UK Sinha Physician, P.C.

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September 23, 2022

Re: Brice, Barbara
DOB: 09/01/1983
DOA: 01/28/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee and left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee and left wrist. The patient comes from Dolphin Family Chiropractic, P.C., 430 W Merrick Road, Valley Stream, NY 11580.

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: lifting heavy objects, carrying heavy objects, laundry, shopping, and running errands.

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 has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left wrist: Left wrist pain is 7-8/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

History of hypertension (on medication). The patient needs medical clearance.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 degrees and extension -10/5 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 wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 4/5. There is swelling noted. There is no erythema or bruise noted. Negative Tinel sign.

Positive Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/26/2022, shows posteromedial meniscal tear as discussed in the body of the report. Presence of joint effusion compatible with synovitis. The anterior and posterior cruciate ligament as well as medial compartment and lateral collateral ligament complexes are intact. MRI of the left wrist, done on 08/18/2022, shows fluid in the distal radio-ulnar joint compatible with synovitis. Findings compatible with TFCC injury as discussed in the body of the report. Carpal tunnel syndrome as described above.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. M25.461 Joint effusion, right knee.
4. M12.569 Traumatic arthropathy, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. M24.661 Adhesions, right knee.
8. Torn TFCC, left wrist.

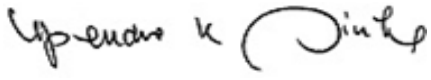
PLAN:

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 wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left wrist 3 days/week.
6. The patient does not want cortisone injection in left wrist (increased pain).
7. The patient is waiting for MRI report of right knee.
8. The patient also does not want cortisone injection in right knee (concerned about postop infection).
9. Follow up in 4 weeks.

IMPAIRMENT RATING: 100%. The patient is currently not working since 01/28/2022.

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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