knee.
8. M23.92 Internal derangement, left knee.
9. S83.512A Anterior cruciate ligament sprain, left knee.
10. S83.412A Medial collateral ligament sprain, left knee.
11. M25.462 Joint effusion, left knee.
12. M12.569 Traumatic arthropathy, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. M65.162 Synovitis, 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 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%. The patient is currently not working.

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