

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

August 12, 2022

Re: Bilal, Mohammad
DOB: 03/12/1997
DOA: 04/08/2021

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. The patient walks with a cane.

ADL CAPABILITIES: The patient states that he can walk for 1/4 block. He can stand for 1-2 hours before he has to sit. He can sit for 1-2 hours before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, reaching overhead, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 8-9/10, described as intermittent, 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 intermittent locking.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking.

PHYSICAL EXAMINATION: The patient's height is 5 feet 10 inches, weight is 160 pounds, and BMI is 23. The right knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension - 5/5 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. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension -

5/5 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 10/18/2021, shows findings suggesting a partial tear of the mid to inferior aspect of the anterior cruciate ligament. MRI of the left knee, done on 04/29/2022, shows an interstitial tear of the ACL is seen, as noted. There is no attenuation or laxity. There is a focal contusion overlying the patellar tendon.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. M25.461 Joint effusion, right knee.
4. M12.569 Traumatic arthropathy, right knee.
5. M25.561 Pain, right knee.
6. M65.161 Synovitis, right knee.
7. S83.282A Lateral meniscal tear, left knee.
8. M23.92 Internal derangement, left knee.
9. S83.512A Anterior cruciate ligament sprain, left knee.
10. M94.262 Chondromalacia, left knee.
11. M22.2X2 Patellofemoral chondral injury, left knee.
12. M25.462 Joint effusion, left knee.
13. M12.569 Traumatic arthropathy, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.
16. M65.162 Synovitis, left knee.
17. M24.10 Chondral lesion, left knee.
18. M24.662 Adhesions, left knee.

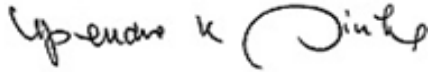
PLAN:

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. Follow up in 8 weeks.

IMPAIRMENT RATING: 100%. The patient is currently not working.

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, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI