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August 3, 2022

Office seen at:
Tatay Ninong Physical Therapy
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Re: McCardy, Denzel
DOB: 08/23/1967
DOA: 01/31/2020

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left knee, left ankle pain, and right thumb.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left knee, left ankle, and right thumb.

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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left knee: Left 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 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 ankle: Left ankle pain is 7/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest.

Right thumb torn ulnar collateral ligament, but MRI has radial collateral ligament tear.

PHYSICAL EXAMINATION: The left knee reveals tenderness along the medial 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 110/130 degrees and extension -5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. The patient also has small ganglion cyst.

The left ankle reveals tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantar flexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 06/12/2022, shows lateral patellar subluxation and tilt. Distal quadriceps and distal patellar tendinosis and tendinopathy with a focal involvement. Extending from the anterior tibiofemoral articular margins a thin septated presumptive ganglion cyst measuring 2.5 cm anteroposteriorly x 1.0 x 1.8 transverse and superoinferior dimensions with thin septations. Thin septated ganglion cyst tracking superiorly and inferiorly from the joint margin. Free edge truncation and radial tearing of the medial meniscal body. MRI of the right thumb, done on 06/15/2022, high-grade tear of the radial collateral ligament at the first metacarpophalangeal joint with high-grade tear of the radial sagittal band. Arthrosis of the first metacarpophalangeal joint with volar subluxation, but no tear of the volar plate.

ASSESSMENT:

1. S83.242A Medial meniscus tear, left knee.
2. M23.92 Internal derangement, left knee.
3. S83.512A Anterior cruciate ligament sprain, left knee.
4. S83.412A Medial collateral ligament sprain, left knee.
5. M94.262 Chondromalacia, left knee.
6. S83.32XA Tear articular cartilage, left knee.
7. M22.2X2 Patellofemoral chondral injury, left knee.
8. M25.462 Joint effusion, left knee.
9. M12.569 Traumatic arthropathy, left knee.
10. S80.912A Injury, left knee.
11. M25.562 Pain, left knee.
12. M65.162 Synovitis, left knee.
13. M24.10 Chondral lesion, left knee.
14. M24.662 Adhesions, left knee.
15. Grade III sprain of lateral collateral ligament, left ankle.
16. Torn ulnar collateral ligament, right thumb, MRI has tear of radial collateral ligament but no pain on radial side, questionable typing mistake in MRI.

PLAN:

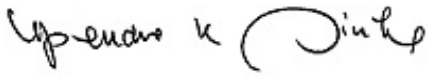
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee, left ankle and right thumb
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee, left ankle, and right thumb 3 days/week.

6. 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 proceed with surgery.
7. The patient needs medical clearance prior to surgery. Workers' Compensation Board has approved the 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. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.
13. Follow up in 2 weeks.

IMPAIRMENT RATING: 50%. The patient is currently working full-time.

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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UKS/AEI