

UK Sinha Physician, P.C.

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

August 03, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Cordova, Judith
DOB: 09/22/1968
DOA: 02/08/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, right ankle, and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 53-year-old right-hand dominant female involved in a motor vehicle accident on 02/08/2022. The patient was a driver and was wearing a seatbelt. The patient was driving and a car hit her from the back. The vehicle was struck on the rear side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went by car to NYC Health + Hospitals/Coney Island Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, right ankle, and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times per week with little relief.

WORK HISTORY: The patient is currently not working. The patient is cleaning taxi part-time.

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 Synthroid.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 6 blocks. She can stand for 20 minutes before she has to sit. She can sit for 10 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. 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.

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.

Right ankle: Right ankle pain is 2-3/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

Left ankle: Left ankle pain is 4-5/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

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 5 feet 4 inches, weight is 160 pounds, and BMI is 27.5. The right knee reveals tenderness along the medial joint line and superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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. There is no heat, swelling, erythema, crepitus 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 -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 right ankle reveals ROM: Dorsiflexion 20/20 degrees, plantarflexion 50/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

The left ankle reveals tenderness to palpation noted in the lateral aspect. ROM: Dorsiflexion 15/20 degrees, plantarflexion 45/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 03/18/2022, shows a horizontal tear is seen at the posterior body of the medial meniscus, as noted. There is blunting of the inner edge. An interstitial tear of the ACL is noted, as described. A contusion is seen prominent over the patella and patellar tendon. MRI of the left knee, done on 03/18/2022, shows an interstitial tear of the ACL is noted distally, as described. There is no laxity. There is a prominent contusion over the patellar tendon and tibial tuberosity. Tendinopathy changes are seen at the distal patellar tendon. A vertical tear is noted at the inner edge seen at the anterior horn of the medial meniscus. MRI of the left ankle, done on 03/28/2022, shows an oblique fracture of the calcaneus is noted extending to the middle subtalar facet. Small cysts centrally along the course of this fracture are likely. Reactive edema is seen at the subtalar joint. Small effusion is seen at the tibiotalar joint. A partial-thickness tear of the anterior talofibular ligament is seen. Soft tissue contusions are seen medially and laterally over the distal tibia and fibula.

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. S83.31XA Tear articular cartilage, right knee.
6. M22.2X1 Patellofemoral chondral injury, right knee.
7. M25.461 Joint effusion, right knee.
8. M12.569 Traumatic arthropathy, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M65.161 Synovitis, right knee.
12. M24.661 Adhesions, right knee
13. S83.242A Medial meniscus tear, left knee.
14. M23.92 Internal derangement, left knee.
15. S83.519A Anterior cruciate ligament tear, left knee.
16. S83.512A Anterior cruciate ligament sprain, left knee.
17. S83.412A Medial collateral ligament sprain, left knee.

18. M94.262 Chondromalacia, left knee.
19. S83.32XA Tear articular cartilage, left knee.
20. M22.2X2 Patellofemoral chondral injury, left knee.
21. M25.462 Joint effusion, left knee.
22. M12.569 Traumatic arthropathy, left knee.
23. S80.912A Injury, left knee.
24. M25.562 Pain, left knee.
25. M65.162 Synovitis, left knee.
26. M24.10 Chondral lesion, left knee.
27. M24.662 Adhesions, left knee.
28. Hairline calcaneal fracture, left ankle, healed.

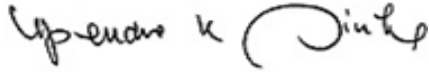
PLAN:

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, left knee, right ankle, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, right ankle, and left ankle 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.
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. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI