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INITIAL ORTHOPEDIC EXAMINATION REPORT

Date: xx/xx/xxxx

RE: first name last name

DOB: xx/xx/xxxx

D/A: xx/xx/xxxx

GENDER: Male/female

AGE: xx

MRN: xxxxx

LOCATION: Grand Concourse/Gun Hill/Rego Park, Jamaica, JFK 75, JFK 14, Brooklyn

CHIEF COMPLAINT: Left/right/bilateral shoulder pain (left greater than right if applicable to bilateral); left/right/bilateral knee pain; left/right/bilateral ankle pain; left/right/bilateral elbow pain; left/right/bilateral hip pain; left/right/bilateral wrist pain; neck pain; back pain.

HISTORY OF PRESENT ILLNESS:

- Upon the request of the doctors at CitiMedical, the patient is being seen and evaluated for the chief complaint.
- The patient is a xx-year-old male/female who was involved in a work-related injury/motor vehicle/injury on xx/xx/xxxx.
- The patient was involved in a motor vehicle accident.
- The patient was the restrained/unrestrained driver/front/back seat passenger sitting on the right/left/middle.
- xxxxx (free text or dragon dictate how accident occurred)
- The patient did/did not consciousness, but sustained injury to the (Left/right/bilateral shoulder; left/right/bilateral knee; left/right/bilateral ankle; left/right/bilateral elbow; left/right/bilateral hip; left/right/bilateral wrist; neck; back; head, xxxxx).
- The patient was seen at xxxx hospital/an urgent care facility at JFK 75/14/by the company doctor/by the patient's primary doctor following the injury.
- Prior to the injury, the patient had no previous injury regarding the body parts specified./Prior to the injury the patient had a previous injury to the xxxx.
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- On the day of the injury, the severity of pain was a x/10.
- Today, the severity of pain is a x/10./Today the severity of pain is x/10 at rest, and increases to a x/10 with activity.
- The quality of pain is sharp/dull/stabbing/throbbing/aching/burning/xxxx.
- The pain comes and goes/constant.
- The pain does not wake him/her from his/her sleep.
- The patient has weakness/stiffness/buckling/giving way/clicking/instability/numbness/tingling/swelling/bruising/grinding/xxxx.
- The patient feels it is getting better/worse/unchanged from the start/xxxxx/last visit.
- The patient has difficulty with lifting/carrying/reaching/lying in bed/standing/walking/exercise/twisting/bending/kneeling/stairs/sitting (must be able to add modifiers to each such as prolonged walking, heavy lifting, etc where appropriate).
- Rest helps alleviate/does not help the pain.
- The patient utilizes naproxen/Ibuprofen/percocet/pain medication/xxxx as needed.
- The patient has been attending physical therapy for the past xxx weeks/months/years, which he/she states is helping/not helping/ helping somewhat/helps during the physical therapy session but then the pain returns/xxxxx.
- The patient utilizes a knee/ankle sleeve/brace, knee immobilizer, sling.
- The patient ambulates with a cane/crutches/walker. The patient previously utilized a cane/crutches/walker.
- The patient had an XR/MRI/CT/EMG secondary to the injury.
- (The patient took xxx weeks/days/months/years off of work following the injury and then returned to work light/full duty. The patient is currently working light/full duty.) / (The patient is not working and has not returned to work since the injury.) / (The patient did not take time off of work but returned to work light duty.) xxxxx
- (The patient has difficulty with activities of daily life, particularly showering/bathing/going to the bathroom/getting dressed/brushing teeth/doing his/her hair/scratching his/her back with his/her left hand.) / The patient does not have difficulty with activities of daily life./ The patient does not have difficulty with activities of daily life because he/she uses his/her dominant right/left hand.
- The patient is left/right-hand dominant.
- The patient was previously treated with xxxx

PAST MEDICAL HISTORY: None/Hypertension/Diabetes/High Cholesterol/Asthma/Thyroid disease/GERD/Anxiety/Depression/HIV/Hepatitis C/xxxx.

