

63-36 99th St., 1st Floor, Rego Park, NY 11374
Tel: (718) 255-6615/Fax: (718) 255-1394

14 Mamaroneck Ave, 2nd fl. White Plains, NY 10601
Tel: (914) 949-5555/Fax: (914) 993-3333

JFK Airport Bldg. 14 Ste. 14A Jamaica, NY 11430
Tel: (718) 725-0044/Fax: (718) 725-0880

910 E Gun Hill Rd Bronx, NY 10469
Tel: (718) 882-8500/Fax: (718) 882-4400

92-18 165th Street Jamaica, NY 11433
Tel: (718) 725-0044/ Fax: (718) 725-0880

1963 Grand Concourse, 2nd fl. Bronx, NY 11453
Tel: (718) 466-4600/Fax: (718) 466-1100

55 Green Ave. Suite LLB Brooklyn, NY 11238
Tel: (718) 398-7777/ Fax: (718) 399-7777

JFK Airport Bldg. 75 Ste. 247-249 Jamaica, NY 11430
Tel: (718) 656-9500/ Fax: (718) 656-9503

INITIAL ORTHOPEDIC EXAMINATION REPORT

Date: 01-Jan-2017

RE: Adarsh Bajpai

DOB: 08-Aug-1979

D/A: 05-Mar-2017

GENDER: Male

AGE: 39

MRN: 1234XX4544556

LOCATION: Mumbai

CHIEF COMPLAINT: bilateral shoulder pain (left greater than right), left knee pain, right ankle pain

HISTORY OF PRESENT ILLNESS:

- aaa
- bbb
- ccc
- ddd
- eee
- fff
- ggg
- qqq

PAST MEDICAL HISTORY:

Hypertension, Diabetes, High Cholesterol, Asthma, Thyroid disease, GERD, Anxiety/Depression, HIV, Hepatitis C

MEDICATIONS:

Hypertension, Diabetes, High Cholesterol, Asthma, Thyroid disease, GERD, Anxiety/Depression, HIV, Hepatitis C

PAST SURGICAL HISTORY:

None

PAST HOSPITALIZATIONS:

None

FAMILY HISTORY:

Significant for diabetes, hypertension, heart disease

- **Smoking:**
- **Alcohol:**

SOCIAL HISTORY:

OCCUPATION:

The patient works Software Engineer

REVIEW OF SYSTEMS:

The patient reports back pain, morning stiffness, gout, rheumatoid arthritis, heartburn, ulcers, nausea, vomiting, blood in stool.

ALLERGIES:

No known drug allergies

PHYSICAL EXAMINATION**VITAL SIGNS:**

Height: 172 centimetres.

Weight: 150 pounds

GENERAL APPEARANCE:

This is a well-developed, well-nourished Male. The patient is alert and oriented to person, place and time.

MUSCULOSKELETAL

Shoulder	Left	Right
TENDERNESS TO PALPATION		
RANGE OF MOTION:	LEFT	RIGHT
Forward Flexion		
ABDUCTION		
EXTERNAL ROTATION		
INTERNAL ROTATION		
PASSIVE FORWARD FLEXION		
PASSIVE ABDUCTION		
PASSIVE EXTERNAL ROTATION		
STRENGTH:	LEFT	RIGHT
External Rotation		
Internal Rotation		
Supraspinatus		
Biceps		
TESTS:	LEFT	RIGHT
Jobe		
Obrein		
Neer		
Hawkins		

Speed		
Yergason		
Belly Press		
Apprehension		
Posterior Force Following Apprehension Testing		
Jerk		
Spurling		
Scars		
Sensation		
Comments		

CERVICAL SPINE	
TENDERNESS TO PALPATION	Paraspinal muscles, Medial border of the scapula, Trapezius, none
RANGE OF MOTION:	
Flexion	0 degree(without pain)
EXTENSION	0 degree(without pain)
ROTATION	0 degree(without pain)
LATERAL BENDING	0 degree(without pain)
SENSATION	C4 Intact , C5 Paresthesias , C6 Paresthesias , C7 Numbness , C8 Intact , T1 Intact
STRENGTH	C4 4/5, C5 3/5, C6 4/5, C7 4/5, C8 4/5, T1 2/5
SCARS	Some Scar Value

