UK Sinha Physician, P.C.

102-31 Jamaica Ave. Richmond Hill, NY 11418 Ph: 718-480-1130 Fax: 718-480-1132

November 03, 2022

Office seen at: Medical Office 2088 Flatbush Ave Brooklyn, NY 11234 Phone# (718) 975-8176

Re: Lawson, Shawn DOB: 02/08/1978 DOA: 10/02/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 44-year-old left-hand dominant male involved in a motor vehicle accident on 10/02/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the driver side front. The airbags did not deploy. 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 left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month with no relief.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

SOCIAL HISTORY: The patient smokes one-fifth pack of cigarettes per day. The patient drinks alcohol socially. The patient does use recreational drugs socially.

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

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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: Right knee: Right knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. 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 3 inches, weight is 185 pounds, and BMI is 23.1. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of the patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity 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 left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of the patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 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 right knee, done on 10/30/2022, shows patellar tendinitis with peritendinous edema. Fluid within deep infrapatellar bursa in keeping with bursitis. Joint effusion with a very small popliteal cyst. MRI of the left knee, done on 10/30/2022, shows distal patellar tendinitis with peritendinous edema.

ASSESSMENT:

- 1. M23.91 Internal derangement, right knee.
- 2. M25.461 Joint effusion, right knee.
- 3. S80.911A Injury, right knee.
- 4. M25.561 Pain, right knee.
- 5. M70.41 Prepatellar bursitis, right knee.
- 6. M23.92 Internal derangement, left knee.
- 7. M25.462 Joint effusion, left knee.
- 8. S80.912A Injury, left knee.
- 9. M25.562 Pain, 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. If no improvement in physical therapy and conservative management, will consider offering intervention then.
- 7. Recommend steroid injections with pain management for right knee and left knee. The patient accepts. PCP will do here in physical therapy office.
- 8. Follow up in 1 month.

<u>CAUSALITY</u>: 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.

U.K. Sinha, MD, MS (Ortho), FAAOS

Board Certified Orthopedic Surgeon

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