MEDICATIONS: None/xxxx.

PAST SURGICAL HISTORY: None/xxxx.

PAST HOSPITALIZATIONS: None/xxxx.

FAMILY HISTORY: Significant for diabetes/hypertension/heart disease./Noncontributory.

SOCIAL HISTORY: The patient does not smoke./The patient smokes xxxx packs/cigarettes/cigars per day/week for xxx years. The patient drinks alcohol socially/rarely./The patient drinks xxxx drinks of alcohol per week.

OCCUPATION: The patient works xxxx.

REVIEW OF SYSTEMS: The patient has no history of thyroid disease or diabetes. **OR** The patient reports back pain/morning stiffness/gout/rheumatoid arthritis/heartburn/ulcers/nausea/vomiting/blood in stool/hepatitis/liver disease/excessive thirst/excessive urination/heat intolerance/cold intolerance/thyroid disease/diabetes/weight loss/frequent fever/loss of appetite/blurred vision/double vision/vision loss/hearing loss/hoarseness/trouble swallowing/chest pain/heart palpitations/hypertension/chronic cough/shortness of breath/asthma/painful urination/blood in urine/kidney problems/frequent rashes/skin ulcers/lumps/psoriasis/headaches/dizziness/seizures/depression/anxiety/drug-alcohol addiction/sleep disorder/easy bleeding/easy bruising/blood clots

ALLERGIES: No known drug allergies/xxxx

PHYSICAL EXAMINATION:

VITAL SIGNS:

Height x feet x inches(or xxx cm). Weight xxx pounds.

GENERAL APPEARANCE:

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

MUSCULOSKELETAL:

SHOULDER:

SHOULDER	RIGHT	LEFT
TENDERNESS TO PALPATION	anterior shoulder/posterior shoulder/lateral shoulder/AC joint/trapezius/xxx/none	anterior shoulder/posterior shoulder/lateral shoulder/AC joint/trapezius/xxx/none
RANGE OF MOTION:		
FORWARD FLEXION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)
ABDUCTION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)
EXTERNAL ROTATION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)

INTERNAL ROTATION	xxx vertebral body/sacrum/side (with pain/minimal pain)	xxx vertebral body/sacrum/side (with pain/minimal pain)
PASSIVE FORWARD FLEXION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)
PASSIVE ABDUCTION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)
PASSIVE EXTERNAL ROTATION	xxx degrees (with pain/minimal pain)	xxx degrees (with pain/minimal pain)
STRENGTH:		
EXTERNAL ROTATION	x/5 (with pain/minimal pain)	x/5 (with pain/minimal pain)
INTERNAL ROTATION	x/5 (with pain/minimal pain)	x/5 (with pain/minimal pain)
SUPRASPINATUS	x/5 (with pain/minimal pain)	x/5 (with pain/minimal pain)
BICEPS	x/5 (with pain/minimal pain)	x/5 (with pain/minimal pain)
SHOULDER SPECIFIC TESTS:		(should be able to select all negative if applicable)
JOBE	positive/pain but no weakness/minimal pain with minimal weakness/negative	positive/pain but no weakness/minimal pain with minimal weakness/negative
OBRIEN	positive/minimally positive/severely positive/negative	
NEER	positive/minimally positive/severely positive/negative	
HAWKINS	positive/minimally positive/severely positive/negative	
SPEED	positive/minimally positive/severely positive/negative	
YERGASON	positive/minimally positive/severely positive/negative	
BELLY PRESS	positive/minimally positive/severely positive/negative	

APPREHENSION	positive/pain but no instability/negative	
POSTERIOR FORCE FOLLOWING APPREHENSION TESTING	increased pain/unchanged pain/relief of apprehension	
JERK	positive/pain but no instability/negative	
SPURLING	paresthesias in the C4/C5/C6/C7/C8/T1 distribution, globally, negative	
SCARS	well healed arthroscopic, anterior, superior, nonsurgical, abrasion, xxx	
SENSATION	intact to light touch, parathesias/numbness in the C4/C5/C6/C7/C8/T1 distribution	

