UK Sinha Physician, P.C.

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September 09, 2022

Re: Bao, Danielle
DOB: 06/14/1984
DOA: 07/04/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee, left knee, neck, mid-back, and low-back pain.

HISTORY OF PRESENT ILLNESS: A 38-year-old right-hand dominant female involved in a motor vehicle accident on 07/04/2021. The patient was a rear passenger and was wearing a seatbelt. The patient states that she felt her body twisted and her bilateral knees hit the driver seat. The vehicle was struck on the front driver's side. The airbags deployed. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went to the hospital the next day. The patient went by car to NewYork-Presbyterian Lower Manhattan Hospital and was treated and released the same day. The patient presents today complaining of right knee, left knee, neck, mid-back, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 year with little/temporary relief.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Abdominal hernia in 2000 and ectopic surgery in 2011.

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 does not drink alcohol. The patient does not use recreational drugs.

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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising. Sports are difficult. The patient has pain with prolonged walking, sitting, and standing.

PRESENT COMPLAINTS: Right knee: Right knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has no 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 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, buckling, and intermittent locking.

The patient started physical therapy on knees in late December.

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 7 inches, weight is 177 pounds, and BMI is 27.7. The right knee reveals tenderness along the medial joint line. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative 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 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. 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 09/17/2021, shows ACL interstitial increased signal and dorsal surface irregularity concerning for superimposed tear of the mid-distal segment series 4 image 9, with surrounding small central femoral tibial effusion. There is tendinopathy as well as undersurface tear at the myotendinous junctions of both the medial and

lateral heads of gastrocnemius muscles. MRI of the left knee, done on 09/17/2021, shows in the posterolateral compartment there is LCL tear and popliteus tendinopathy. Semimembranosus tendinopathy and tear of myotendinous junction and bursitis series 7 images 8-15. There is tendinopathy as well as undersurface tear at the myotendinous junctions of both the medial and lateral heads of gastrocnemius muscles.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. M12.569 Traumatic arthropathy, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M23.92 Internal derangement, left knee.
7. M12.569 Traumatic arthropathy, left knee.
8. S80.912A Injury, left knee.
9. M25.562 Pain, left knee.
10. M65.162 Synovitis, left knee.
11. M24.662 Adhesions, left knee.

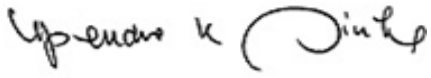
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for.
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. 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. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. 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.

12. 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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