

ANJANI SINHA MEDICAL P.C.

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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: Cibebe Pyun
DOB: 07/22/1969

Dear Dr. Clarke:

HISTORY:

The patient is a 50-year-old woman, who was the restrained driver of a vehicle that was involved in a motor vehicle accident on 11/25/2019. She sustained multiple skeletal injuries including injuries to her right shoulder, left shoulder, and left knee. She did not go to any hospital. The patient has been undergoing physical therapy for the past 6 to 7 weeks.

PRESENT COMPLAINTS:

The patient is here for an orthopedic evaluation of her bilateral shoulders and left knee.

RIGHT AND LEFT SHOULDERS: The patient complains of pain and weakness in both her shoulders. She is unable to use her full strength. She complains of intermittent stabbing sensation.

LEFT KNEE: The patient complains of pain, giving way, and buckling of the left knee. She also loses balance.

PAST MEDICAL HISTORY:

Noncontributory.

PAST SURGICAL HISTORY:

Noncontributory.

CURRENT MEDICATIONS:

None.

ALLERGIES:

NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY:

The patient is a nonsmoker. She works in finance.

PHYSICAL EXAMINATION:

The patient's height is 5 feet 7 inches. She weighs 128 pounds. Examination of the head, neck, chest, and abdomen is benign. She is an alert, oriented, and cooperative lady.

GAIT: She has a normal gait pattern.

RIGHT SHOULDER: Examination reveals tenderness to palpation on the superior aspect of the right shoulder. Range of motion reveals abduction 90 degrees and forward flexion 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

MRI of the Right Shoulder: Negative for any tear. There is moderate rotator cuff tendinitis and bursitis noted.

LEFT SHOULDER: Examination reveals tenderness to palpation on the anterior and superior aspect of the left shoulder. Hawkins test and impingement sign are positive. O'Brien test and drop sign are negative. Range of motion reveals abduction 60 degrees and forward flexion 60 degrees. The patient has no motor or sensory deficit of the left upper extremity.

MRI of the Left Shoulder: Positive for a 2-mm linear articular surface partial thickness anterior mid-supraspinatus tendon tear with moderate rotator cuff tendinitis and bursitis.

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 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 left lower extremity.

MRI of the Left Knee: Positive for intrasubstance degeneration of the ACL and concern for superimposed posterolateral bundle tear just proximal to the tibial attachment. There is sprain of LCL with popliteus tendinopathy.

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

FINAL DIAGNOSES:

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

5. Traumatic impingement syndrome, left shoulder.
6. Traumatic bursitis, left shoulder.
7. Traumatic tendinitis, left shoulder.
8. Traumatic medial meniscus tear, left knee.
9. Traumatic anterior cruciate ligament tear, left knee.
10. Traumatic joint effusion, left knee.

TREATMENT/PLAN:

The patient has not improved despite 6 to 7 weeks of physical therapy. She continues to have pain in her bilateral shoulders and left knee. The right shoulder MRI is negative for any tear. The left shoulder MRI is positive for a rotator cuff tear. The left knee MRI is positive for a medial meniscus tear. I reviewed the results of bilateral shoulders and left knee MRIs with the patient. The standard of care for a cartilage tear (meniscus tear) is arthroscopic surgery and not physical therapy, although she has received 6 to 7 weeks of physical therapy without any relief. Today, the details of left shoulder and left knee 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 with ice packs on the left shoulder and left knee 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 left shoulder and left knee arthroscopic surgeries. A tentative date for left shoulder arthroscopic surgery has been set on 02/20/2020 and left knee arthroscopic surgery has been set on 02/27/2020.

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.

Sincerely yours,



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