CERVICAL SPINE	RIGHT	LEFT
TENDERNESS TO PALPATION	paraspinal muscles, medial border of the scapula, trapezius, none	
RANGE OF MOTION:		
FLEXION	x degrees	
EXTENSION	x degrees	
ROTATION	x degrees	
LATERAL BENDING	x degrees	
SENSATION:	paresthesias/numbness: C4, C5, C6, C7, C8, T1, intact C4, C5, C6, C7, C8, T1, intact C4-T1	
STRENGTH	x/5: C5, C6, C7, C8, T1, x/5 C5, C6, C7, C8, T1, x/5 C5-T1	

SCARS	xxx	
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ELBOW	RIGHT	LEFT
TENDERNESS TO PALPATION	radial head/neck, common extensor tendon, common flexor tendon, triceps tendon, biceps tendon, olecranon, medial condyle/epicondyle, lateral condyle/epicondyle, LCL, MCL	
RANGE OF MOTION:		
FLEXION	x degrees	
EXTENSION	x degrees	
SUPINATION	x degrees	
PRONATION	x degrees	
STABILITY	stable to varus and valgus stress, laxity with valgus stress, laxity with varus stress	
STRENGTH:		
BICEPS	x/5 (with pain)	
TRICEPS	x/5 (with pain)	
WRIST FLEXION	x/5 (with pain)	
WRIST EXTENSION	x/5 (with pain)	
SENSATION	intact, decreased/paresthesias median nerve, radial nerve, ulnar nerve	

WRIST	RIGHT	LEFT
TENDERNESS TO PALPATION	distal radius, distal ulna, dorsal	

	wrist, palmar wrist, midpalm, scaphoid, TFCC, x metacarpal, x finger, xxx	
RANGE OF MOTION:		
FLEXION	x degrees	
EXTENSION	x degrees	
SUPINATION	x degrees	
PRONATION	x degrees	
STRENGTH:		
WRIST FLEXION	x/5 (with pain)	
WRIST EXTENSION	x/5 (with pain)	
FINGER FLEXION	x/5 (with pain)	
FINGER ABDUCTION	x/5 (with pain)	
FINGER EXTENSION	x/5 (with pain)	
SENSATION	intact, decreased/paresthesias median nerve, radial nerve, ulnar nerve	
CARPAL TUNNEL COMPRESSION TEST	positive, negative	
PHALEN TEST	positive, negative	
TINEL'S TEST	positive, negative	
THENAR ATROPHY	present, none, minimal	

KNEE	RIGHT	LEFT
SCARS	well healed arthroscopic, anterior, acl, nonsurgical, abrasion, xxx	
SWELLING/EFFUSION	none, trace, minimal, moderate,	

	large	
SENSATION	intact to light touch, decreased, paresthesias	
RANGE OF MOTION		
FLEXION	xxx degrees (with pain)	
EXTENSION	xxx degrees (with pain)	
CREPITUS	positive/negative/minimal	
TENDERNESS TO PALPATION:		
ANTEROMEDIAL JOINT LINE	positive (minimal, severe), none	
ANTERO LATERAL JOINT LINE	positive (minimal, severe), none	
POSTEROMEDIAL JOINT LINE	positive (minimal, severe), none	
POSTEROLATERAL JOINT LINE	positive (minimal, severe), none	
MEDIAL PATELLAR FACET	positive (minimal, severe), none	
LATERAL PATELLAR FACET	positive (minimal, severe), none	
PATELLAR TENDON, QUADRICEPS TENDON, PES BURSA, TIBIAL TUBERCLE, MCL, LCL, HAMSTRINGS TENDONS, MEDIAL EPICONDYLE, LATERAL EPICONDYLE	positive (minimal, severe), none	
PATELLAR COMPRESSION	positive (minimal, severe), none	
FLEXION STRENGTH	x/5	
EXTENSION STRENGTH	x/5	
SINGLE LEG SQUAT TESTING	stable, unable, minimally/moderately/severely weak core	

