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Re: Hauter, Bashar
DOB: 06/22/1984
DOA: 09/04/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 38-year-old male involved in a motor vehicle accident on 09/04/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver's side. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went by car to Montefiore Medical Center and was treated and released the same day. The patient presents today complaining of left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with no relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of motor vehicle accident more than 5 years ago.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** BIOFREEZE.

**MEDICATIONS:** The patient is taking pain medication Tylenol p.r.n.

**SOCIAL HISTORY:** The patient smokes one pack per day. The patient drinks alcohol occasionally.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Left knee: Left knee pain is 9/10, described as intermittent, 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. 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 5 feet 10 inches, weight is 215 pounds, and BMI is 30.8. The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella. There is no heat, erythema, or deformity appreciated. There is swelling and crepitus appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive 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 left knee, done on 10/17/2022, shows meniscal tearing. Partial lateral collateral ligament and lateral capsular tear. Iliotibial band syndrome. Superficial varicose veins. Partial ACL tear. Effusion. Chondromalacia of posterior patellar spurs. Hypertrophic tibial tuberosity. Suprapatellar plica. Synovitis. Prepatellar edema and/or bursitis.

**ASSESSMENT:**

1. S83.282A Lateral meniscus tear, left knee.
2. M23.92 Internal derangement, left knee.
3. S83.519A Anterior cruciate ligament tear, left knee.
4. M94.262 Chondromalacia, left knee.
5. M25.462 Joint effusion, left knee.
6. S80.912A Injury, left knee.
7. M25.562 Pain, left knee.

8. M67.52 Medial plica, left knee.
9. Lateral collateral ligament tear, 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 left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. Recommend steroid injections with pain management for left knee. The patient refuses due to side effects.
7. 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 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 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. Follow up in 4 weeks. The patient will make decision after reviewing the remaining MRIs.

**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

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