LUMBAR SPINE	
TENDERNESS TO PALPATION	Paraspinal muscles, none
RANGE OF MOTION:	
Flexion	0 degree(without pain)
EXTENSION	0 degree(without pain)
ROTATION	0 degree(without pain)
LATERAL BENDING	0 degree(without pain)
SENSATION	L2 Intact , L3 Paresthesias , L4 Numbness , L5 Paresthesias , S1 Intact , T1 Numbness
STRENGTH	L2 4/5, L3 3/5, L4 4/5, L5 4/5, S1 4/5, T1 2/5
SCARS	Some Scar Value

Elbow	Left	Right
-------	------	-------

TENDERNESS TO PALPATION		
RANGE OF MOTION	LEFT	RIGHT
Flexion		
Extension		
Supination		
Pronation		
Stability	Left	Right
Varus Stress Test		
Valgus Stress Test		
STRENGTH:	LEFT	RIGHT
Biceps		
Triceps		
Wrist Flexion		
Biceps		
Sensation		
Comments		

WRIST	Left	Right
TENDERNESS TO PALPATION	Dustal Radius, Dustal Ulna, Dorsal Wrist, Palmar Wrist, Mid Palm, Scaphoid, TFCC Tear, Meta Carpel, Fingers	Dustal Radius, Dustal Ulna, Dorsal Wrist, Palmar Wrist, Mid Palm, Scaphoid, TFCC Tear, Meta Carpel, Fingers
RANGE OF MOTION:	LEFT	RIGHT
FLEXION	5 degree(without pain)	2 degree(with pain)
EXTENSION	0 degree(without pain)	0 degree(with pain)
SUPINATION	9 degree(without pain)	0 degree(with pain)
PRONATION	0 degree(without pain)	0 degree(with pain)
STRENGTH:	LEFT	RIGHT
WRIST FLEXION	0/5 (without pain)	0/5(with pain)
WRIST EXTENSION	0/5 (without pain)	0/5(with pain)
FINGER FLEXION	0/5 (without pain)	0/5(with pain)
FINGER EXTENSION	0/5 (without pain)	0/5(with pain)
FINGER ABDUCTION	0/5 (without pain)	0/5(with pain)
SENSATION	Median Nerve Intact, Radial Nerve Intact, Unlar Nerve Intact	Median Nerve Intact, Radial Nerve Intact, Unlar Nerve Intact
TESTS	LEFT	RIGHT

CARPAL TUNNEL COMPRESSION TEST	Positive	Positive
PHALEN'S TEST	Positive	Positive
TINEL'S TEST	Positive	Positive
THENOR ANTROPY	Positive	Positive

ANKLE	Left	Right
TENDERNESS TO PALPATION	Anterior Deltoid, Posterior Deltoid, ATFL, CFL, PTF, Anterior Joint, Achillies Tendon, Medial Malleolus, Lateral Malleolus, Metatarsal, Toes	Anterior Deltoid, Posterior Deltoid, ATFL, CFL, PTF, Anterior Joint, Achillies Tendon, Medial Malleolus, Lateral Malleolus, Metatarsal, Toes
RANGE OF MOTION:	LEFT	RIGHT
DORSIFLEXION	5 degree(without pain)	2 degree(with pain)
PLANTER FLEXION	0 degree(without pain)	0 degree(with pain)
EVERSION	9 degree(without pain)	0 degree(with pain)
INVERSION	0 degree(without pain)	0 degree(with pain)
EXTERNAL ROTATION	0 degree(without pain)	0 degree(with pain)
STRENGTH:	LEFT	RIGHT
DORSIFLEXION	0/5 (without pain)	0/5(with pain)
PLANTAR FLEXION	0/5 (without pain)	0/5(with pain)
EVERSION	0/5 (without pain)	0/5(with pain)
INVERSION	0/5 (without pain)	0/5(with pain)

