

# UK Sinha Physician, P.C.

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July 11, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC  
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Phone # (718) 402-5200

Re: Bost, Tyrone  
DOB: 06/17/1981  
DOA: 04/15/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, left knee, and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 41-year-old right-hand dominant male involved in a motor vehicle accident on 04/15/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear passenger side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient was transported via car to St. Luke's Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 11 weeks with good relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Left leg surgery (7 years old) and left knee (06/22/2022).

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is not taking any medication at this time.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

**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:** Right knee: Right knee pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair or going up and down stairs. The patient also notes clicking and popping. Worse with range of motion and improves with rest, medication, and physical therapy.

**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 220 pounds, and BMI is 28.2. The right knee reveals tenderness along the superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 06/09/2022, shows anterior cruciate ligament sprain sequelae. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain.

**ASSESSMENT:**

1. S83.511A Anterior cruciate ligament sprain, right knee.
2. S83.411 Medial collateral ligament sprain, right knee.
3. M94.261 Chondromalacia, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.

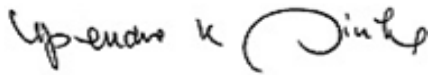
**PLAN:**

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.

**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  
MS/AEI