

# UK Sinha Physician, P.C.

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June 22, 2022

Office seen at:  
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79-09B Northern Boulevard  
Jackson Heights, NY 11372  
Phone# (718) 507-1438

Re: Sislema, Luis  
DOB: 09/20/1986  
DOA: 03/05/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder and right middle finger pain.

**HISTORY OF PRESENT ILLNESS:** A 35-year-old right-hand dominant male involved in a work-related accident on 03/05/2022. The patient was a mechanic. The patient's right hand was caught in the door and he twisted the right hand. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Flushing Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and right middle finger pain sustained in the work-related accident. The patient was attending physical therapy 3 times a month with good relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** The patient had middle and ring finger all healed (last injury 5 weeks ago).

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

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

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: shopping.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and popping. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

**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 165 pounds, and BMI is 27.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative 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 160/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right hand had mild local pain in the right middle and ring finger middle phalange.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 04/11/2022, shows a partial-thickness tear is seen at the myotendinous junction seen proximally at the supraspinatus. An adjacent cyst is seen measuring 4 x 6 mm. Mild tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the right wrist, done on 04/18/2022, shows a focal tear of the triangular fibrocartilage is noted medially. There is no attenuation. There is no tendon tear or tenosynovitis.

**ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.

7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. Not much objective findings, asymptomatic, right wrist.

**PLAN:**

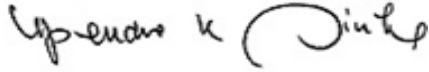
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right wrist 3 days/week.
6. Discussed right shoulder 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 wants to think about surgery.
7. Workers' Compensation Board authorization needed prior to surgery.
8. 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 right shoulder 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the right shoulder 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.
11. All the questions in regard to the procedure were answered.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 100%.

**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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon

UKS/AEI