

UK Sinha Physician, P.C.

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August 24, 2022

Office seen at:

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

Re: Vallejo, Cesar
DOB: 01/05/1969
DOA: 04/20/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee pain and right elbow pain.

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

ADL CAPABILITIES: The patient states that he can walk with no issues. He can stand with no issues 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: play sports, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes popping and buckling.

Right elbow: Right elbow pain is 10/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line. There is swelling appreciated. There is no heat, swelling, 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 right lower extremity.

The right elbow reveals there is tenderness to palpation over the lateral epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion

140/150 degrees, extension 130/150 degrees, supination 80/90 degrees, pronation 80/90 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 06/08/2022, shows a bone bruise seen at the lower margin of the patella, as described, best seen on sagittal series. Reactive changes are seen at Hoffa's fat pad at the anterosuperior aspect. Tendinopathy changes are seen at the proximal patellar tendon. A tear at the origin is noted posteriorly measuring 2 to 3 mm seen on image #11 of series #6. There is a prominent contusion over the patella and patellar tendon. Joint effusion is seen without evidence of loose body.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. M12.569 Traumatic arthropathy, right knee.
3. S80.911A Injury, right knee.
4. M25.561 Pain, right knee.
5. Posttraumatic lateral epicondylitis, right elbow.

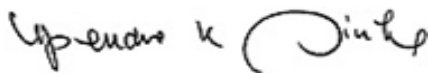
PLAN:

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 elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right elbow 3 days/week.
6. The patient is going for MRI of the right elbow.
7. Follow up in 2 weeks.

IMPAIRMENT RATING: 25%. The patient is currently working fulltime as an Uber driver.

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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UKS/AEI