UK Sinha Physician, P.C.

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

August 04, 2022

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

Re: Gonzalez, Jesus
DOB: 02/09/1997
DOA: 07/13/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 25-year-old right-hand dominant male involved in a motor vehicle accident on 07/13/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front passenger's side. 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 Beth Israel Medical Center 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 3 weeks with little relief.

WORK HISTORY: The patient is currently 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 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 6 blocks. He can stand for 180 minutes before he has to sit. He can sit for 60 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, kneeling, 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 no difficulty rising from a chair and has difficulty going up and down stairs. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling and intermittent locking. 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 5 feet 9 inches, weight is 202 pounds, and BMI is 29.8. The right knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema, or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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 right lower extremity.

The left knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 07/29/2022, 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. MRI of the left knee, done on 07/29/2022, shows anterior cruciate ligament sprain sequelae. Suprapatellar fat pad impingement.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M23.92 Internal derangement, left knee.
7. S83.512A Anterior cruciate ligament sprain, left knee.
8. M25.462 Joint effusion, left knee.
9. S80.912A Injury, left knee.
10. 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.for 4 weeks.
6. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Discussed right knee and 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 wants to think about 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 right knee and 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 right knee and 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. Follow up in 4 weeks.

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.

Mellita Shakhmurov, PA-C

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

MS/AEI