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August 17, 2022

Office seen at:
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Re: Ruiz, Jessica
DOB: 08/29/1980
DOA: 07/20/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left knee, left hip, and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 41-year-old right-hand dominant female involved in a motor vehicle accident on 07/20/2022. The patient was a bicyclist, impact unable to recall, hit by tractor trailer and she was underneath. The EMS arrived on the scene. The patient was transported via ambulance to Saint Barnabas Medical Center and was treated and released the same day. The patient presents today complaining of left knee, left hip, and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: HIV. There is no previous history of trauma.

PAST SURGICAL HISTORY: Tubal ligation in 2001.

DRUG ALLERGIES: PENICILLIN.

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

SOCIAL HISTORY: The patient smokes one-fourth pack of cigarettes per day. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 60 minutes before she has to sit. She can sit for 15 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states

that she 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 8-9/10, 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, and intermittent locking. Worse with range of motion and improves with rest. The patient is ambulating with cane.

Left hip: Left hip pain is 8-9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has pain with standing from sitting. Worse with range of motion and improves with physical therapy.

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 4 feet 10 inches, weight is 150 pounds, and BMI is 31.3. The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella, and popliteal fossa. There is swelling, crepitus or deformity appreciated. There is no heat or erythema appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 70/130 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 left lower extremity.

The left hip reveals ROM is intact. Hematoma in the buttock.

The left ankle reveals swelling noted over anterior and lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 08/12/2022, shows there are acute to subacute nondisplaced subchondral trabecular fractures of the lateral tibial plateau and juxta-articular lateral femoral as described above. Tear of the peripheral inferior articular surface of the posterior horn medial meniscus. High-grade partial tears of both anterior and posterior cruciate ligaments. Grade 2 tear of the femoral origin of the medial collateral ligament. Lower grade partial tear of the lateral collateral ligament and insertion of the popliteus tendon. Chondral defect at the anterior aspect of the medial femoral condyle. Joint effusion. MRI of the left hip, done on 08/10/2022, shows there is a partially visualized large subcutaneous fluid collection in the superolateral aspect of the hip adjacent to the gluteus medial muscle for which further evaluation is recommended. MRI of the left ankle, done on 08/12/2022, shows tear of the anterior talofibular ligament. Joint effusion. Partial tear of the deltoid ligament.

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. Posterior cruciate ligament tear, left knee.
5. S83.412A Medial collateral ligament tear, left knee.
6. M22.2X2 Patellofemoral chondral injury, left knee.
7. M25.462 Joint effusion, left knee.
8. S80.912A Injury, left knee.
9. M25.562 Pain, left knee.
10. Lateral collateral ligament tear, left knee.
11. Subchondral trabecular fractures of the lateral tibial plateau and juxta-articular lateral femoral condyle, left knee.
12. Pain, left hip.
13. Effusion, left hip.
14. Effusion, left ankle.
15. Tear of the anterior talofibular ligament, left ankle.
16. Tear of the deltoid ligament, left ankle.

PLAN:

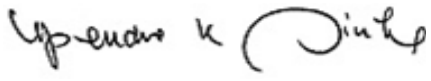
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee, left hip, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee, left hip, and left ankle 3 days/week.
6. Recommend steroid injections with pain management for left hip and left ankle. The patient refuses due to side effects.
7. X-ray ordered of femur tib-fib and knee.
8. Discussed left knee, left hip, 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

would like to proceed with left knee surgery after evaluation by Dr. Sinha with x-ray results to see progression of fracture healing.

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 left shoulder, left hip, 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.
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 left knee, left hip, 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.
12. All the questions in regard to the procedure were answered.
13. Follow up after x-ray results. Will present to office on September 16, 2022, or earlier depending on results.

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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