

UK Sinha Physician, P.C.

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August 08, 2022

Office seen at:

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Re: Alioski, Samir
DOB: 11/12/1964
DOA: 06/11/2022

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 2-3 blocks. He can stand for less than 12 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, lifting heavy objects, carrying heavy objects, laundry, kneeling, squatting, and exercising.

PRESENT COMPLAINTS: Right knee: Right 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 has 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 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 has 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.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative 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 0/5

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 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 100/130 degrees and extension -10/5 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 08/05/2022, shows iliotibial band syndrome. Partial lateral collateral ligament and lateral capsular tear. Partial ACL tear. Effusion. Suprapatellar plica. Patellar spurs. Patellar alta. No definite meniscal tear is seen. Please see body of report. Small menisci. MRI of the left knee, done on 07/22/2022, shows partial lateral collateral ligament and lateral capsular tear. Iliotibial band syndrome. Multi-compartment arthrosis. Partial anterior cruciate ligament tearing. Suprapatellar plica. Patellar alta. Lateral patellar tilt and subluxation.

ASSESSMENT:

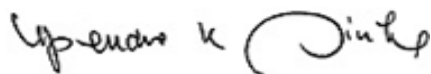
1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. S83.411 Medial collateral ligament sprain, right knee.
4. M94.261 Chondromalacia, right knee.
5. M22.2X1 Patellofemoral chondral injury, right knee.
6. M25.461 Joint effusion, right knee.
7. M12.569 Traumatic arthropathy, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M65.161 Synovitis, right knee.
11. M24.661 Adhesions, right knee
12. M23.92 Internal derangement, left knee.
13. S83.512A Anterior cruciate ligament sprain, left knee.
14. S83.412A Medial collateral ligament sprain, left knee.
15. M94.262 Chondromalacia, left knee.
16. M25.462 Joint effusion, left knee.
17. M12.569 Traumatic arthropathy, left knee.
18. S80.912A Injury, left knee.
19. M25.562 Pain, left knee.
20. M65.162 Synovitis, left knee.
21. M24.10 Chondral lesion, left knee.
22. M24.662 Adhesions, 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 right 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 wants to think about surgery.
7. The patient needs medical clearance 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 right 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 right 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.

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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