

# UK Sinha Physician, P.C.

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September 29, 2022

Office seen at:  
Gordon C Davis Medical PC  
1611 East New York Ave  
Brooklyn, NY 11212  
Phone# (718) 566-0022

Re: Powell, Romario  
DOB: 02/02/2002  
DOA: 07/09/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right knee pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the right knee.

**ADL CAPABILITIES:** The patient states that he can walk for 10 blocks. He can stand for 15 minutes before he has to sit. He can sit with no issues 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. Worse with range of motion and improves with rest and physical therapy.

**PHYSICAL EXAMINATION:** The right knee is nontender. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 125/130 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 right lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 07/23/2022, shows synovial fluid in the knee joint. Lateral patellar tilt and lateral subluxation with narrowing of the lateral patellofemoral joint compartment with patellofemoral chondromalacia. Patellar

tendinosis/tendinopathy. Fluid posterior to the distal lateral patellar tendon is compatible with localized bursitis/synovitis.

**ASSESSMENT:**

1. M23.91 Internal derangement, right knee.
2. M94.261 Chondromalacia, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, right knee.
6. M65.161 Synovitis, right knee.
7. M76.51 Prepatellar bursitis, 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.
6. Recommend steroid injections with pain management for right knee. The patient refuses due to side effects.
7. Follow up on a p.r.n. basis.

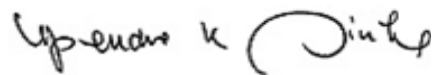
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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

MS/AEI



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Board Certified Orthopedic Surgeon