

UK Sinha Physician, P.C.

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October 17, 2022

Office seen at:
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Re: Bassan-Pierre, Simone
DOB: 02/07/1951
DOA: 03/30/2022

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.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left knee: Left knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

The patient came to discuss arthroscopy procedure in detail and is going for arthroscopy on 10/20/2022 of the left knee.

PHYSICAL EXAMINATION: The left knee reveals tenderness along the superior pole of the patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 07/21/2022, shows anterior cruciate ligament sprain sequelae. Edema surrounding the patellar tendon consistent with paratenonitis. Significant edema in the prepatellar region compatible with trauma sequelae.

ASSESSMENT:

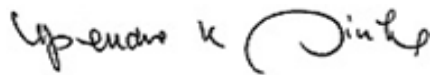
1. M23.92 Internal derangement, left knee.
2. M25.462 Joint effusion, left knee.
3. M12.569 Traumatic arthropathy, left knee.
4. S80.912A Injury, left knee.
5. M25.562 Pain, left knee.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. The patient is already scheduled for left knee arthroscopy on 10/20/2022 and medical clearance has been done.

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