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September 29, 2022

Office seen at:
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Re: Covington, Latoya
DOB: 08/23/1983
DOA: 01/31/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 20 minutes before she has to sit. She can sit for 15 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. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with medication. Status post arthroscopy on 05/20/2022.

Left knee: Left knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: 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 crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative

anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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 85/130 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.

DIAGNOSTIC TESTING: MRI of the right knee, done on 02/08/2022, shows undersurface tear at the anterior horn of medial meniscus. Focal stripping at the posterior horn of lateral meniscus near the attachment of the ligament of Wrisberg resulting in a longitudinal tear. Patella alta with impingement of superolateral Hoffa fat. Full-thickness chondral fissure at the medial patellar facet. Small multiloculated popliteal cyst decompressing superiorly. MRI of the left knee, done on 04/25/2022, shows Oblique tear at the anterior horn of lateral meniscus near the root attachment. Patella alta with impingement of the superolateral Hoffa fat. Joint effusion. Small popliteal cyst.

ASSESSMENT:

1. M25.461 Joint effusion, right knee.
2. S80.911A Injury, right knee.
3. M25.561 Pain, right knee.
4. S83.241A Medial meniscal tear, right knee.
5. S83.281A Lateral meniscal tear, right knee.
6. M23.92 Internal derangement, right knee.
7. M25.461 Joint effusion, right knee.
8. M25.561 Pain, right knee.
9. M24.10 Chondral lesion, right knee.
10. Popliteal cyst, right knee.
11. Status post arthroscopy, right knee.
12. M23.301 Lateral meniscus derangement, left knee.
13. M23.92 Internal derangement, left knee.
14. M25.462 Joint effusion, left knee.
15. S80.912A Injury, left knee.
16. M25.562 Pain, left knee.
17. Popliteal cyst, left 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.

6. Recommend steroid injections with pain management for right knee and left knee. The patient accepts and will do with PM team.
7. Discussed left 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 wants to think about surgery.
8. 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 left 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the left 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks after injection.

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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Board Certified Orthopedic Surgeon

MS/AEI