

ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

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

August 14, 2020

DOA: 01/19/2020

Ishrat Khan, M.D.
East West Medical Clinic
142-26 37th Ave 1FL
Flushing, NY 11354

Re: Nasima Kasham
DOB: 09/14/1973

Dear Dr. Khan:

HISTORY:

The patient is a 47-year-old woman, who was the passenger of a vehicle that was involved in a motor vehicle accident on 01/19/2020. She sustained multiple skeletal injuries including injury to her left shoulder. She was taken on an emergent basis to St. Joseph Hospital where she was treated and released. The patient has been undergoing physical therapy for the past 8 months.

PRESENT COMPLAINTS:

The patient is here for an orthopedic evaluation of her left shoulder.

LEFT SHOULDER: The patient complains of pain and stiffness in the left shoulder. There has been no improvement with physical therapy.

PAST MEDICAL HISTORY:

Positive for diabetes, hypertension, and hypercholesterolemia.

PAST SURGICAL HISTORY:

Positive for tubal ligation.

CURRENT MEDICATIONS:

Antidiabetic, antihypertensive, and antihyperlipidemic medications.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient is a nonsmoker.

PHYSICAL EXAMINATION:

The patient's height is 5 feet 2 inches and weight is 165 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.

LEFT SHOULDER: Examination reveals tenderness to palpation on the anterior and superior aspects of the left 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 110 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 focus of partial articular surface of the infraspinatus tendon at its insertion site to the greater tuberosity. Tendinopathy of the supraspinatus and subscapularis tendons.

If the given history is correct, the injury to the patient's left shoulder is related to the accident of 01/19/2020.

FINAL DIAGNOSES:

1. Traumatic rotator cuff tear, left shoulder.
2. Traumatic bursitis, left shoulder.
3. Traumatic tendinitis, left shoulder.

TREATMENT/PLAN:

The patient has not improved despite 8 months of physical therapy. She continues to have pain in her left shoulder. The left shoulder MRI is positive for a rotator cuff tear. I reviewed the results of the left shoulder MRI with the patient. Today, the details of left 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 (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 perfectly after the surgery.

The patient wants to proceed with left shoulder arthroscopic surgery. A tentative date for left shoulder arthroscopic surgery has been set on 08/20/2020. The patient was instructed to obtain medical clearance prior to surgery.

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.

Re: Nasima Kasham

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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.

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,

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