UK Sinha Physician, P.C.

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October 13, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
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Phone# (347) 862-0003

Re: Bulgado, Coralisse
DOB: 02/21/1988
DOA: 08/17/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee, left knee, and left ankle.

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: 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.

Left knee: Left 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.

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

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line, superior pole of patella, and inferior pole of the patella. There is no heat, swelling,

erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 75/130 degrees and extension 4/5 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 knee reveals tenderness along the lateral joint line. There is crepitus appreciated. There is no heat, swelling, 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 80/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left ankle reveals 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 09/01/2022, shows lateral patellar subluxation and tilt. Free edge truncation and radial tearing involving the body and body-anterior horn junction of the medial meniscus. Attenuation of the anteromedial bundle of the ACL compatible with partial tear. Paucity of synovial fluid at the level of the patellofemoral articulation and anteriorly at the tibiofemoral articulation. Slight baja position to the patella with tendinosis/tendinopathy greater distally. More prominent degree of tendinosis/tendinopathy involving the distal quadriceps tendon. Thickening and sprain of the fibular collateral ligament at its femoral attachment site. MRI of the left knee, done on 09/01/2022, shows lateral patellar tilt. Strain of the medial collateral ligament at its femoral attachment as well as the fibular collateral ligament at its femoral attachment site. Focal shallow inferior surface tear of the body of the lateral meniscus fairly broad based. Free edge truncation and radial tearing involving the medial meniscal body. Edema in the prepatellar subcutaneous tissues. Synovial fluid at the patellofemoral articular surface. MRI of the left ankle, done on 9/02/2022, shows partial tear of the ATFL. Small joint effusion.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.519A Anterior cruciate ligament tear, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.
7. M67.51 Medial plica, right knee.
8. S83.282A Lateral meniscus tear, left knee.
9. M23.92 Internal derangement, left knee.
10. S83.412A Medial collateral ligament sprain, left knee.
11. M25.462 Joint effusion, left knee.

12. S80.912A Injury, left knee.
13. M25.562 Pain, left knee.
14. Partial tear of the ATFL, left ankle.
15. Joint effusion, left ankle.
16. Pain, left ankle.

PLAN:

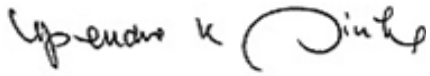
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, left knee, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, left knee, and left ankle 3 days/week.
6. Recommend steroid injections with pain management for right knee, left knee, and left ankle. The patient refuses due to side effects.
7. Discussed right knee, left knee, and left ankle 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, left knee, and left ankle 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, left knee, and left ankle 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.

Mellita Shakhmurov, PA-C



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MS/AEI