

Richard Seldes, MD

Alexandra Carrer, MD

Shubrata Dey, MBBS, MSN, NP-BC

164-10 Northern Boulevard, Suite 204

Flushing, NY 11358

Tel: 718-886-2011 Fax: 929-333-7950

Patient Name: Flores, Erohanny

Acc No: 186505

Gender: FEMALE

DOB: 04/25/2002

Visit Date: 11/06/2025

Physician: Alexandra Carrer, M.D.

Location: All City Family Healthcare Ambulatory Surgery Center

CHIEF COMPLAINTS: The patient was first examined on October 28, 2025 for right knee pain resulting from the motor vehicle accident of 06/21/2025.

HISTORY OF PRESENT ILLNESS: A 23-year-old right-hand dominant female involved in a motor vehicle accident on 06/21/2025. The patient was a rear passenger and was wearing a seatbelt. While going straight, another car suddenly made turn and collided with the patient's car. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to NYU Langone Health and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

The patient was examined by S. Dey, MBBS, MSN, NP-BC, and I agreed with the findings.

Chief Complaints: The patient's right knee pain level is 8/10 and is intermittent. The pain worsens with squatting, negotiating stairs, kneeling, jumping, and running. There is giving way.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma. The patient was asymptomatic prior to the accident.

PAST SURGICAL HISTORY: Noncontributory.

RX HISTORY: The patient is taking ibuprofen 400 mg for pain.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

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, irregular heart rate or 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: General: The patient is a well-developed, well-nourished female, in no acute distress. Alert and oriented x3. Motor/Neuro: Intact in upper and lower extremities bilaterally. Sensation to light touch grossly intact in upper and lower extremities bilaterally.

Right Knee:

Inspection: Normal.

Palpation:

Tenderness over the medial joint line.

No effusion noted.

ACTIVE RANGE OF MOTION	NORMAL	CLAIMANT	STRENGTH
Flexion	140	125 degrees	5/5
Extension	0	0 degrees	5/5

Ligament Stability and Special Test of the right knee is as follows: Negative McMurray test. Negative Lachman test. Negative valgus stress test. Negative varus stress test. Negative ballottement test. Positive squat test. Negative Apley test. Negative posterior drawer test. Negative anterior drawer test. Negative pivot shift test. Negative patellofemoral crepitus test.

DIAGNOSTIC TEST RESULTS:

10/18/2025 – MRI of the right knee: Evidence for medial meniscal tear. Additional ACL and PCL Injuries suggested. Quadriceps and patellar tendinitis. Joint effusion. Soft tissue swelling. No gross bony derangement

IMPRESSION:

1. Internal derangement, right knee.
2. Traumatic arthropathy, right knee.

RECOMMENDATIONS:

1. The patient understands that the MRI of the right knee shows minimal pathology (internal derangement and traumatic arthropathy). However, because of the persistence of symptoms despite 4 months of physical therapy and mechanical findings on physical examination, the patient wants to proceed with surgery. Because the MRI shows minimal pathology, the patient understands that the symptoms may not improve and that the symptoms may actually get worse. The patient understands and wants to proceed with diagnostic right knee arthroscopy.
2. As previously noted, I had a discussion with the patient where I reviewed the indications for right knee surgery. I discussed the advantages and disadvantages of conservative versus surgical treatment. The patient understands that there is no guarantee that the symptoms will be cured by surgery and there is a possibility they could be worse off after the surgery. We discussed the risks and potential complications of surgery including but not limited to infection, nerve injury, loss of motion, blood loss, and anesthetic complications. We also discussed the procedure itself, the perioperative protocol, and the postoperative protocol. All questions were answered. The patient agreed to have surgery and signed an informed consent.

CAUSAL RELATIONSHIP:

It is in my opinion within a reasonable degree of medical certainty, based upon the history reported by the patient and the above objective findings that the accident discussed above was the competent producing cause of the above noted injuries and there is a direct causal relationship.

I, Alexandra Carrer, M.D. being duly licensed to practice medicine in the State of New York and New Jersey, pursuant to the applicable provisions of the CPLR, hereby affirm under the penalty of perjury, that the statements contained herein are true and accurate to the best of my knowledge.



Alexandra Carrer, MD, FAAOS

NY Lic#: 245622

NJ Lic#: 25MA09170200

Transcribed but not proofread