

UK Sinha Physician, P.C.

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November 02, 2022

Office seen at:
Bronx County Medical Care PC
4014A Boston Rd
Bronx, NY 10475
Phone# (718) 346-6580

Re: Patterson, Megan
DOB: 02/15/1995
DOA: 08/13/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and right ankle pain.

HISTORY OF PRESENT ILLNESS: A 27-year-old right-hand dominant female involved in a motor vehicle accident on 08/13/2022. The patient was a front seat passenger and was wearing a seatbelt. The vehicle was struck on the front end. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Mount Sinai Hospital and was treated and released the same day. The patient presents today complaining of right knee and right ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2.5 months.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: C-section in 2019.

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 drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 10/10, 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. Worse with range of motion and improves with rest, medication.

Right ankle: Right ankle pain is 9/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking, climbing, standing from sitting. 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 6 feet 2 inches, weight is 300 pounds, and BMI is 38.5. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 right ankle reveals swelling, hematoma and bruises noted over anterior malleolar aspect. Negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial 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 right knee, done on 09/16/2022, shows tear of posterior horn of medial meniscus. Tear of posterior horn of lateral meniscus with extension. Anterior cruciate ligament scarring. Medial collateral ligament sprain. Medial and lateral retinacular sprains. Joint effusion with trace Baker's cyst. Lateral tilt and subluxation of patella with focal lateral patellar facet chondromalacia. MRI of the right ankle, done on 09/16/2022, shows sprain

of anterior talofibular ligament. No osseous component to apparent inversion sprain injury. No acute bony pathology. Tibialis posterior and Achilles tendinosis with type III accessory navicular.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. S83.281A Lateral meniscus tear, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.511A Anterior cruciate ligament sprain, right knee.
5. S83.411 Medial collateral ligament sprain, right knee.
6. M94.261 Chondromalacia, right knee.
7. M25.461 Joint effusion, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. Internal derangement, right ankle.
11. Pain, right ankle.
12. Injury, right ankle.
13. Effusion, right ankle.
14. Sprain of anterior talofibular ligament, right ankle.

PLAN:

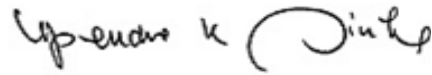
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right ankle 3 days/week.
6. Recommend steroid injections with pain management for right knee and right ankle. The patient refuses due to side effects.
7. Discussed right knee and right ankle arthroscopies 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 right knee and right ankle pathologies 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 and right ankle arthroscopies 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 2 weeks.

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.

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C
MS/AEI

A handwritten signature in black ink, appearing to read 'U.K. Sinha' with a stylized flourish at the end.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon