

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)

August 14, 2020

DOA: 06/17/2020

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

Re: Seung Won Chung
DOB: 04/03/1977

Dear Dr. Clarke:

HISTORY:

The patient is a 43-year-old woman, who was the passenger of a vehicle that was involved in a motor vehicle accident on 06/17/2020. She sustained multiple skeletal injuries including injury to her bilateral shoulders. She did not go to any hospital that same day. The patient has been undergoing physical therapy for the past 8 weeks.

PRESENT COMPLAINTS:

The patient is here for an orthopedic evaluation of her bilateral shoulders. She complains of pain and stiffness in both her shoulders since the accident. The left shoulder pain is worse when compared to right shoulder pain. The patient is unable to sleep well because of the pain.

PAST MEDICAL HISTORY:

Noncontributory.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

None.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient smokes 5 cigarettes per day.

PHYSICAL EXAMINATION:

The patient's height is 5 feet 1 inch and weight is 115 pounds. Examination of the head, neck, chest, and abdomen is benign. The patient is an alert, oriented, and cooperative lady.

GAIT: The patient has a normal gait pattern.

RIGHT SHOULDER: Examination reveals tenderness to palpation on the posterior aspect of the right shoulder. Hawkins test and impingement sign 2+ are positive. O'Brien test and drop sign are negative. Range of motion reveals abduction 110 degrees, forward flexion 120 degrees, internal rotation 10 degrees, and external rotation 15 degrees. The patient has no motor or sensory deficit of the right upper extremity.

MRI of the Right Shoulder: Positive for supraspinatus tendon and infraspinatus tendinosis with both bursal surface and articular surface tears toward the attachment of the posterior infraspinatus fibers. Subacromial/subdeltoid bursitis and tractional cystic changes in posterior humeral head; both of which may result from acute or repetitive microtrauma. Subscapularis and sprain of superior glenohumeral ligament.

LEFT SHOULDER: Examination reveals tenderness to palpation on the anterior and superior aspects of the left shoulder. Hawkins test and impingement sign 2+ 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 left upper extremity.

MRI of the Left Shoulder: Positive for supraspinatus and infraspinatus tendinosis with bursal surface fraying and tears, as well as subchondral cystic changes along the posterior humeral head indicative of either contusion or sequela of repetitive microtrauma. Acromioclavicular mild inflammatory changes of joint capsule and subacromial bursitis. Subscapularis tendinopathy and sprain of superior glenohumeral ligament.

If the given history is correct, the injury to the patient's right shoulder and left shoulder is related to the accident of 06/17/2020.

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.
5. Traumatic rotator cuff tear, left shoulder.
6. Traumatic impingement syndrome, left shoulder.
7. Traumatic bursitis, left shoulder.
8. Traumatic tendinitis, left shoulder.

TREATMENT/PLAN:

The patient has not improved despite 8 weeks of physical therapy. She continues to have pain in her bilateral shoulders. The right shoulder MRI is positive for a bursal surface tear. The left shoulder MRI is positive for a rotator cuff tear. I reviewed the results of bilateral shoulder MRIs with the patient. Today, the details of right shoulder and left shoulder arthroscopic surgeries 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 (4 to 6 weeks for the shoulder) with ice packs on the shoulder in the postoperative period. All postoperative management was discussed with her. There is no guarantee that she will recover completely after the surgery.

The patient wants to proceed with right shoulder and left shoulder arthroscopic surgeries. A tentative date for left shoulder arthroscopic surgery has been set on 09/04/2020 and right shoulder arthroscopic surgery has been set on 09/10/2020.

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

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.

Note: I hereby certify that all stipulated COVID-19 CDC guidelines for patient care including but not limited to sanitizing, social distancing, and PPE were strictly followed.

Sincerely yours,



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

Transcribed but not proofread