

ANJANI SINHA MEDICAL P.C.

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

January 31, 2020

DOA: 01/11/2020

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

Re: Hanjoo Son
DOB: 06/10/1970

Dear Dr. Ng:

HISTORY:

The patient is a 50-year-old gentleman, who was the restrained driver of a vehicle that was involved in a motor vehicle accident on 01/11/2020. He sustained multiple skeletal injuries including injuries to his right shoulder and right 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 2 weeks.

PRESENT COMPLAINTS:

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

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

RIGHT KNEE: The patient complains of pain and clicking in the right knee since the accident.

PAST MEDICAL HISTORY:

Noncontributory.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

None.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient is a smoker. He works part-time.

PHYSICAL EXAMINATION:

The patient's height is 5 feet 11 inches. He weighs 73 kg. 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 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 and forward flexion 100 degrees. The patient has no motor or sensory deficit of the right upper extremity.

MRI of the Right Shoulder: Positive for an interstitial tear in the supraspinatus tendon and interstitial tear in the infraspinatus tendon. There is focal subcortical edema in the humeral head may relate to an injury. There is probable benign bone island in the glenoid. There is biceps tenosynovitis. There is an anterosuperior labral tear/SLAP tear. There is periarticular bursitis and type II acromial process.

RIGHT KNEE: Examination reveals tenderness to palpation on the anterior aspect of the right 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 130 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 right lower extremity.

MRI of the Right Knee: Positive for a partial tear in medial meniscal posterior root. There is an intrameniscal tear in the lateral meniscal body. There is partial tear in the posterior cruciate ligament. There is tendinosis or partial tear in the patellar tendon. There is chondromalacia of the patella. There is small joint effusion may relate to an injury. There is mild edema in the prepatellar and the medial subcutaneous soft tissue suggestive of contusion.

If the given history is correct, the injury to his right shoulder and right knee is related to the accident of 01/11/2020.

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 medial meniscus tear, right knee.
6. Traumatic lateral meniscus tear, right knee.

7. Traumatic anterior cruciate ligament tear, right knee.
8. Traumatic joint effusion, right knee.

TREATMENT/PLAN:

The patient has not improved despite 2 weeks of physical therapy. He continues to have pain in his right shoulder and right knee. The right shoulder MRI is positive for a rotator cuff tear. The right knee MRI is positive for a medial and lateral meniscus tear. I reviewed the results of the right shoulder and right knee MRIs with the patient. The standard of care for a cartilage tear (meniscus tear) is arthroscopic surgery and not physical therapy, although he has received 2 weeks of physical therapy without any relief. Today, the details of right knee arthroscopic surgery 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 knee in the postoperative period. All postoperative management was discussed with him. There is no guarantee that he will recover fully after the surgery.

The patient wants to proceed with right knee arthroscopic surgery. The patient was instructed to obtain medical clearance prior to scheduling right knee arthroscopic surgery.

The patient was advised to continue with physical therapy for his right shoulder. If there is no improvement following 6 weeks of physical therapy, then re-evaluation and surgery of the right shoulder is advised.

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.