STABILITY TESTS:		
ANTERIOR DRAWER/LACHMAN	stable, guarding and unable to fully assess, laxity	
POSTERIOR DRAWER	stable, guarding and unable to fully assess, laxity, positive posterior sag sign	
VALGUS STRESS TEST	stable, laxity, pain but no laxity	
VARUS STRESS TEST	stable, laxity, pain but no laxity	
MEDIAL PATELLAR TRANSLATION	x quadrants	
LATERAL PATELLAR TRANSLATION	x quadrants	
GAIT	positive limp, no limp, stiff legged gait	
AMBULATE IN SQUATTING POSITION	causes pain, without pain, unable	

LUMBAR SPINE	RIGHT	LEFT
TENDERNESS TO PALPATION	paraspinal muscles, none	
RANGE OF MOTION:		
FLEXION	x degrees	
EXTENSION	x degrees	
LATERAL BENDING	x degrees	
SENSATION:	paresthesias/numbness: L2, L3, L4, L5, S1, intact L2, L3, L4, L5, S1, intact L2-S1	
STRENGTH	x/5: L2, L3, L4, L5, S1, x/5 L2, L3, L4, L5, S1, x/5 L2-S1	
STRAIGHT LEG RAISE	positive L2, L3, L4, L5, S1,	

	negative	
SCARS	xxx	

ANKLE	RIGHT	LEFT
TENDERNESS TO PALPATION	anterior deltoid, posterior deltoid, ATFL, CFL, PTFL, anterior joint, Achilles tendon, medial malleolus, lateral malleolus, 5th metatarsal, lisfranc ligament, x metatarsal, x toe	
RANGE OF MOTION:		
DORSIFLEXION	x degrees	
PLANTAR FLEXION	x degrees	
EVERSION	x degrees	
INVERSION	x degrees	
STRENGTH:		
DORSIFLEXION	x/5	
PLANTAR FLEXION	x/5	
EVERSION	x/5	
INVERSION	x/5	
DOUBLE TOE HEEL RISE	x cm	
SINGLE TOE HEEL RISE	x cm	
SWELLING	none, minimal, moderate, large, fullness, medially/laterally	
GAIT	positive limp, no limp,	

HIP	RIGHT	LEFT
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TENDERNESS TO PALPATION	greater trochanter, ASIS, none	
RANGE OF MOTION:		
FLEXION	x degrees	
EXTENSION	x degrees	
ABDUCTION	x degrees	
INTERNAL ROTATION	x degrees	
EXTERNAL ROTATION	x degrees	
STRENGTH:		
FLEXION	x/5	
EXTENSION	x/5	
ABDUCTION	x/5	
SENSATION	paresthesias/numbness: L2, L3, L4, L5, S1, intact L2, L3, L4, L5, S1, intact L2-S1	

STUDIES: There is an MRI/XR/CT/EMG report of the left/right shoulder/knee/etc dated xx/xx/xxxx. The report indicates xxx/dragon dictation./ My interpretation is similar to the radiologist's interpretation. xxx/dragon dictation

ASSESSMENT: XXXX XXXX (FROM CHIEF COMPLAINT): xxx/dragon dictation

LEFT/RIGHT KNEE: MEDIAL MENISCUS TEAR/LATERAL MENISCUS

TEAR/CHONDROMALACIA/PAIN/STIFFNESS/WEAKNESS/OSTEOARTHRITIS
EXACERBATION/ACL TEAR/PCL TEAR/MCL TEAR/LCL TEAR/PATELLAR
INSTABILITY, BONE CONTUSION

LEFT/RIGHT SHOULDER: SLAP TEAR, FULL THICKNESS/PARTIAL THICKNESS ROTATOR CUFF

TEAR (SUPRASPINATUS, INFRASPINATUS, SUBSCAPULARIS), ANTERIOR
LABRAL TEAR, POSTERIOR LABRAL TEAR, INSTABILITY, DISLOCATION,
IMPINGEMENT/BURSITIS/PAIN/STIFFNESS/WEAKNESS/ADHESIVE CAPSULITIS

