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Orthopedic Surgery

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

January 31, 2020 DOA: 11/25/2019

Dr. Clarke Nara Rehabilitation & Physical Therapy 164-10 Crocheron Avenue Flushing, NY 11358

Re: Monserrat Suarez DOB: 12/14/2003

Dear Dr. Clarke:

HISTORY:

The patient is a 15-year-old young lady, who was a pedestrian involved in a motor vehicle accident on 11/25/2019. She was hit by a car. She sustained multiple skeletal injuries including injury to her right shoulder. She was taken on an emergent basis to Elmhurst Hospital where she was treated and released. The patient has been undergoing physical therapy for the past 7 to 8 weeks.

PRESENT COMPLAINTS:

The patient is here for an orthopedic evaluation of her right shoulder. She complains of constant pain and stiffness in the right shoulder. She is unable to lift any heavy objects. There has been no improvement with physical therapy.

PAST MEDICAL HISTORY:

Noncontributory.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

Antidepressant medications.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

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SOCIAL HISTORY:

The patient is a nonsmoker.

PHYSICAL EXAMINATION:

The patient's height is 4 feet 11 inches. She weighs 124 pounds. Examination of the head, neck, chest, and abdomen is benign. She is an alert, oriented, and cooperative young lady.

GAIT: She has a normal gait pattern.

RIGHT SHOULDER: Examination reveals tenderness 2+ to palpation on the anterior aspect of the right shoulder. Hawkins test and impingement sign are positive. O'Brien test and drop sign are negative. Range of motion reveals abduction 100 degrees, forward flexion 100 degrees, internal rotation 5 degrees, and external rotation 10 degrees. The patient has no motor or sensory deficit of the right upper extremity.

<u>MRI</u> of the Right Shoulder: Positive for supraspinatus and infraspinatus tendinosis; concomitant bursal and articular surface tear toward the posterior attachment of the infraspinatus. A more focal and prominent interstitial tear at the junction of the mid and distal supraspinatus fibers is also noted. There is subscapularis tendinosis and subacromial bursitis.

If the given history is correct, the injury to her right shoulder is related to the accident of 11/25/2019.

FINAL DIAGNOSES:

- 1. Traumatic rotator cuff tear, right shoulder.
- 2. Traumatic impingement syndrome, right shoulder.
- 3. Traumatic bursitis, right shoulder.
- 4. Traumatic tendinitis, right shoulder.

TREATMENT/PLAN:

The patient has not improved despite 7 to 8 weeks of physical therapy. She continues to have pain in her right shoulder. The right shoulder MRI is positive for a rotator cuff tear. I reviewed the results of the right shoulder MRI with the patient. Today, the details of right shoulder arthroscopic surgery were discussed with her. All the pros and cons were discussed with her including the remote possibility of an infection requiring further surgery and the remote possibility of clotting, for which I will be giving her aspirin in the postoperative period. She will also be on a CPM machine with ice packs on the right shoulder in the postoperative period. All postoperative management was discussed with her. There is no guarantee that she will recover perfectly after the surgery.

The patient wants to proceed with right shoulder arthroscopic surgery. A tentative date for right shoulder arthroscopic surgery has been set on 02/06/2020.

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

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

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,

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