

# UK Sinha Physician, P.C.

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September 20, 2022

Office seen at:  
Gurvansh Anand Chiropractic PC  
2598 3rd Avenue  
Bronx, NY 10454  
Phone#: (718) 975-7144

Re: Williams, Leah  
DOB: 08/01/1960  
DOA: 06/07/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 62-year-old right-hand dominant female involved in a motor vehicle accident on 06/07/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS arrived on the scene. The police were 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 pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with no relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Hypertension, hyperlipidemia, RA, and lupus. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Right foot surgery about 3 years ago, REA bilateral legs, and varicose legs.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking amlodipine, benazepril, HCL 5-10 mg, colchicine 6 mg, gabapentin 300 mg, Lipitor 20 mg, loratadine 10 mg, and methocarbamol 500 mg.

**SOCIAL HISTORY:** The patient smokes socially. The patient does not drink alcohol. The patient does not use recreational drugs.

**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: running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 10/10, 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. 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 or irregular heart rate. The patient has 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 4 inches, weight is 168 pounds, and BMI is 28.8. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, 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 80/130 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.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 09/08/2022, shows high-grade tear of the anterior horn, body and posterior horn of the lateral meniscus. Tear of the free margin of the body of the medial meniscus. Posterior capsular disruption. Low-grade tear of the anterior cruciate ligament.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.200 Lateral meniscus derangement, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.519A Anterior cruciate ligament tear, right knee.
5. M22.2X1 Patellofemoral chondral injury, right knee.

6. M25.461 Joint effusion, right knee.
7. S80.911A Injury, right knee.
8. M25.561 Pain, right knee.
9. Medial collateral ligament, right knee.
10. Lateral collateral ligament, right 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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. Recommend steroid injections with pain management for right knee. The patient refuses due to side effects.
7. 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.
8. The patient needs medical clearance prior to surgery.
9. 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery. 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.
14. 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.

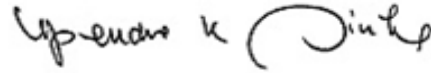
**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby

affirm under penalty of perjury that the statements contained herein are true and accurate.

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, featuring a cursive 'U.K. Sinha' with a large, stylized 'S' at the end.

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U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon