

# UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:  
Tatay Ninong Physical Therapy  
1314 Coney Island Ave  
Brooklyn, NY 11230  
Phone# (718) 377-0100

Re: Shepelyak, Natalya  
DOB: 01/24/1965  
DOA: 05/19/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee and left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 57-year-old right-hand dominant female involved in work-related accident on 05/19/2022. The patient was a UNS nurse who fell going between sites/visits. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to NYC Health + Hospitals/Coney Island and was treated and released the same day. The patient presents today complaining of right knee and left knee pain sustained in the work-related accident. The patient was attending physical therapy for the last 7 years with good relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Hypertension and thyroid. No history of prior trauma.

**PAST SURGICAL HISTORY:** Bilateral knee arthroscopy done by Dr. Sinha.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking pain medications p.r.n., metoprolol, nifedipine.

**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 5 minutes before she has to sit. She can sit for 20 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: kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 6/10, described as intermittent, 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 and popping. Worse with range of motion and improves with rest, physical therapy, and ice.

Left knee: Left knee pain is 5/10, described as intermittent, 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. Worse with range of motion and improves with rest, physical therapy, and ice.

**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 3 inches, weight is 282 pounds, and BMI is 32.2. The right knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 4/5 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 knee reveals tenderness along the medial joint line, lateral joint line and superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 75/130 degrees and extension 4/5 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 right knee, done on 07/15/2021, shows findings suggesting a partial tear of the anterior cruciate ligament. Small joint effusion. Thinning of the cartilage in the medial and lateral compartments. Probably a hematoma in the prepatellar region

and adjacent soft tissue area. Lateral tilting of the patella. MRI of the left knee, done on, 07/13/2022, shows findings suggesting a tear of the anterior horn of the medial meniscus. Thinning of the cartilage in the medial and patellofemoral compartments. Partial tear of the anterior portion of the medial collateral ligament. Tendinosis of the quadriceps and patellar tendons. Periarticular soft tissue edema. Dilated superficial veins along the medial aspect of the distal thigh and proximal lower leg.

**ASSESSMENT:**

1. M25.461 Joint effusion, right knee.
2. S80.911A Injury, right knee.
3. M25.561 Pain, right knee.
4. M25.462 Joint effusion, left knee.
5. S80.912A Injury, left knee.
6. M25.561 Pain, 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 right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Follow up in 4 weeks.

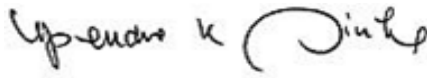
**IMPAIRMENT RATING:** 100%.

**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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Mellita Shakhmurov, PA-C

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

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MS/AEI