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May 24, 2022

Office seen at:
Renew Chiropractic
2426 Eastchester Road
Bronx, NY 10469
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Re: Hopson, John
DOB: 09/02/1965
DOA: 12/27/2019

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 56-year-old right-hand dominant male involved in a motor vehicle accident on 12/27/2019. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the rear 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 a hospital in New Jersey and was treated and released the same day. The patient presents today complaining of right knee and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 years with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Bilateral knee arthroscopic surgery with Dr. Dowd in 2020, When patient was a teen, status post trauma gunshot wound in spine underwent incision and removal of foreign body.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. No recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. 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, drive, running errands, kneeling, squatting, negotiating stairs, jogging, 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 difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with 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 ice.

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 7 inches, weight is 204 pounds, and BMI is 32.9. The right knee reveals swelling and tenderness along the medial joint line, lateral joint line, superior pole of patella, and popliteal fossa. There is swelling or crepitus appreciated. There is no heat or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 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 right lower extremity.

The left knee reveals swelling and tenderness along the medial joint line, lateral joint line, inferior pole of the patella and popliteal fossa. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 03/21/2022, shows complex tear of the body and posterior part of the medial meniscus extending partially into the posterior root.

There is mild extrusion of the body. Partial tear and sprain of the MCL. Medial compartment joint narrowing with high-grade cartilage loss and marginal osteophytes. Mild patellar subluxation and tilt with high-grade patellofemoral cartilage loss. Small joint effusion. 6 cm popliteal cyst. 2 cm ganglion cyst posterioi1 to the PCL.MRI of the left knee, done on 03/21/2022, shows complex tear at the junction of the body and posterior horn of medial meniscus with an adjacent 1 cm-meniscal cyst. Sprain of the MCL. Mild patellar subluxation and tilt. High-grade patellofemoral cartilage loss. Small joint effusion. Edema anterior to the patellar tendon.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.411 Medial collateral ligament sprain, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. M17.11 Osteoarthritis, right knee.
8. Cartilage loss, right knee.
9. S83.242A Medial meniscus tear, left knee.
10. M23.92, Internal derangement, left knee.
11. S83.412A Medial collateral ligament sprain, left knee.
12. M25.462 Joint effusion, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. Cartilage loss, left knee.
16. Status post bilateral knee arthroscopies with Dr. Dowd.

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. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Discussed right knee and 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.
8. The patient needs medical clearance prior to surgery.
9. 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 knee and 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.

10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right knee and 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and left knee and the patient will be scheduled for right 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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

Upendra K. Sinha, MD