UK Sinha Physician, P.C.

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October 14, 2022

Re: Eweka, Ese
DOB: 12/25/1970
DOA: 03/30/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right knee pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right knee. The patient is 14 weeks postop right knee arthroscopy. 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the superior pole of the patella and inferior pole of the patella. There is swelling appreciated. There is no heat, erythema, crepitus 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 right lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 05/10/2022, shows subcortical edema central to slightly anterolateral tibial plateau with osteochondral injury measuring up to 9.5 x 8.9 mm. At the above there is focal ground the undersurface hyperintense signal and irregular to concerning for tear more along the posterolateral ACT, bundle insertional fibers. Series 6 image 11, series 4 image 11. There is also tear of the anterior horn lateral meniscus with associated 14.3 x 4.5 x. 6.5 mm partially septated and lobulated per meniscal cyst. Series 4 image 6, series 6 Image 11.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. M22.2X1 Patellofemoral chondral injury, right knee.
3. M25.461 Joint effusion, right knee.
4. S80.911A Injury, right knee.
5. M25.561 Pain, 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 wants to think about that. Will consider cortisone injection at next visit.
7. Follow up in 4 weeks.

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