

# Anjani Sinha Medical PC INITIAL EVALUATION

WC Deg of Disability \_\_\_\_\_ Working Y N / (NF) / LIEN Date: 10/12/2021  
Pt Name: BISSASSA, Kema (M) F Age: 24 DOB: 3/6/97 DOA: 8/30/2021  
Height: 6'2 Weight: 235 Smoker: Y (N) Alcohol: Y (N) Occupation: \_\_\_\_\_  
Type of Injury: (MVA) Work-Related Other: \_\_\_\_\_  
\_\_\_\_ Belted Driver \_\_\_\_ Passenger: (Pedestrian) walking car ran him over.  
Hospital: (Y) N Hospital name: Queens General  
PMH: None Diabetes HBP HLD (Asthma) Cardiac disease Other: \_\_\_\_\_  
PSH: Lower back Meds: N/A  
Allergies: Y (N) NO PT/Chiro: 7 (weeks) months  
Body Parts Injured: LSh RSh RKnee LKnee (R) Ankle.

## PRESENT COMPLAINTS:

R Sh: Pain Stiff. Weak. Numb. Click. Swell. Diff. sleeping Diff lifting objects Not improved with PT

L Sh: Pain Stiff. Weak. Numb. Click. Swell. Diff. sleeping Diff lifting objects Not improved with PT

R Kn: Pain Stiff. Click. Intermittent buckle. Lock. Diff. sleeping Diff w Stairs Not improved with PT

L Kn: Pain Stiff. Click. Intermittent buckle. Lock. Diff. sleeping Diff w Stairs Not improved with PT

## PHYSICAL EXAMINATION:

R Sh: swelling / tenderness to palpation \_\_\_\_\_ Hawkins O'Brien Drop sign  
Impinge. Sign \_\_\_\_\_ No motor or sensory deficit of the right upper extremity.

ROM: Abduction \_\_\_\_\_ forward flexion \_\_\_\_\_ int. rotation \_\_\_\_\_ ext. rotation \_\_\_\_\_

L Sh: swelling / tenderness to palpation \_\_\_\_\_ Hawkins O'Brien Drop sign  
Impinge. Sign \_\_\_\_\_ No motor or sensory deficit of the left upper extremity.

ROM: Abduction \_\_\_\_\_ forward flexion \_\_\_\_\_ int. rotation \_\_\_\_\_ ext. rotation \_\_\_\_\_

R Kn: swelling / tenderness to palpation \_\_\_\_\_ McMurray Lachman  
Patellofemoral grinding test Ant. drawer No motor or sensory deficit of the right lower extremity.

ROM: flexion \_\_\_\_\_ Stable with varus and valgus stress test.

L Kn: swelling / tenderness to palpation \_\_\_\_\_ McMurray Lachman  
Patellofemoral grinding test Ant. drawer No motor or sensory deficit of the left lower extremity.

ROM: flexion \_\_\_\_\_ Stable with varus and valgus stress test.

C Spine: Normal Tender to palpation \_\_\_\_\_ area. \_\_\_\_\_

ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit of the upper extremities.

P.T.O.

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**T Spine:** Normal Tender to palpation \_\_\_\_\_ area. \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit.

**L Spine:** Normal Tender to palpation \_\_\_\_\_ area. \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit of the lower extremities.

**R Elb:** Normal Tender to palpation Painful \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit.

**L Elb:** Normal Tender to palpation Painful \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit.

**R Wrist:** Normal Tender to palpation \_\_\_\_\_ ROM: Good Mild Mod. Severe limited.

**L Wrist:** Normal Tender to palpation \_\_\_\_\_ ROM: Good Mild Mod. Severe limited.

**R Hip:** Normal Tender to palpation \_\_\_\_\_ area. \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit of the R lower extremity.

**L Hip:** Normal Tender to palpation \_\_\_\_\_ area. \_\_\_\_\_  
 ROM: Good Mild Mod. Severely - limited. No motor or sensory deficit of the L lower extremity.

**R Ankle:** Normal Tender to palpation Ant ROM: Good Mild Mod. Severe limited → has

**L Ankle:** Normal Tender to palpation \_\_\_\_\_ ROM: Good Mild Mod. Severe limited. no

**Gait:** Normal Antalgic \_\_\_\_\_

**DX:**

R Sh	L Sh	R Kn	L Kn
Tr Rotator cuff tear	Tr Rotator cuff tear	Tr Medial menisc tear	Tr Medial menisc tear
Tr Labral tear	Tr Labral tear	Tr Lateral menisc tear	Tr Lateral menisc tear
Tr SLAP tear	Tr SLAP tear	Tr Med/Lat menisc tear	Tr Med/Lat menisc tear
Tr Impingement	Tr Impingement	Tr ACL tear	Tr ACL tear
Tr Bursitis	Tr Bursitis	Tr Strain MCL	Tr Strain MCL
Tr Tendinitis	Tr Tendinitis	Tr Strain ACL	Tr Strain ACL
		Tr Joint effusion	Tr Joint effusion
		Tr PF chondral injury	Tr PF chondral injury

DX Tr Strain (R) ankle

**SX:** R Shoulder L Shoulder R Knee L Knee

Date scheduled:

MC required: Yes / No

- Admitted Contin

- WARM socks @ Elbow salt

Rule - NO surgery needed

has  
no  
neuro  
vascul  
defic

# ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

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Flushing, NY 11358

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anjanisinhamedicalpc@gmail.com

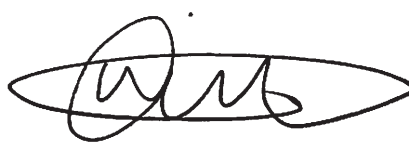
## NF Forms

Date: 10.12.2021

I, Keshan Bissassar, hereby authorize Anjani Sinha Medical PC to  
use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Disclosure of Physician Ownership
5. Fee Guarantee Agreement
6. Letter to Attorney (LIEN Form)
7. HIPAA (OCA official Form NO.: 960)

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th.



10/12/2021

**(01141)-Bissassar Keshan**

Date of Birth - 3/6/1997    Sex - Male    Marital Status - Single

Address: 1312 Tribune Ave, Elmont, NY, 11003

Phone #: 646) 549-8295

Social Security# - 044-96-5284

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 8/30/2021

Time/Place Accident -

Date of Visit -

Condition Related to : Auto Accident

Insurance Company :

Address:

"

Phone:    Fax:

Claim# -

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

To Attorney - The Sanders Law Firm- Yanna Aronova ext: 2112    Firm Name - The Sanders Law Firm

Attorney Address - 100 Herricks Road, Mineola, NY, 11501

Attorney Phone - 516-741-5252    Fax -    Contact Person -

Other Insurance -

Medicare -

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