

UK Sinha Physician, P.C.

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August 10, 2022

Office seen at:

Baxter Medical Care, PC
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Re: Pimentel, Yasmel
DOB: 08/06/1991
DOA: 06/04/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left knee. The patient had a left knee arthroscopy on 07/30/2022 by Dr. Durant.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 45 minutes before she has to sit. 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, laundry, shopping, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 4-5/10, 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. The patient also notes buckling.

PHYSICAL EXAMINATION: The patient's height is 5 feet 3 inches, weight is 175 pounds, and BMI is 31. The left knee reveals tenderness along the medial joint line. There is swelling appreciated. There is no heat, erythema, crepitus 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 0/5 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 left knee, done on 07/07/2022, shows small vertical tear in posterior horn of lateral meniscus noted. Mild knee joint effusion

ASSESSMENT:

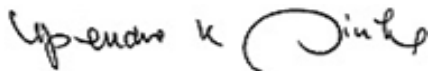
1. S83.242A Medial meniscus tear, left knee.
2. S83.282A Lateral meniscus tear, left knee.
3. M23.92 Internal derangement, left knee.
4. M12.569 Traumatic arthropathy, left knee.
5. S80.912A Injury, left knee.
6. M25.562 Pain, left knee.
7. M65.162 Synovitis, left knee.
8. M24.662 Adhesions, left knee.

PLAN:

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



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

UKS/AEI