Reason For Visit

KOSHI PADNANI is a 70 year old female being seen for a follow-up visit for. This visit is related to worker's compensation. Date of Injury: 6/7/2007 retired. Left TKR 10/30/2024.

History of Present Illness

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Patient is a 70-year-old female who presents today for an evaluation regarding her left knee. Patient is status post left total knee replacement performed on October 30, 2024 by Dr. Gerber. She states that following her knee replacement she did fairly well but always had a feeling of stiffness with a lack of extension. She did follow-up with Dr. Gerber following the surgery numerous times. I was offered a manipulation under anesthesia. This was approved before receiving the manipulation. She decided to seek a second opinion. She did present to the office and it was discussed that she did have an extension lag as well as stiffness within her knee. She was advised to try physical therapy and continuing strengthening exercises at home. This was to include and improve her range of motion but particularly for improvement and strengthening of her extensor mechanism. She states that this has been for several months and although she does feel a little more stable. She does have a lack of extension with active range of motion. She states that due to this she feels discomfort weakness stiffness and a feeling of buckling at times. She also states that she must use a cane when ambulating due to the uncertainty when walking. And still has discomfort which is worse at night. She states that she has tried all conservative measures including anti-inflammatories and pain medications. Along with topical diclofenac gel and lidocaine with no relief. Currently she is on meloxicam. She presents today for an evaluation regarding her left knee. As this is a Worker's Compensation case which began on June 7, 2007. The board has asked for a percentage of loss. And is therefore here to discuss further medical options and her required percentage of loss for her left knee. She denies any history of new or recent injury. And is currently not working in her profession

Physical Exam

On physical examination of the left knee. Patient is status post left total knee replacement. There is a well-healed surgical scar with no evidence of infection superficial or deep. There is no redness heat or discharge noted. However there is some joint effusion still noted. There is some diffuse pain and tenderness particularly with in the patellofemoral compartment as well as the medial femoral-tibial compartment. She does have a marked decrease range of motion. Particularly with extension. She is able to to extend her knee to a -5 degrees at passive extension. However actively she has a lack of extension of 30 degrees. This was measured 3 times using a goniometer. Passively it was measured from -5 degrees to 95 degrees the second reading was -6 degrees to 90 degrees. And the third and final measurement was -5 degrees to 90 degrees. However performing these range of motion actively it was also measured 3 times using a goniometer. It was noted with the first measurement as being -35 degrees to 90 degrees. The second reading was -30 degrees to 95 degrees. And the third and final reading of 32 degrees to 90 degrees. Therefore indicating she has a significant active decreased range of motion both passive and actively. During evaluating ligamentous laxity. An anterior posterior drawer test as well as varus and valgus stress testing were performed. Which shows some stability. With approximately 5 degrees of laxity when performing the varus and valgus stress test. There is some joint effusion noted. With muscle atrophy. This was measured using a tape measure and comparing it to the opposite knee. At 5 cm above the patella it is noted that on the nonsurgical knee it was 33 cm. Whereas the left was 35 cm. Indicating some joint effusion. But when measuring the knee 10 cm above the patella. It is noted that the right knee has her circumference of 39 cm with the left being 36 indicating muscle atrophy. This was measured 3 times using the tape measure. The first reading measured 36 cm the second reading was 35 cm and the third and final reading was 36 cm. Whereas the right was consistently at 39 cm. There is some crepitus during the evaluation at the patellofemoral compartment. She is neurovascularly intact with good distal pulses and no calf tenderness.

Musculoskeletal: antalgic and ambulates with cane.

DTRs: Biceps, brachioradialis, triceps, patellar, ankle and plantar 2+ and symmetric bilaterally. Pulses: dorsalis pedis, posterior tibial, femoral, popliteal, and radial 2+ and symmetric bilaterally.

Imaging: X-rays of the left knee were taken in the office today. This includes all 3 views. The AP, lateral and sunrise views. They reveal a status post left total knee replacement. The hardware is in perfect placement and fixated well. There is excellent alignment. There is no evidence of any fracture, dislocation or loosening of any hardware.

Discussion/Summary

Medication risks reviewed. Surgical risks reviewed. After thorough history full examination and review of the x-rays. It was explained to the patient that she does have a functioning left total knee replacement. However she does present with significant stiffness/range of motion within the knee. This has been noted numerous times since her surgery and acknowledge with Worker's Compensation board as she did have approval for a manipulation. This is noted during passive but mostly during active range of motion. She also presents with a weakness with muscle atrophy and the feeling of instability during ambulation and muscles ambulate with the use of a cane. According to the New York State guidelines she does have a percentage of loss which is permanent according to the New York State guidelines. According to table 7.5 on page 44. The patient did have a total knee replacement which is equivalent to 35% schedule of loss. However due to her range of motion. The outcome matched the column of being considered poor (C). When assessing the overall grade it is considered poor due to the fact that she has an extension lag during active range of motion of 30 degrees which is greater then 20 degrees in the guidelines. This would add an additional 30% to her schedule. When measuring the stability she does have a stable joint therefore not any additional percentage. And the buckling is mostly due to to the muscle atrophy and lack of range of motion. When measuring the muscle atrophy it is an additional 5% as the guidelines on table 7.5 reads 1.5 to 2.5 inches of muscle atrophy adds an additional 5%. So according to the New York State guidelines on table 7.5 on page 44. It is come to the conclusion that she has a total schedule loss of 70/%. This is based on the 35% due to her surgery and the additional 30% due to the poor outcome of her range of motion and additional 5% due to her muscle atrophy. It was explained to the patient that she should continue with her exercise program to hopefully regain more strength but also to improve her range of motion. She is advised to continue with ice packs/moist heat and to continue with anti-inflammatories/pain medications as needed. Currently the patient is not working as she is unable to return back to work as she is still disabled. It is recommended that she follow with this office accordingly in the next 2 to 3 months for reevaluation and to discuss further medical management.

35 minutes were spent, face to face, in direct consultation with the patient. This in eliciting the history, performing an orthopedic exam, review of the x-ray findings, forming



options. This Includes both surgical and non-surgical treatments. I also reviewed all the risks and benefits of non-operative & operative Tx options, future impact into orthopedic functions/problems, activity restrictions both at home and at work, and all follow up requirements.

Assessment

Postoperative stiffness of total knee replacement (996.77) (T84.89XA,M25.669,Z96.659)
Status post total left knee replacement (V43.65) (Z96.652)

Plan

Status post total left knee replacement

Xray Knee 3 Views, Left; Status:Complete; Done: 06-Jan-2026

Electronically signed by : WILLIAM SZABO, PA; Jan 10 2026 10:43AM Eastern Standard Time (Author)
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