HIP	Left	Right
TENDERNESS TO PALPATION	Greater Trochanter, ASIS, None	Greater Trochanter, ASIS, None
RANGE OF MOTION:	LEFT	RIGHT
FLEXION	5 degree(without pain)	2 degree(with pain)
EXTENSION	0 degree(without pain)	0 degree(with pain)
ABDUCTION	9 degree(without pain)	0 degree(with pain)
INTERNAL ROTATION	0 degree(without pain)	0 degree(with pain)
EXTERNAL ROTATION	0 degree(without pain)	0 degree(with pain)
STRENGTH:	LEFT	RIGHT
FLEXION	0/5 (without pain)	0/5(with pain)
EXTENSION	0/5 (without pain)	0/5(with pain)
ABDUCTION	0/5 (without pain)	0/5(with pain)
SENSATION	L2 Intact , L3 Paresthesias , L4 Numbness , L5 Paresthesias , S1 Intact	L2 Intact , L3 Paresthesias , L4 Numbness , L5 Paresthesias , S1 Intact

<<MusculoskeletalKnee>>

STUDIES:

<<Studies>>

ASSESSMENT:

- Left Knee: Medial Meniscus Tear, Pain, Stiffness
- Right Knee: Medial Meniscus Tear, Pain, Stiffness
- Left Shoulder: Slap Tear, Full Thickness, BONE CONTUSION
- Right Shoulder: Slap Tear, BONE CONTUSION
- Cervical Spine: Myalgia, Myositis, Disc Herniation, Stenosis, Radiculopathy, Pain, Stiffness
- Lumbar Spine: Myalgia, Myositis, Radiculopathy, Pain, Stiffness
- Left Ankle: Sprain, Pain, Stiffness, Weakness, Contusion, Lateral Malleolus Avulsion Fracture
- Right Ankle: Stiffness, Weakness, Lateral Malleolus Avulsion Fracture
- Left Hip: Labral Tear, Trochanteric Bursitis, Osteoarthritis Exacerbation, Referred Pain From Lumbar Spine
- Right Hip: Labral Tear, Trochanteric Bursitis, Osteoarthritis Exacerbation
- Left Elbow: Lateral Epicondylitis/Partial Tear, Pain, Stiffness, Weakness, Mcl Tear/Partial Tear, Lcl Tear/Partial Tear, Olecranon Bursitis
- Right Elbow: Lateral Epicondylitis/Partial Tear, Medial Epicondylitis/Partial Tear, Triceps Tendonitis/Partial Tear, Pain, Stiffness, Weakness, Mcl Tear/Partial Tear, Lcl Tear/Partial Tear, Olecranon Bursitis
- Left Wrist: Sprain, Strain, Pain, Stiffness, Weakness, Carpal Tunnel Syndrome, Contusion
- Right Wrist: Sprain, Strain, Pain, Stiffness, Weakness, Carpal Tunnel Syndrome, Contusion

CASUALTY:

Data Not Available

WORK STATUS:

Data Not Available

PROCEDURE:

Data Not Available

PLAN:

- Due to the length of time since injury and the fact that the patient has failed conservative measures, active physical therapy, and time, surgical intervention is warranted for the . This is arthroscopic surgery. The risks, benefits, alternatives and options have been discussed in detail with the patient. The risks include but are not limited to, bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT and recurrence. The postoperative discussion held in detail with the patient. Questions were asked and answered.
- The patient desires surgery and surgery will be scheduled following workers' compensation authorization/insurance approval/ for .
- Request authorization from the workers' compensation board for arthroscopy with postoperative physical therapy, CPM, and cryotherapy.
- The patient understands to continue physical therapy and home exercises.
- Physical therapy is ordered for the patient.
- Home exercises were taught to the patient(focusing on hip, core, and quadriceps strengthening)
- Bilateral weight bearing knee X-rays are ordered for the patient.
- The patient understands to utilize ice for 20 minutes 2-3 times per day.
- The risks and benefits of viscosupplementation injection for the xxx xxxx were discussed in detail with the patient who would like to proceed with the injection
- A prescription for naproxen, ibuprofen, percocet. The patient understands the risks of this medication.

- A CAM boot, hinged knee brace, knee sleeve is ordered for the patient.

TREATMENT RENDERED TODAY:

Procedure Code	Procedure Description
99521	Some Procedure Code Description 1
98955	Some Procedure Code Description 2

I, Barbara C. Steele, MD, being a physician being duly licensed and practicing in the State of New York pursuant to CPLR Section 2106, hereby affirm under the penalties of perjury that the statements contained herein are true and accurate.

A handwritten signature in black ink, appearing to read 'B. Steele', with a stylized flourish at the end.

Barbara C. Steele, MD.
BCS/sjk
Dictated but not proofread