

# UK Sinha Physician, P.C.

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July 28, 2022

Office seen at:  
Dolphin Family Chiropractic, P.C.  
430 W Merrick Road  
Valley Stream, NY 11580  
Phone# (516) 612-7288

Re: Raphael, Christian  
DOB: 09/22/1997  
DOA: 06/08/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee and right hip pain.

**HISTORY OF PRESENT ILLNESS:** A 24-year-old left-hand dominant male involved in a motor vehicle accident on 06/08/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear 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 by care to Long Island Jewish Valley Stream in Franklin Ave and was treated and released the same day. The patient presents today complaining of right knee and right hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with good 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 drinks alcohol socially. The patient use recreational drugs socially.

**ADL CAPABILITIES:** The patient states that he can walk for 3-4 blocks. He can stand with no issues. He can sit with no issues. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: squatting and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 6-7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and no difficulty going up and down stairs. The patient also notes clicking, popping, and intermittent locking. Worse with range of motion and improves with rest.

Right hip: No pain.

**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 130 pounds, and BMI is 20.4. The right knee reveals tenderness along the medial joint line and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema 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 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.

The right hip reveals no tenderness. Negative Trendelenburg test. No tenderness to palpation in the greater trochanter, groin, medial thigh. Range of motion is full. ROM: Abduction 45/45 degrees, adduction 35/35 degrees, flexion 120/120 degrees, extension 30/30 degrees, internal rotation 45/45 degrees, and external rotation 45/45 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 07/13/2022, shows presence of joint fluid compatible with synovitis. Diffuse swelling of the ACL compatible with ACL grade I sprain. Posteromedial meniscal tear as discussed in the body of the report. MRI of the right hip, done on 07/21/2022, shows negative study.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.

2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. M65.161 Synovitis, right knee.
8. Injury, right hip.

**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 right hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right hip 3 days/week.
6. Recommend steroid injections with pain management for right knee. The patient refuses due to side effects.
7. Discussed right knee arthroscopy versus conservative management with the patient. The patient is not interested in any intervention as pain is limited.
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 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 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 p.r.n.

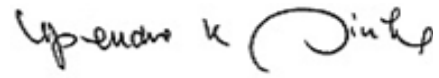
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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

MS/AEI

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large, prominent loop at the end.

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