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September 19, 2022

Office seen at:
Kinetic Approach Physical Therapy Office PC
82-25 Queens Blvd, Suite 1A
Elmhurst, NY 11373
Phone# (718) 255-1603

Re: Noel, Jaleesa M
DOB: 01/28/1994
DOA: 07/30/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: A 28-year-old right-hand dominant female involved in a motor vehicle accident on 07/30/2022. The patient was a pedestrian. The patient was struck by a car and the patient lost consciousness. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Kings County where the patient had x-ray of the neck, left shoulder, right knee and CT of the head and was treated and released the next day. The patient presents today complaining of left shoulder, right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 7 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Left eye glass removal in 2005.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

SOCIAL HISTORY: The patient vapes every day. The patient drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and slightly improves with rest. The patient is unable to reach overhead, able to reach behind the back and is frequently woken up at night due to pain. The patient has weakness. The patient has a positive painful Arc at 100 degrees.

Right knee: Right knee pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with ambulation and slightly improves with rest. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking and intermittent locking.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No headaches, dizziness, vertigo or tremor.
Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.
Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.
GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.
GU: No blood in urine, painful urination, loss of bladder control or urinary retention.
Hematology: No active bleeding, bruising, anemia or blood clotting disorders.
Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 5 inches, weight is 115 pounds, and BMI is 19.1. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, glenohumeral joint, scapula. There is crepitus appreciated. There is no heat, erythema, swelling or deformity appreciated. Negative drop arm test. Negative cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 100/180 degrees, adduction 30/45 degrees, forward flexion 130/180 degrees, extension 30/60 degrees, internal rotation 50/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive

McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Positive/Negative posterior drawer. Range of motion reveals flexion 90/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 08/22/2022, shows tendinosis of anterior fibers of the infraspinatus tendon. Anteroinferior labral tear. MRI of the right knee, done on 08/29/2022, shows horizontal tear is seen involving the posterior horn of the medial meniscus with joint effusion. There is sprain of the proximal medial collateral ligament. Pronounced bone contusion is seen along the anterolateral aspect of the lateral tibial plateau with mild bone contusion seen along the medial aspect of the medial tibial plateau. There is appearance of 14mm non-ossifying fibroma at the posteromedial aspect of the medial tibial plateau.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. S43.432A Labral tear, left shoulder.
4. S83.241A Medial meniscal tear, right knee.
5. M23.239 Medial meniscal derangement, right knee.
6. M23.91 Internal derangement, right knee.
7. S83.411 MCL sprain, right knee.
8. M25.461 Joint effusion, right knee.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and right knee. The patient refuses due to side effects.
7. Discussed left shoulder and right knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.
8. The patient will proceed with left shoulder surgery after appropriate rehabilitation has been done on right knee.
9. It is medically necessary to perform the suggested surgery to properly diagnose the patient’s condition and to objectively verify presence and severity of internal derangement and other left shoulder and right knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

11. All the benefits and risks of the left shoulder and right knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
12. All the questions with regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left shoulder and right knee and the patient will be scheduled for right knee surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

AFFIRMATION: Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.

Anastasia Platonova, FNP-BC
AP/AEI

Christopher S. Durant, MD