

# UK Sinha Physician, P.C.

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November 11, 2022

Re: Rogers, Deadre  
DOB: 05/31/1963  
DOA: 08/20/2015

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left knee and left ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 59-year-old right-hand dominant female involved in a work-related motor vehicle accident on 08/20/2015. The patient had “made a relief from bus”, walked across the street when she was struck by a turning car, fell down on the ground but had no loss of consciousness. The EMS arrived on the scene. The patient was transported via ambulance to Jamaica Hospital Center and was treated and released the same day. The patient presents today complaining of left knee and left ankle pain sustained in the work-related motor vehicle accident.

**WORK HISTORY:** The patient is currently not working. The patient stopped working since 03/04/2019.

**PAST MEDICAL HISTORY:** Positive for DVT, GERD, diabetes and acid reflux. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Positive for excision of neuroma of sural nerve (left) on 11/23/2020 by me, left knee arthroscopy on 07/19/2021 by me, ORIF of left ankle with plate in fibula in 2015 by Dr. Dean and attempted to remove the plate on 03/14/2019.

**DRUG ALLERGIES:** ERYTHROMYCIN.

**MEDICATIONS:** The patient is taking Motrin 600 mg p.r.n. and Naprosyn.

**SOCIAL HISTORY:** The patient is a smoker. The patient does not drink alcohol.

**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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** 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 difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left ankle: Left ankle pain is 9/10, described as constant, dull, achy pain. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

The patient stopped physical therapy in 2020 (WC did not approve).

**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 154 pounds, and BMI is 28.2. The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella. There is no heat, erythema, or deformity appreciated. There is swelling and crepitus appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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 left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 20/50 degrees, inversion 5/15 degrees, eversion 5/15 degrees. The patient has hypoesthesia along sural nerve of left foot. Tinel sign is positive. There is no evidence of RSI.

**DIAGNOSTIC TESTING:** No MRI of left ankle as the patient has a metal.

**ASSESSMENT:**

1. M23.92 Internal derangement, left knee.

2. M94.262 Chondromalacia, left knee.
3. S83.32XA Tear of articular cartilage, left knee.
4. M22.2X2 Patellofemoral chondral injury, left knee.
5. M25.462 Joint effusion, left knee.
6. M12.569 Traumatic arthropathy, left knee.
7. S80.912A Injury, left knee.
8. M25.562 Pain, left knee.
9. Pain, left ankle.

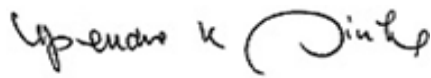
**PLAN:**

1. Clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left ankle 3 days/week.
6. Follow up in 4 weeks.

**IMPAIRMENT RATING:** 100%.

**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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