UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

June 7, 2022

Office seen at:
Merrick Medical PC
243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: McFadden, Timothy
DOB: 11/07/1970
DOA: 04/26/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left knee and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 51-year-old right-hand dominant male involved in a motor vehicle accident on 04/26/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Franklin Hospital and was treated and released the same day. The patient presents today complaining of left knee and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Hypertension and thyroid.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n., levothyroxine 50 mcg and amlodipine 5 mg.

SOCIAL HISTORY: The patient smokes socially. The patient does not drink alcohol. The patient uses recreational drugs socially.

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. He can stand for 10 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: play sports, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking.

Left ankle: Left ankle pain is 6/10, 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 6 feet 1 inch, weight is 170 pounds, and BMI is 22.4.

The left knee reveals tenderness along the medial joint line and lateral joint line. 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 80/130 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 left lower extremity.

The left ankle reveals positive anterior drawer test. Positive inversion stress test. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 13/15 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 05/04/2022, shows diffuse increased signal throughout the ACL suspicious for ACL sprain/interstitial tear as described above. Posteromedial meniscal grade 2b signal as discussed in the body of the report. Clinical confirmation of a posteromedial meniscal tear is requested. Almost total obliteration of the lateral compartment with subchondral degenerative changes and spur impingement upon the otherwise intact lateral collateral ligament complex. Presence of joint fluid compatible with synovitis. MRI of the left ankle, done on 05/04/2022, shows presence of ankle joint fluid

compatible with synovitis and soft tissue edema. Prominent fluid in the three flexor tendon sheaths, most prominent around the myotendinous portion of the flexor hallucis longus, compatible with flexor tendonopathy/tenosynovitis. Findings compatible with sprain/interstitial tear of the ATFL. No acute osseous abnormalities.

ASSESSMENT:

1. S83.242A Medial meniscus tear, left knee.
2. M23.92 Internal derangement, left knee.
3. S83.519A Anterior cruciate ligament tear, left knee.
4. S83.512A Anterior cruciate ligament sprain, left knee.
5. M25.462 Joint effusion, left knee.
6. S80.912A Injury, left knee.
7. M25.562 Pain, left knee.
8. M65.162 Synovitis, left knee.
9. M17.12 Osteoarthritis, left knee.
10. ATFL tear, left ankle.
11. Tenosynovitis, left ankle.

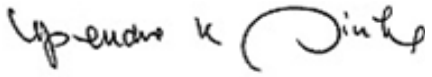
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left ankle 3 days/week.
6. Recommend steroid injections with pain management for left knee and left ankle.
7. Discussed left knee and left 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 left knee and left 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 left knee and left 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. Follow up in 2 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.



Mellita Shakhmurov, PA-C

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

MS/AEI