UK Sinha Physician, P.C.

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July 11, 2022

Office seen at:
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Re: Stokes, Shanice
DOB: 05/06/1992
DOA: 05/01/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: A 30-year-old right-hand dominant female involved in a motor vehicle accident on 05/01/2022. The patient was a pedestrian. The vehicle was hit and had an impact on left side, landed on right side. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Garden Medical Health Center and was treated and released the 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 2 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes, hypertension, hyperlipidemia, and DVT right leg during the accident.

PAST SURGICAL HISTORY: Received kidney in 2013, kidney failure due to diabetes and right eye cataract surgery in 2020.

DRUG ALLERGIES: TYLENOL.

MEDICATIONS: The patient is taking pain medications p.r.n., Trulicity, metformin 1000 mg, atorvastatin, Isotretinoin, Tacrolimus, prednisone, CellCept, Junel, Eliquis, nifedipine, trazodone, and aripiprazole.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she is unable to ambulate with wheelchair. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: play sports, laundry, shopping, 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, and buckling. Worse with range of motion and improves with medication. Non-weightbearing on right leg.

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 6 inches, weight is 200 pounds, and BMI is 32.3. 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. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 70/130 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 06/19/2022, shows large knee effusion containing several small areas of debris. Small to moderate size popliteal cyst. Oblique linear tear of the posterior horn of the medial meniscus intersecting the inferior articular surface. Radial tear involving the posterior horn of the lateral meniscus. Bowed appearance of the anterior cruciate ligament which demonstrates normal signal. This may relate to the sequels of an injury. Possible intrasubstance tear of the mid to femoral third of the posterior cruciate ligament. Comminuted fracture of the distal lateral femoral condyle as well as portions of the distal femoral metaphysis laterally with areas of prominent adjacent marrow edema. CT correlation is recommended to better define the anatomy of the fracture fragments. Type I strain of the lateral head of the gastrocnemius muscle. Type I sprain of the medial collateral 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. S83.411 Medial collateral ligament sprain, right knee.
5. M25.461 Joint effusion, right knee.
6. S80.911A Injury, right knee.
7. M25.561 Pain, right knee.
8. Strain of the lateral head of the gastrocnemius muscle, right knee.
9. Fracture of the distal lateral femoral condyle, 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. Spoke to Dr. Sinha and a referral was made to Montefiore Ortho as the patient is high risk for right knee surgery.
8. Follow up p.r.n.

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

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

MS/AEI