

UK Sinha Physician, P.C.

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August 10, 2022

Office seen at:

Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Toledo, Jose
DOB: 04/28/1975
DOA: 07/08/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 47-year-old right-hand dominant male involved in a motor vehicle accident on 07/08/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The police were called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Elmhurst and was treated and released the same day. The patient presents today complaining of right knee, left knee, and right ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working full-time in construction.

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 Tylenol.

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 he can walk for 1/2 block. He can stand for 1/2 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: play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 5/10, 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, and buckling.

Left knee: Left knee pain is 4-5/10, 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, and buckling.

Right ankle: Right ankle pain is 7/10, described as constant, dull, achy pain. The patient has pain with standing 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 2 inches, weight is 150 pounds, and BMI is 27.4. The right knee reveals tenderness along the medial joint line. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 and superior pole of patella. There is swelling and crepitus appreciated. There is no heat, 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 115/130 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 swelling, hematoma and bruises noted over lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 08/02/2022, shows anterior cruciate ligament sprain sequelae. Horizontal tear of the posterior horn of the medial meniscus.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. M25.461 Joint effusion, right knee.
3. M12.569 Traumatic arthropathy, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M65.161 Synovitis, right knee.
7. M24.661 Adhesions, right knee
8. S83.242A Medial meniscus tear, left knee.
9. M23.92 Internal derangement, left knee.
10. S83.412A Medial collateral ligament sprain, left knee.
11. M25.462 Joint effusion, left knee.
12. M12.569 Traumatic arthropathy, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. M65.162 Synovitis, left knee.
16. M24.662 Adhesions, left knee.
17. Grade III sprain lateral collateral ligament, right ankle.

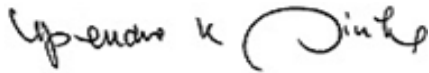
PLAN:

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, left knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and right ankle 3 days/week.
6. MRI ordered of right knee and right ankle to rule out ligament tear and/or synovial injury.
7. 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.
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.



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Board Certified Orthopedic Surgeon

UKS/AEI