

ANJANI SINHA MEDICAL P.C.

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

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DOA: 01/11/2020

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

Re: Choong Hyo Kim
DOB: 07/09/1994

Dear Dr. Ng:

HISTORY:

The patient is a 25-year-old gentleman, who was the passenger of a vehicle that was involved in a motor vehicle accident on 01/11/2020. He sustained multiple skeletal injuries including injuries to his left shoulder and left knee. He was taken on an emergent basis to New York-Presbyterian 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 left shoulder and left knee.

LEFT SHOULDER: The patient complains of pain and stiffness in the left shoulder since the accident. He has difficulty raising his arm all the way since the accident.

LEFT KNEE: The patient complains of constant pain in the left knee. He is unable to stand for long periods of time.

PAST MEDICAL HISTORY:

Noncontributory.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

NSAID.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient is a smoker.

PHYSICAL EXAMINATION:

The patient's height is 6 feet 1 inch. He weighs 170 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.

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

MRI of the Left Shoulder: Positive for an anterosuperior labral tear/SLAP tear. There is a partial tear in the supraspinatus tendon. There is a focal subcortical edema in the humeral head may relate to the injury. There is bicipital tenosynovitis noted. There is periauricular bursitis noted.

LEFT KNEE: Examination reveals tenderness to palpation on the anterior 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 5 to 120 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 on oblique tear in the posterior horn of the medial meniscus and intrameniscal tear in the anterior horn of the lateral meniscus. There is a partial tear in the posterior cruciate ligament with intercondylar ganglion cyst. There is a partial tear in the lateral collateral ligament complex. There is chondromalacia of the patella. There is a bone contusion/microtrabecular fracture in the tibia plateau. There is small joint effusion which may be related to injury.

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

FINAL DIAGNOSES:

1. Traumatic rotator cuff tear, left shoulder.
2. Traumatic superior labrum anterior and posterior tear, left shoulder.
3. Traumatic bursitis, left shoulder.
4. Traumatic tendinitis, left shoulder.
5. Traumatic medial and lateral meniscus tear, left knee.
6. Traumatic medial collateral ligament, left knee.

7. Traumatic joint effusion, left knee.

TREATMENT/PLAN:

The patient has not improved despite 2 weeks of physical therapy. He continues to have pain in his left shoulder and left knee. The left shoulder MRI is positive for a labral tear. The left knee MRI is positive for medial and lateral meniscus tear. I reviewed the results of the left shoulder and left knee MRIs with the patient. The standard of care for a cartilage tear (labral and 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 left 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 left 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 left shoulder and left knee arthroscopic surgeries. A tentative date for left knee arthroscopic surgery has been set on 02/13/2020 and left shoulder arthroscopic surgery has been set on 02/20/2020.

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.

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.