

ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

164-10 Northern Blvd, Ste 204

Flushing, NY 11358

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

anjanisinhamedicalpc@gmail.com

ANJANI SINHA, M.D., M.S. (Ortho)

February 21, 2020

DOA: 12/04/2019

Dr. Alan Ng
Tri-Star Pain Clinic
40-21 159th St, 2nd Fl.
Flushing, NY 11358

Re: Jang-Young Mun
DOB: 06/15/1943

Dear Dr. Ng:

HISTORY:

The patient is a 77-year-old gentleman, who was a pedestrian involved in a motor vehicle accident on 12/04/2019. He sustained multiple skeletal injuries including injuries to his right shoulder and left knee. He was taken on an emergent basis to New York Hospital where he was treated and released. The patient has been undergoing physical therapy for the past 10 weeks.

PRESENT COMPLAINTS:

The patient is here for an orthopedic evaluation of his right shoulder and left knee.

RIGHT SHOULDER: The patient complains of pain and stiffness in the right shoulder since the accident.

LEFT KNEE: The patient complains of pain and swelling in the left knee since the accident. There has been no improvement with physical therapy.

PAST MEDICAL HISTORY:

Positive for hypertension.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

As per chart.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient is a nonsmoker.

PHYSICAL EXAMINATION:

The patient's height is 5 feet 7 inches. He weighs 150 pounds. Examination of the head, neck, chest, and abdomen is benign. He is an alert, oriented, and cooperative gentleman.

GAIT: He has a normal gait pattern.

RIGHT SHOULDER: Examination reveals tenderness 2+ to palpation on the anterior/superior aspect of the right shoulder. Hawkins test, O'Brien test, and impingement sign 2+ are positive. Drop sign is negative. Range of motion reveals abduction 90 degrees, forward flexion 90 degrees, internal rotation 10 degrees, and external rotation 10 degrees. The patient has no motor or sensory deficit of the right upper extremity.

MRI of the Right Shoulder: Positive for inferior labral tear and concern for partial tear of the inferior glenoid humeral ligament. There is subscapularis tendinosis noted. There is supraspinatus and infraspinatus tendinosis with undersurface fraying toward the attachment of the posterior fibers and with subjacent subchondral edematous changes in the posterior aspect of the humeral head. There is also bursal surface fraying with more focal tear toward the attachment of anterior fibers of supraspinatus tendons. There is downward sloping acromion impinging on both supraspinatus and infraspinatus tendons. There is moderate soft tissue edema surrounding the right AC joint with distal clavicular marrow edema and irregularity concerning for distal clavicular fracture. Alignment is grossly maintained. There are AC joint osteophytic and inflammatory changes of the joint capsule noted with concern for disruption of the AC ligaments. There is undersurface proliferation with subacromial bursitis. There are mild-to-moderate glenohumeral osteoarthritic changes.

LEFT KNEE: Examination reveals tenderness to palpation on the anterior, medial, and lateral aspect of the left knee. McMurray test and patellofemoral grinding test 2+ are positive. Lachman test and anterior drawer sign are negative. Range of motion is from 0 to 90 degrees of flexion (normal range of motion is from 0 to 135 degrees of flexion). Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

MRI of the Left Knee: Positive for a full-thickness tear of the medial collateral ligament and partial tear in the lateral collateral ligament. There is full-thickness tear in the patellofemoral ligament. There is partial tear in the anterior cruciate ligament. There is partial tear in the patellar tendon. There is bucket handle tear of the lateral meniscus. There is intrameniscal tear in the medial meniscus anterior horn. There is focal bone contusion in the medial femoral condyle. There is lateral subluxation of the patella. There is chondromalacia of the patella. There is a large joint effusion/hemarthrosis. There is moderate diffuse edema in the subcutaneous soft tissue suggestive of contusion.

If the given history is correct, the injury to his right shoulder and left knee is related to the accident of 12/04/2019.

FINAL DIAGNOSES:

1. Traumatic rotator cuff tear, right shoulder.
2. Traumatic labral tear, right shoulder.
3. Traumatic impingement syndrome, right shoulder.
4. Traumatic bursitis, right shoulder.
5. Traumatic tendinitis, right shoulder.
6. Traumatic medial and lateral meniscus tears, left knee.
7. Traumatic anterior cruciate ligament tear, left knee.
8. Traumatic medial collateral ligament strain, left knee.
9. Traumatic medial collateral and lateral collateral ligament tears, left knee.
10. Traumatic joint effusion, left knee.

TREATMENT/PLAN:

The patient has not improved despite 10 weeks of physical therapy. He continues to have pain in his right shoulder and left knee. The right shoulder MRI is positive for rotator cuff tear and labral tear. The left knee MRI is positive for medial and lateral meniscus tears, ACL tear, MCL and LCL tears. I reviewed the results of the right shoulder and left knee MRIs with the patient. The standard of care for a cartilage tear (labral and meniscus tears) is arthroscopic surgery and not physical therapy, although he has received 10 weeks of physical therapy without any relief. Today, the details of right shoulder and left knee arthroscopic surgeries were discussed with him. All the pros and cons were discussed with him including the remote possibility of an infection requiring further surgery and the remote possibility of clotting, for which I will be giving him aspirin in the postoperative period.

He will also be on a CPM machine with ice packs on the right shoulder and left knee in the postoperative period. All postoperative management was discussed with him. There is no guarantee that he will recover perfectly after the surgery.

The patient wants to proceed with right shoulder and left knee arthroscopic surgeries. A tentative date for left knee arthroscopic surgery has been set on 03/05/2020 and right shoulder arthroscopic surgery has been set on 03/12/2020.

The patient was instructed to obtain medical clearance prior to surgery.

The patient was also advised to discuss with his family members and reach out to our office in case there is any change in plan.

In the meantime, the patient was advised to continue with physical therapy.

Re: Jang-Young Mun

Page 4

I, Anjani Sinha, M.D., being duly licensed to practice medicine in the state of New York hereby affirm under the penalty of perjury that the statements contained herein are true and accurate to the best of my knowledge.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Anjani Sinha', written over a horizontal line.

ANJANI SINHA, M.D., M.S.

Transcribed but not proofread