

UK Sinha Physician, P.C.

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July 1, 2022

Re: Benjamin, Veronica
DOB: 09/04/1976
DOA: 01/29/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 45-year-old right-hand dominant female involved in a motor vehicle accident on 01/29/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the rear driver's side. The airbags deployed. The EMS arrived on the scene. The police not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right knee, left ankle, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times a week with no relief.

WORK HISTORY: The patient is currently working as a wheelchair agent at JFK.

PAST MEDICAL HISTORY: Diabetes.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metformin, naproxen, ibuprofen, and 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 she can walk for 1 block. She can stand for 10 minutes before she has to sit. She can sit for 10 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: Garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 6/10, 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 10/10, described as constant, dull, achy pain. Pain with standing, walking, and climbing.

The patient has flat foot deformity bilaterally. Advised arch support. Rule out DVT, going for ultrasound today in the ER.

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 190 pounds, and BMI is 34.7. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity 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 -- 10/5 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 ankle reveals swelling, hematoma and bruises noted over anterior/posterior/lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial 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 flat foot.

DIAGNOSTIC TESTING: MRI of the right knee, done on 03/15/2022, shows tear of the posterior root of the medial meniscus with additional complex tearing of the body and posterior horn and extrusion of the body. There is also a flap tear along the body of meniscal tissue within the inferior meniscotibial recess. Sprain of the MCL with overlying edema. Severe medial compartment joint narrowing with diffuse full-thickness cartilage loss and subchondral edema. High-grade patellofemoral cartilage loss. Moderate sized joint effusion. MRI of the left ankle, done on 03/01/2022, shows findings as described above suggestive of posterior ankle

impingement syndrome and suspect tear of the posterior talofibular ligament at the fibular attachment.

ASSESSMENT:

1. 83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. M94.261 Chondromalacia, right knee.
5. S83.31XA Tear articular cartilage, right knee.
6. M25.461 Joint effusion, right knee.
7. M22.2X1 Patellofemoral chondral injury, right knee.
8. M12.569 Traumatic arthropathy, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M65.161 Synovitis, right knee.
12. M24.10 Chondral lesion, right knee.
13. M93.261 Osteochondral lesion, right knee.
14. M24.661 Adhesions, right knee.
15. Flat foot bilateral ankles.
16. Grade III sprain of lateral collateral ligament, left ankle.
17. Tenosynovitis, left ankle.
18. Tibialis posterior tendon, left 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 and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left ankle 3 days/week.
6. Follow up in 1 week.

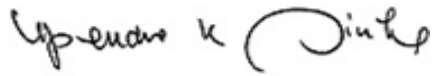
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the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

Benjamin, Veronica

July 1, 2022

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A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style.

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

UKS/AEI