CERVICAL SPINE: MYALGIA, MYOSITIS, DISC HERNIATION, STENOSIS, RADICULOPATHY, PAIN,
STIFFNESS

LUMBAR SPINE: MYALGIA, MYOSITIS, DISC HERNIATION, STENOSIS, RADICULOPATHY, PAIN,
STIFFNESS

LEFT/RIGHT ANKLE: SPRAIN, PAIN, STIFFNESS, WEAKNESS, CONTUSION, LATERAL MALLEOLUS AVULSION FRACTURE

LEFT/RIGHT HIP: LABRAL TEAR, TROCHANTERIC BURSITIS, OSTEOARTHRITIS EXACERBATION, REFERRED PAIN FROM LUMBAR SPINE

LEFT/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/RIGHT WRIST: SPRAIN, STRAIN, PAIN, STIFFNESS, WEAKNESS, CARPAL TUNNEL SYNDROME, CONTUSION

CAUSALITY: The left shoulder.... (from chief complaint) and xxx condition happened because of the injury while at work/motor vehicle accident/injury on xx/xx/xxxx. The xxx xxxx condition is a new injury and an exacerbation of a previously latent condition/previous condition.

WORK STATUS: In regards to the patient's previous occupation, the patient has a mild/moderate/marked partial/temporary total disability due to left shoulder.... (from causality).

PROCEDURE XXXX XXXXX STEROID/ORTHOVISC INJECTION: The risks and benefits of a xxx xxxx steroid/Orthovisc injection were discussed with the patient in the office today and the patient would like to proceed with the injection. Under sterile conditions, 1 mL (40 mg) of Kenalog and 4 mL of 1% lidocaine/2ml of Orthovisc/xxxxx was injected into the xxxx (from title of procedure). The patient tolerated the injection well.

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 xxx xxxxx. 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 xxxx. / The patient is hesitant to proceed with surgery at this time.
- Request authorization from the workers' compensation board for xxx xxxx arthroscopy with postoperative physical therapy, CPM, and cryotherapy.
- Attempts will be made to obtain the xxxx xxxxx MRI/XR/CT images.
- Attempts will be made to obtain the xxx xxx operative report from xxx xxxxx.
- 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.
- A xxx MRI/XR/CT is ordered for the xxxx.
- The patient understands to utilize ice/heat for 20 minutes 2-3 times per day.

- The risks and benefits of **viscosupplementation/steroid** injection for the **xxx xxxx** were discussed in detail with the patient who **would like to proceed with the injection/is not interested in viscosupplementation/steroid injections** at this time.
- A **xxxx (from title of procedure)** injection was performed in the office today. The patient had tolerated the injection well.
- The patient is referred to a pain management specialist for further evaluation and treatment of the **cervical/lumbar** spine condition.
- The patient is referred for an EMG of the **cervical spine/bilateral upper extremities** or **lumbar spine/bilateral lower extremities**.
- A prescription for **naproxen/ibuprofen/percocet/nucynta/xxxx**. The patient understands the risks of this medication.
- A **CAM boot/hinged knee brace/knee sleeve/unloader knee brace/Cho-pat strap/sling/cane/crutches/air cast/xxx** is ordered for the patient.
- The patient understands to utilize **xxx from above** for **6/xxx** weeks.
- **xxxx or dragon dictation**
- The patient will follow up in **xxx weeks/months** for reevaluation.
- The patient will be seen again for follow up prior to scheduling a surgery date.
- If there is no improvement after doing an additional **xxx** weeks of physical therapy then surgical arthroscopy vs injections will be considered at that time.
- The patient will follow up on an as needed basis if the pain and function in the **xxx xxx (from chief complaint)** worsens.
- The patient understands the condition and proposed treatment.

TREATMENT RENDERED TODAY: CPT code **99244/99214/99024/20610/20605/modifier 24/modifier 25/xxxx**.

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.

Barbara C. Steele, MD.

BCS/sjk

Dictated but not proofread