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June 28, 2022

Office seen at:
KMR Medical
222-01 Hempstead Avenue
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Phone # (929) 206-5188

Re: Gasparian, Anna
DOB: 07/25/1988
DOA: 04/07/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 33-year-old right-hand dominant female involved in a motor vehicle accident on 04/07/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags deployed. The EMS arrived on the scene. The police were 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 knee, neck, mid back and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen and Tylenol.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. 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 15 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, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 9/10, 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, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has 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.

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 171 pounds, and BMI is 26.8. The right knee reveals tenderness along the medial joint line. 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 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 left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 right knee, done on 05/13/2022, shows Lateral patellar tilt and subluxation but without abnormal lateralization patellar tendon insertion. Linear hyperintense signal within the body medial meniscus has a morphology suggestive of artifact, favored over the nondisplaced horizontal tear but difficult to definitively exclude a tear. Joint effusion with popliteal cyst. MRI of the left knee, done on 05/13/2022, shows horizontal tear posterior horn/body junction lateral meniscus. Focal free edge horizontal tear and undersurface fibrillation of the posterior body medial menisci Mild lateral patellar tilt and subluxation but without abnormal lateralization patellar tendon insertion. Areas of signal heterogeneity and chondrosis involving the median patellar ridge cartilage.

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. S83.411 Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. S83.31XA Tear articular cartilage, right knee.
7. M22.2X1 Patellofemoral chondral injury, right knee.
8. M25.461 Joint effusion, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M65.161 Synovitis, right knee.
12. M24.661Adhesions, right knee.
13. S83.242A Medial meniscus tear, left knee.
14. S83.282A Lateral meniscus tear, left knee.
15. M23.92 Internal derangement, left knee.
16. S83.512A Anterior cruciate ligament sprain, left knee.
17. S83.412A Medial collateral ligament sprain, left knee.
18. S83.32XA Tear articular cartilage, left knee.
19. M22.2X2 Patellofemoral chondral injury, left knee.
20. M25.462 Joint effusion, left knee.
21. S80.912A Injury, left knee.
22. M25.562 Pain, left knee.
23. M65.162 Synovitis, left knee.
24. M24.10 Chondral lesion, left knee.
25. M24.662 Adhesions, left knee.

PLAN:

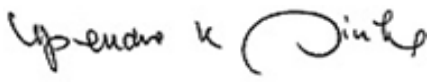
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Discussed left knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the

inability to perform day-to-day activities due to pain, the patient wants to think about surgery. The patient wants to have a second opinion.

7. 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 left 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left 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.
10. All the questions in regard to the procedure were answered.

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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MS/AEI