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May 26, 2022

Office seen at:
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Re: Shabazz, Fitzroy
DOB: 09/07/1942
DOA: 02/08/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and right ankle pain.

A 79-year-old right-hand dominant male involved in a motor vehicle accident on 02/08/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the front driver's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to The Brooklyn Hospital Center and was treated and released the same day. The patient presents today complaining of right knee and right ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Status post ORIF of right ankle (fell from ladder 8 years ago).

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.

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. He can stand for 20 minutes before he has to sit. He can sit for 5 minutes 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: kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, buckling, and intermittent locking. Worse with range of motion and improves with rest.

Right ankle: Right ankle pain is 7/10, described as constant, dull, achy pain. The patient has pain with standing and walking. Worse with range of motion and improves with rest.

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 132 pounds, and BMI is 20.7. The patient ambulates with cane. The right knee reveals tenderness along the medial joint line and the lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 3/5 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 ankle reveals swelling over lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees. The patient has mild venous stasis.

DIAGNOSTIC TESTING: MRI of the right knee, done on 03/22/2022, shows osteochondral defect of the inferomedial femoral trochlea. Mild proximal tibiofibular joint arthrosis. Small joint effusion. Synovitis within the quadriceps fat pad. Edema within the anterior subcutaneous fat overlying the patella and patellar tendon.

ASSESSMENT:
1. M23.91 Internal derangement, right knee.
2. M25.461 Joint effusion, right knee.

3. S80.911A Injury, right knee.
4. M25.561 Pain, right knee.
5. M93.261 Osteochondral lesion, right knee.
6. M17.11 Osteoarthritis, right knee.
7. Status post open reduction and internal fixation, right ankle.
8. Pain, right ankle.
9. Effusion, right ankle.
10. Fractured medial malleolus, right ankle.
11. Osteoarthritis, right ankle.

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 ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and right ankle 3 days/week.
6. Recommend steroid injections with pain management for right knee and right ankle. The patient refuses due to side effects.
7. X-ray ordered of right ankle to rule out ligament tear and/or synovial injury.
8. Discussed right 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 would like to proceed with surgery.
9. The patient needs medical clearance prior to surgery.
10. 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.
11. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
12. 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.
13. All the questions in regard to the procedure were answered.
14. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery after medical clearance. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
15. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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.

Mellita Shakhmurov, PA-C
MS/AEI

Upendra K. Sinha, MD